

Adult Placement Services Limited

Avalon West Yorkshire Services

Inspection report

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Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 18 January 2016 and was announced.

The service had previously been inspected in February 2014 and was fully compliant at that time.

The service provides domiciliary care services to people in their own homes. The people who use the service have a wide range of needs, some of which are complex, including older people, people who have a learning disability, a physical disability or an acquired brain injury and are all adults. All of the people who use the service require support to allow them to remain independent in their own homes. At the time of our inspection there were 75 people receiving support in the local area surrounding their offices in Dewsbury from the registered provider.

The service did not have a registered manager at the time of our inspection, although there was a manager who going through the process of registration. 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.

People we spoke with told us they felt safe with their care workers, both in their own homes and when they were supported to go out.

We saw the service had identified their care plans were not personalised and needed to be improved. We found in the care files we reviewed whilst some of the care plans which had been re-written; were very personalised and detailed and would allow care staff to meet the person's needs, there were others which were not detailed enough and care staff would not have all the information needed to meet the person's needs fully. The risk assessments in place had recently been changed and were improved; however we did see one example where the risks which had been identified did not have measures in place to reduce those risks.

We looked at the daily care records for the service. We found these were recorded in standard hard back books which were in a poor state of repair. There were large gaps between some of the entries which meant records could be tampered with.

We spoke to staff who told us there had been a high turnover of staff and that it was sometimes difficult for them to safely meet the needs of the people who used the service. We saw from staff files that staff training was up to date and they had undertaken all mandatory training, there was also the opportunity to access more specialised training.

Staff understood and were able to explain the signs and types of abuse they would look for and they were clear who they would report their concerns to and what action they would take if they did not feel their

concerns had been acted upon.

The service had safe recruitment processes in place and we saw that these were being followed to ensure the staff were of good character and suited to the roles they were appointed to.

We found whilst some people had signed their care plans, there was no clear agreement in the documents which stated they were giving their consent to the care which was carried out, and some care plans were not signed by or on behalf of the people who used the service.

Staff were enthusiastic and passionate about delivering good quality care when we spoke with them, and they told us that whilst there had been a lot of changes of management they felt the current management team was the best there had been.

Staff told us they had regular supervision with their line managers which they found useful and supportive, although records showed not all staff received supervision as regularly as the manager told us they should. Some staff told us the office team didn't always make time to listen to them.

We found incidents and accidents were recorded and there were records of the actions which had been taken when investigating matters, however we did not see the outcomes of the investigations recorded in the files.

We saw there had been occasions where disciplinary action had been taken with staff, we did not feel the action taken was always proportionate, as some of the matters had been serious and there was minimal action taken.

There was some auditing in the service, although this was mainly in relation to medicines and financial transactions. The registered provider had created an auditing process which was in line with the key line of enquiries (KLOEs) which are used by the Care Quality Commission. There were as part of this process monthly and quarterly audits carried out.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service is not always safe.

The service kept detailed records of accident and incidents.

Risk assessments did not always describe measures which would reduce the risk to people from identified areas of risk.

There were not always enough staff to meet the needs of the people who used the service safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff undertook regular refresher training to keep their knowledge up to date

Some care plans were unsigned and there was no evidence of consent to care being gained.

Spot checks on community based staff were not consistent and were not to the level specified in the organisations policy.

Is the service caring?

Good ●

The service was caring.

People who used the service told us staff treated them in a kind, caring and compassionate manner.

The service did provide people with advocates if they needed one to support them with their decision making.

Some of the terminology used did not support people's dignity .

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Most of the care plans were person centred and detailed, but not

in all cases.

Whilst there were newly created care plans in place, we could not see how often these were reviewed as old documentation was not available and there was no record to show this.

There were very few concerns and complaints recorded, records were detailed and complete.

Is the service well-led?

The service was not always well-led.

There was a process in place to monitor the quality of the service, however this was incomplete and not being carried out within the timescales detailed in the policy which supported this process.

Some information was stored centrally and was not readily available to the registered manager.

There was no evidence of accurate records of daily interactions. The daily records provided and communication books were not correctly completed or audited.

Requires Improvement 

Avalon West Yorkshire Services

Detailed findings

Background to this inspection

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

This inspection took place on 18 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by two adult social care inspectors. Prior to our inspection we reviewed all the information we held on the service and its activities. We also request information from other agencies who work with the provider, this included local authority commissioners.

