Avocet Trust

Avocet Trust - 93 Ings Road

Inspection report

93 Ings Road
Hull
Humberside
HU8 0LS

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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

93 Ings Road is located in the east of the city of Hull and is registered to provide care and accommodation for up to a maximum of five people with a learning disability or autistic spectrum disorder for the purpose of respite care. Accommodation is provided in a large detached house.

We undertook this unannounced inspection on the 11 March 2016. At the time of the inspection there was one person using the service.

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.

We found improvements were required with the quality assurance system in place as this did not show what actions had been taken, when areas for improvement were identified through audits and surveys. A revised quality assurance system had recently been introduced which consisted of seeking people's views and carrying out audits and observations of staff practice. This had been introduced to identify shortfalls so actions could be taken to address them.

We found there were policies and procedures in place to guide staff in how to safeguard people who used the service from harm and abuse. Staff received safeguarding training and knew how to protect people from abuse. Risk assessments were completed to guide staff in how to minimise risks and potential harm. Staff took steps to minimise risks to people's wellbeing without taking away people's rights to make decisions. People lived in a safe environment and staff ensured equipment used within the service was regularly checked and maintained.

We found people's health and nutritional needs were met and they accessed professional advice and treatment from community services when required. People who used the service received care in a person centred way, the care plans described their preferences for care and staff followed this guidance.

Positive interactions were observed between staff and the people they cared for. People's privacy and dignity was respected and staff supported people to be independent and to make their own choices. Staff provided information to people and included them in decisions about their support and care. When people were assessed by staff as not having the capacity to make their own decisions, meetings were held with relevant others to discuss options and make decisions in the person's best interest.

We found staff were recruited safely and were employed in sufficient numbers to meet people's needs. Staff had access to induction, training, supervision and appraisal which supported them to feel skilled and confident when providing care to people.

Medicines were, stored, administered and disposed of safely. Training records showed staff had received training in the safe handling and administration of medicines.

People who used the service were seen to engage in a number of activities both within the service and the local community. They were encouraged to pursue hobbies, social interests and to go on outings. Staff also supported people to maintain relationships with their families and friends.

Menus were varied and staff confirmed choices and alternatives were available for each meal; we observed drinks and snacks were served between meals. People's weight was monitored and referrals to dieticians made when required.

Staff had received training in legislation such as the Mental Capacity Act 2005, Deprivation of Liberty Safeguards and the Mental Health Act 1983. They were aware of the need to gain consent when delivering care and support and what to do if people lacked capacity to agree to it. When people were assessed by staff as not having the capacity to make their own decisions, meetings were held with relevant others to discuss options and make decisions in the person's best interest.

People had assessments of their needs and plans of care were produced; these showed up people and their relatives had been involved in the process. We observed people received care that was person-centred. They were able to bring in items from home to make their bedrooms feel homely.

People knew how to make complaints and told us they had no concerns about raising issues with the staff team.

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.

There were some minor issues identified in the service which were addressed at the time of the inspection .

The registered provider had systems in place to manage risks.

People's medicines were stored securely and staff had been trained to administer and handle medicines safely.

Staff were recruited safely and there were sufficient staff, with the competencies, skills and experience available at all times to meet people's needs.

Policies and procedures were in place to guide staff in how to safeguard people from abuse and staff received training about this.

Is the service effective?

Good

The service was effective.

People's capacity to make decisions about their care and treatment was assessed.

Staff were supervised by their line manager and provided with training opportunities to ensure they developed the skills and knowledge required to support people.

Meals provided for people were well balanced and met their nutritional needs.

Is the service caring?

Good

The service was caring.

People were supported by staff that had a good understanding of their individual needs and preferences for how their care and support was delivered.

We observed positive interaction between staff and people who used the service on each day of our inspection. Staff had developed positive relationships with the people they supported and were seen to respect their privacy and dignity.

People who used the service were encouraged to be as independent as possible, with support from staff.

Is the service responsive?

Good

The service was responsive.

People were supported to participate in a range of activities.

People and their relatives were involved and had the opportunity to participate in their care and make changes where required.

The provider had a complaints procedure in place and documentation on how to make a complaint was available. People could raise concerns and these would be investigated and resolved to their satisfaction

People's care plans recorded information about their preferred lifestyles and people who were important to them. People were encouraged to maintain relationships with those people who were important to them.

Is the service well-led?

Requires Improvement

The service was not consistently well-led in relation to the quality monitoring of the service.

Records required to be completed when people visited the service for respite care were not always completed. Although audit systems had identified this and the registered manager had discussed this with staff, the records were still not being completed.

The registered manager promoted an open and transparent culture and a service that people enjoyed visiting.

Relatives and staff told us the registered manager was approachable and always made time for them.

There was structure to the organisation and levels of support. The registered provider was involved in overseeing the service

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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.

The inspection took place on the 11 March 2016 and was unannounced, which meant the registered provider did not know we would be visiting the service. The inspection team consisted of two adult social care inspectors.

We looked at notifications sent to us by the registered provider, which gave us information about how incidents and accidents were managed.

Prior to the inspection we spoke to the local safeguarding team, the local authority contracts and commissioning team and a health professional about their views of the service. There were no concerns expressed by these agencies.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was received in a timely way and was completed fully.

During the inspection we observed how staff interacted with people who used the service. We spoke with, the registered manager, the deputy care manager, a senior carer, a support worker and a person who used the service. Following the inspection we spoke with the relatives of two people who used the service and two professionals.

We looked at the care records for two people who used the service and other important documentation relating to people who used the service such as, medication administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, the training record, the staff rota, minutes of meetings with staff, quality assurance audits, complaints management and maintenance of equipment records.

Good

Is the service safe?

Our findings

Relatives told us they felt their family member was safe when using the service. Comments included; "I do feel he is safe there, with [Name] and the staff there. He is always happy for us to leave." Another relative told us, "Since he has been going to Ings I can relax, I have peace of mind that he is safe."

At the time of our inspection there was one person using the service, they told us they felt safe when they visited and they liked the regular staff team.

We found the storage of clean towels needed attention to ensure good infection prevention and control was adhered to, towels were found to be stored on an open shelf in the bathroom. In the downstairs bathroom one pull cord was seen to be visibly marked and the bannister rail to the stairs was found to be in need of cleaning. The registered manager gave us assurances that these matters would be attended to promptly. We found that these issues were being addressed during the inspection. All other areas at the service was found to be clean and tidy.

People were protected from the risk of abuse through appropriate processes, including staff training and policies and procedures. All of the staff we spoke with knew about the different types of abuse, how to recognise the signs of abuse and how to report any concerns. Staff told us they had never witnessed anything of concern in the service. One staff member told us, "We know everyone really well and their usual behaviours. We pick up on any unusual behaviour very quickly. I would speak to the registered manager or team leader if I ever had any cause for concern."

We observed people were confident, relaxed and happy in the company of staff. Staff were seen to be caring and respectful of the people they supported and were able to observe people easily within the service, without intruding upon their personal space.

Training records showed staff had received refresher training in the safeguarding of vulnerable adults and staff told us updates of the training was also provided. Safeguarding and whistle blowing procedures were also seen to be in place. Whistle blowing is a way in which staff can report misconduct or concerns within their workplace. Staff were able to refer to these procedures if they needed more information.

People's risks were well managed through individual risk assessments that identified the potential risks and provided information for staff to help them avoid or reduce the risks. Risk assessments included plans for supporting people when they became distressed or anxious. Plans described the circumstances that may trigger these behaviours and ways to avoid or reduce these. If people became agitated staff used distraction or calming techniques and avoided the use of physical interventions.
Details of actions taken to keep people safe and prevent further reoccurrences were recorded and whenever an incident occurred, staff completed an incident form for every event which was then reviewed and signed off by the registered manager. Records showed that accidents and incidents were recorded and appropriate action taken. De briefings were completed with staff following incidents to reduce the risk of further re occurrences and learn from incidents.

There was enough staff to meet the needs of the people who used the service and keep them safe. Staff told us there was always at least one member of staff on duty for each person who used the service. Staff we spoke with told us, "There is always the correct staffing levels in place to support people when they come in for respite." We observed staff were available to support people whenever they needed assistance or wanted company.

We checked the recruitment files for three staff members, one of whom had been recently recruited to work at the service. Application forms were completed, references obtained and checks made with the disclosure and barring service [DBS]. The recruitment process ensured that people who used the service were not exposed to staff that were unsuitable to work with vulnerable adults.

Systems were seen to be in place to protect people's monies deposited in the home for safe keeping. This included individual records and two signatures when monies were deposited or withdrawn and regular audits of balances kept on behalf of people who used the service.

We found medicines were correctly, stored, administered, recorded and returned when people returned home following their stay. Protocols were seen to be in place for all medicines that had been prescribed to be taken 'as and when required' (PRN), these described in which situations the medicine was to be administered. Staff spoken with confirmed that this type of medicine was only ever used after following the guidance.