During our inspection we spoke with six members of staff including the current manager and a consultant who offered support to the service in relation to quality of care. We spoke with seven people who used the service and their relatives and we looked at a variety of records which included, six care files, complaints, concerns and compliments, accident and incidents forms, audits which had been carried out in the last 12 months and four staff files for recruitment and training.

Is the service safe?

Our findings

People who used the service and their families told us, "I feel safe with the support workers coming into my home." "I only use the service for shopping, and washing my clothing. Staff see that I am OK. I feel safe with them coming into my home." I feel safe with the support workers and with them coming into my home. I have two support workers to take me shopping because of a safeguarding issue." "When they take (person) out they give them their medication at lunchtime, they use our vehicle for transport. We feel safe with the support workers taking (person) out." "We have four hours a week support from the agency and they do what (relative) wants to do that day and they make sure that they are safe."

Staff we spoke with told us they had undertaken safeguarding training and this was regularly refreshed. Records we saw in staff files confirmed this was the case. Staff could clearly explain the signs and types of abuse which they would be looking for when supporting vulnerable people in their own homes. Staff were aware of how to report any concerns and who they would escalate their concerns to if they did not feel appropriate action had been taken.

We saw there were risk assessments in place for each person who used the service. These risk assessments were in the process of being updated. We looked at four updated risk assessments and found three were good and detailed the individual risk and the measures which had been put in place to minimise those risks, the fourth one did not have sufficient detail of identified risks and there were no measures recorded to minimise the risks. We saw there were environmental risk assessments in place in all but two the files we reviewed; however we found in one file there was no assessment of potential risks based on environment, this meant staff were at risk whilst delivering care as the environment had not been assessed as being a safe place.

We asked to see the latest versions of any safety certificates which related to the office where the service was based. The provider was only responsible for the portable appliance testing (PAT), as the building was maintained by a third party. The certificate that we were shown showed that electrical equipment had last been tested in March 2014. The organisational policy stated that re-testing of electrical equipment should be carried out every two years.

We saw the service had a contingency plan in place. This was in case of emergency situations which may threaten the operation of the service, for example adverse weather, or a fire to the office premises. The plan showed what action should be taken in times of emergency dependent on the cause of the disruption. The plan covered a range of scenarios and was robust and detailed in how staff should manage emergency situations

We saw there was a whistle blowing policy in place and staff we spoke with told us they were aware of the policy and if they felt they needed to they would follow the company's procedure to raise their concerns. Staff were aware of other agencies they could contact if they needed to ensure the safety of the people they supported.

We looked at the accident and incident records the service held. We found the records were detailed in terms of the initial incident, and in most cases there was information which showed what investigation there had been, however they did not continue to their natural conclusion as there were no outcomes recorded. Because the process was not concluded there were no lessons learnt which could be used to improve the service. The forms were stored in both a central file and copies were in the care records of the people they related to. There was however no analysis of the accidents and incidents presented to us on the day of our inspection which would allow the service to identify any patterns or trends which were emerging and to take action accordingly, this meant the information was not used to create action plans which would reduce the risk of similar incidents occurring in the future.

The manager of the service told us there were sufficient staff to cover the number of calls which were needed to support all the people who used their service safely. It was difficult to measure whether this was the case based on the style of the rotas which we looked at, however evidence gathered from staff and service users indicated that there were shortfalls in staffing numbers. Staff we spoke with told us they were asked to work extra shifts to cover for holidays and sickness and some staff told us it was 'difficult at times to cover all the work'. People who used the service told us sometimes staff were not on time and there had been 'some missed calls' but were not able to give us specific examples of when this had happened. This meant there were not always enough staff to ensure all calls were delivered in line with people's needs.

The manager told us their recruitment process was on-going and they managed to recruit staff. A member of staff we spoke with told us "there is a high turnover of staff, and staff are coming and going." The manager confirmed there was a consistent turnover of staff, but felt this was not higher than would be expected, the evidence we saw showed that the turnover of staff was not unusual for the type of service. We looked at the recruitment records of four staff. We found the recruitment process was safe and robust with all relevant pre-employment checks being carried out before staff were allowed to start work. The service used disclosure and barring service (DBS) checks to help them make safer employment decisions by checking that people were suitable to work with vulnerable adults.

We saw there had been some incidents which had been reported in relation to staff misconduct. There was evidence these matters had been investigated, however the records of the investigations were not complete and the outcomes of disciplinary hearings were lenient for the nature of the incidents, although there had been no safeguarding concerns raised as a result. We discussed this with the manager who told us this was because they had no training in how to manage disciplinary matters and that they relied on support from a central human resources advisor. The manager told us that they had asked for training to allow them to deal with their own disciplinary matters as part of their development.