People who used the service were unable to manage or administer their own medicines, without the support from staff. All staff had received medicine training and their competency was regularly reassessed. We checked the medicines being administered against people's records, which confirmed they were receiving medicines as prescribed by their GP.

The registered provider had contingency plans in place to respond to foreseeable emergencies including extreme weather conditions and staff shortages. This provided assurance that people who used the service would continue to have their needs met during and following an emergency situation. We saw records which showed emergency lighting, fire safety equipment and fire alarms were tested periodically.

Good

Is the service effective?

Our findings

Relatives told us they thought staff had the skills and abilities to meet their family member's needs. Comments included; "The staff who work with him regularly know him well." Other relatives told us, "Yes, they are all very good and they know him well. They are brilliant with hm." and "The staff keep in touch with me and let us know what he is doing." When asked about the food provided in the service, relatives told us, "I am told by [Name} the meals are good and they often go out to eat too."
Professionals we spoke with told us their experience of working with the service had been very positive and the registered manager had kept them informed about all visits made to the service. They had asked for appropriate information about each person referred to the service, assessed their needs and listened to the young person's wishes and those of their family.

Staff we spoke with had a good understanding of people's specific nutritional needs and their preferences of food and drink and were able to clearly describe how these were catered for. The information provided corresponded to the information detailed within people's care plans. Staff gave examples of one person needing to have new foods presented to them in small pots they were able to hold with one hand to tempt them to try them. Staff recorded the meals and fluids each person consumed each day and commented on whether they liked particular foods or disliked others so a preference list could be maintained.

We saw the health care needs of people who used the service were met and during respite stays, staff always kept relatives informed of any changes in relation to people's health and well-being. We saw each person had a health action plan which detailed their health care needs and who would be involved in meeting them. This helped to provide staff with guidance, information about timings for appointments and instructions from professionals.

In discussions, it was clear staff knew people's health care needs and they were aware of the professionals involved in their care. Comments included, "We know people well and are able to pick up quickly any signs they may becoming unwell. We always inform relatives of any changes."

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.

The Care Quality Commission is required by law to monitor the use of the Deprivation of Liberty safeguards (DoLS). This is legislation that protects people who are not able to consent to care and support and ensures that people are not unlawfully restricted of their freedom or liberty. 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 authorisations were in place for each of the people who used the service. The registered manager had notified the CQC of the outcome of the DoLS applications. This enabled us to follow up the DoLS and

discuss them further with the registered manager. We found the authorisation records were in order and least restrictive practice was being followed. Professionals confirmed they had been involved and consulted in this process.

During discussions with staff and the registered manager we found they had a good understanding of the principles of the Mental Capacity Act 2005 (MCA) and were able to describe how they supported people to make their own decisions. We saw people had their capacity assessed and where it was determined they did not have capacity, the decisions made in their best interests were recorded appropriately. Throughout our inspection we observed staff offering choices to people and supporting them to make decisions about what they wanted to do, what they preferred to eat and drink and the activities they wanted to engage in.

We looked at staff training records and saw staff had access to a range of training which the registered provider considered to be essential and service specific. This included epilepsy, changing behaviour, infection control, safeguarding of vulnerable adults, first aid, the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards (DoLS). Staff were also either working towards or had completed a National Vocational Qualification in Health and Social Care (NVQ).

The registered manager told us, after their appointment, all new staff completed a two week induction which covered training which the registered provider considered to be essential including; medication, safeguarding and care planning. They then had a period of shadowing experienced staff in the service. Following this they completed a work based induction booklet during the next three months. Further, more specialised training was also made available to them during this time including, epilepsy and autism. Records seen for a newly appointed staff member confirmed this process.

Staff we spoke with told us they had regular support and supervision with the registered manager or senior care staff and were able to discuss their personal development and work practice. Other members of staff said, "We can go to the manager about anything, whether it is of a personal nature or work related and we know they will do their best to support us."

Staff were further supported through regular team meetings which were used to discuss any number of topics including; changes in practice, care plans, rota's and training.

Good

Is the service caring?

Our findings

Relatives told us they considered their family member was well cared for by staff. Comments included: "The staff often ring me to tell me how he is" and "They are so caring and they are brilliant with him." Other comments included; "We are always invited to any meeting or review of their needs and any best interests meetings" and "They are a lovely group of staff and are really caring, I can't fault them."

Professionals told us, "I have no qualms about placing other young people who are in the transition process with this service and I hope that the good communication and care continues."

Relatives told us that they felt able to raise concerns. Comments included, "I had a concern years ago and the chief executive contacted me, he was lovely and sorted it out straight away. He gave me his mobile number and told me I could ring him about anything. An investigation was carried out and they got the issues sorted." Both relatives we spoke with told us they had the mobile number of the registered manager and could contact them at any time. Comments included, "Everything is fine, I can ring [registered manager] or leave a message and she always gets back to me."

We spent time in the communal lounge /dining areas and we observed staff interacted positively with the people who used the service showing a genuine interest in what they had to say and respond to their queries and questions patiently. People were seen to approach staff with confidence; they indicated when they wanted their company, for example when they wanted a drink and when they wanted to be on their own and staff were seen to respect these choices. People were seen to be given time to respond to the information they had been given or the request made of them, in a caring and patient manner. Requests from people who used the service were seen to be responded to quickly by staff.

During our inspection we saw that when one person hesitated when they were asked if they wanted to go out, staff allowed the person time to reflect on the question and then asked again. The person asked staff a number of questions about the outing and staff reassured them they could go to the coast, if that was what they wanted to do. After a few moments of further consideration the person confirmed that is what they would like to do. Throughout the inspection there was a calm and comfortable atmosphere within the service.

Staff understood how people's privacy and dignity was promoted and respected, and why this was important. They told us they always knocked on people's doors before entering their room and told them who they were and they explained to people what support they needed and how they were going to provide this. Staff told us they recognised that there were times when people who used the service may indicate they did not want particular staff to support them. In these situations other members of the team would step in until the individual made their preferences known.

Staff told us about the importance of maintaining family relationships and supporting visits. They described how they supported and enabled this; for example visiting peers and family members while accessing respite. Staff told us how they kept relatives informed about important issues that affected their family

member and ensured they were involved in all aspects of decision making. Relatives were also invited to reviews and if they were unable to attend their views were sought and shared in the meetings. Records seen confirmed this.

Staff spoke about the needs of each individual and had a good understanding of their current needs, their previous history, what they needed support with and encouragement to do and what they were able to do for themselves. The continuity of staff had led to the development of positive relationships between staff and the people who used the service. We observed people greet staff as they came on duty and chat to them about their planned activities for later in the day.

People who used the service also had the opportunity to choose their preferred activities and staff at the service supported people with activities, including day trips. People we spoke with told us they were able to engage in a range of different things for example, bowling, trips out, cinema trips and eating out. Each person had an activities plan in place, as each person was supported on a one to one basis, this was flexible and could be rearranged, should people decided they would like to do something different.

Staff confirmed they read care plans and information was shared with them in a number of ways including; a daily handover and team meetings.

Good

Is the service responsive?

Our findings

Relatives told us that they felt able to raise concerns. Comments included, "I had a concern years ago and the chief executive contacted me, he was lovely and sorted it out straight away. He gave me his mobile number and told me I could ring him about anything. An investigation was carried out and they got the issues sorted." Both relatives we spoke with told us they had the mobile number of the registered manager and could contact them at any time. Comments included, "Everything is fine, I can ring [registered manager] or leave a message and she always gets back to me."

Relatives we spoke with considered the service was responsive to their family member's individual needs. Comments included; "They respond quickly to any requests made and get things put into place quickly." Another told us, "We are involved in all aspects of his care and any decisions." They added, "We are in regular contact, nothing is too much trouble. Being able to pick up the phone to any of the staff and them being able to tell me how he is doing is an absolute lifeline."

We looked at the care files for two who used the service and found these to be well organised, easy to follow and person centred. Sections of the care file had been produced in pictorial easy read format, so people who used the service had a tool to support their understanding of the content of their care plan.

People's care plans focused on them as an individual and the support they required to maintain and develop their independence. They described the holistic needs of people and how they were supported within the service and the wider community. Details of what was important to people such as their likes, dislikes, preferences were also recorded on a 'one page profile' and included for example, their preferred daily routines and what they enjoyed doing and how staff could support them with these in a positive way.

Individual assessments were seen to have been carried out to identify people's support needs and care plans were developed following this, outlining how these needs were to be met. We saw assessments had been used to identify the person's level of risk. These included identified health needs, nutrition, fire, road safety and going out in the community. Where risks had been identified, risk assessments had been completed and contained detailed information for staff on how the risk could be reduced or minimised. We saw that risk assessments were reviewed and updated to reflect changes in people's needs. Any changes were acknowledged and signed by staff to confirm their understanding.

Evidence confirmed people who used the service and those acting on their behalf were involved in their initial assessment and on–going reviews. Where people were transitioning to the service for respite, we saw planned visits were arranged for people to have tea at the service or to visit and stay for a short period of time. This gave them the opportunity to become familiar with the service and the staff who would be supporting them during respite stays.

When we spoke to the registered manager and staff they were able to provide a thorough account of people's individual needs and knew about people's likes and dislikes and the level of support they required,

whilst they were in the service and the community. They were able to give examples of how they supported individual choice. They explained how for one person who used the service, they used a picture menu with the person to support and enable them to make their preferred choices. During discussion with staff, they told us there was more than adequate information in people's care plans to describe their care needs and how they wished to be supported.

People who used the service also had the opportunity to choose their preferred activities and staff at the service supported people with activities, including day trips. People we spoke with told us they were able to engage in a range of different things for example, bowling, trips out, cinema trips and eating out. Each person had an activities plan in place, as each person was supported on a one to one basis, this was flexible and could be rearranged, should people decided they would like to do something different.

Staff told us how one person had initially been very reluctant to engage in any type of activity outside of the service. They had worked with the person offering gentle encouragement and using every opportunity they were provided with. If the person asked to do something the team would seize the moment and respond to the request. In doing so the person has become more involved and interested in activities.

The registered provider had a complaints policy in place that was displayed within the service. The policy was available in an easy read format to help people who used the service to understand its contents. No complaints had been received by the service, but where suggestions had been made to improve the service these had been acknowledged and action taken

Requires Improvement

Is the service well-led?

Our findings

Relatives and professionals told us they considered the service to be good. Comments included, "I can't tell you how good it is, the staff are lovely and they are willing to work with me" and "I trust them completely." Another told us, "They understand him so well as an individual and this is so important" and "I know I can pick up the telephone at any time and anyone I speak to will always make time to speak to me." Relatives knew the registered manager and told us she made herself available to them and was more than willing to listen to them and work with them.

Professionals told us, "My experience of working with [Name] has been more than satisfactory, in fact I would go so far as to say excellent.[Name] has worked within learning disability services for many years and has a great deal of knowledge and experience within this client group and it shows. It's refreshing to know that I can trust this manager to keep me up to date and informed and I feel that the staff she manages will echo her person centred practice, thus always putting the client's needs, wishes and feelings first."

Although a quality assurance system was seen to be in place, we saw improvements needed to be made in the way the registered provider acted upon feedback from audits. The registered manager showed us a copy of the monthly quality audits completed within the service these included; medication, health and safety, the environment, fire checks and care records. However, where actions had been identified we were unable to find recorded details of what had been done to address identified shortfalls. For example audits highlighted body maps were not being completed for people when they came for a respite stay. This had been raised by the contracts team during a visit in 2013 and at all staff meetings. However despite this the issue remained on going.

When we spoke to the registered manager and deputy care manager about this, they told us a new more robust quality assurance system had been introduced to ensure the robustness of the system was improved.

The registered manager was experienced, having initially worked for the organisation for a number of years prior to becoming the registered manager. A senior support worker worked with the registered manager and shared some of the management responsibilities on a day to day basis for example, supervision for some of the staff and completing checks and audits of the environment.

Staff we spoke with told us they enjoyed their work and worked well together as a team in order to provide consistency for the people who used the service. They told us they felt well supported and valued by the registered manager and comments included, "She has an open door policy we can speak to her at any time about anything and we will be listened to" and " She is fair but firm when she needs to be. I think she is a good balance of both and at the end of the day it is about what is best for the people living here."

The registered manager said, "I ensure that I am at the service daily so that staff can speak to me if they need to. I remain respectful and open so that staff feel at ease and are able to come to me with queries or issues. I am professional at all times in my approach with other agencies as I understand the importance of forming good relationships with the people we work alongside. The office door is always open, so that people feel

welcome if they need to come to me for any reason." They told us they felt supported by the registered provider and attended regular management meetings where best practice and changes to legislation were discussed.

We found the organisation encouraged good practice. For example, there was a system in the organisation to nominate staff for specific awards for recognition of good practice. Staff were provided with handbooks which explained what the expectations were of their practice and described the organisation's vision. This was described as promoting a 'lifetime support to vulnerable people to enable them to live fulfilled and valued lives through making personal choices, an inclusive society where people have equal chances to live the life they choose'. Staff received awards for long service within the organisation.

We confirmed the registered manager had sent appropriate notifications to CQC in accordance with registration requirements.

A selection of key policies and procedures were looked at including, medicines, safeguarding vulnerable adults, physical interventions policy and complaints. We found these reflected current good practice.