We saw the majority of the people whose records we looked at were 'prompted' to take their medications. This meant people managed their own medicines in their homes and only required care staff to remind them when their medication was due to be taken during planned visits. In cases where there was a need for a higher level of support then staff were trained to assist people in taking their medicines safely and recorded the medicines had been taken using a medication administration record (MAR), which was stored in the person's home. We did see an instance where there had been concerns about a person accessing their own medication and having access to large amounts of medicines which could cause them harm. The service had worked with the person and their family to safeguard them and had put in place a medication safe to prevent them from accidentally overdosing. This had been risk assessed and there had been consideration to the person's mental capacity to make this decision with support. This demonstrated that where a risk had been identified appropriate action had been taken to ensure the safety of the person involved.

Staff we spoke with told us they always had access to supplies of personal protective equipment including gloves and aprons to ensure that they were able to protect themselves and others from the spread of infections when travelling from person to person. Staff were aware of and told us they were using correct hand washing techniques regularly and appropriately.

Is the service effective?

Our findings

A relative of a person who used the service told us "On returning home they should hoist (person) into a chair inside the house but this does not happen because the support workers have not been trained to do this." "I am happy with my care staff, they know what to do." "My care worker is helping me to decorate my house, I love it."

Staff told us they felt they were well trained and competent to carry out their roles. The training records we looked at showed staff had undertaken a comprehensive induction which included classroom based training before they were allowed to accompany other more experienced staff to 'shadow' them whilst they were delivering care to people. Staff felt the shadowing was helpful as it allowed them to meet some of the people they would be supporting when they started work. We saw staff were supported throughout their initial six months in post and received regular supervision sessions to monitor their performance and allow them to ask questions of experienced staff whilst they were learning and developing their practices.

Records showed staff had regular refresher training, and the records we looked at confirmed that this was the case. We saw staff were able to sign up to undertake nationally recognised qualifications if they had not already completed them, again records we saw confirmed this to be the case. We saw there were opportunities for staff to undertake specialist training which included non-abusive psychological and physical intervention, Autism awareness and dementia awareness.

Staff told us they received regular supervision sessions with their line managers. One member of staff told us they could ask for supervision if they needed one. The records we looked at however showed staff were not all receiving regular supervisions, which the manager told us were carried out every three months. We asked the manager whether they carried out 'direct observations' of staff. They told us they did and showed us the records of this. The organisations policy stated that 10% of staff should be observed each month. Some months this had happened but this was not consistently carried out and some months there had been no observations recorded. This meant the service was not offering consistent support to their staff to allow them to check best practice and develop themselves; this also showed that the service was not monitoring the practice of their community based staff on a regular basis to identify any poor practice and take necessary action.

Staff told us and records confirmed there were staff meetings held, although staff could not tell us how often these meetings took place. We saw from minutes of these meetings there were agenda points relating to best practice and policies and procedures.

The service was undertaking work at the time of our inspection to ascertain whether any of the people they provided support to in a supported living environment were being deprived of their liberty and therefore in need of an assessment of their capacity under the Mental Capacity Act 2005 (MCA). If a person lacked capacity to make a decision, then a best interest decision would need to be made and a Deprivation of Liberty Safeguard put in place to ensure that their human rights were being protected and maintained.

We saw whilst some people's care records had been signed by the person who used the service or their representative, there was no specific evidence that people were asked to give their consent to the care they were receiving. We asked the manager about consent to care being gained and they told us that by a person signing the care plan this implied their consent. However we found that not all the care plans were signed by or on behalf of the people they related to.

This was a breach of Regulation 11 Need for consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service caring?

Our findings

People who used the service told us, "they treat me with dignity; the support workers help me with my household tasks and make sure that if I have problems they help me with them". "I was really worried about a bill, they helped me sort it out, I felt so much better." I like all my care workers, they are lovely." "They always turn up on time, and they stay for the hours booked and beyond."

All the staff we spoke with demonstrated they were passionate and committed to their roles and the support they were able to give the people they cared for. One member of staff told us "I love my job, I wish I hadn't left it so long to come into this line of work." Another said "I am reliable and flexible, I do my best for my customers, and I provide a good quality of life for them."

Staff told us they treated people they cared for with dignity and respect and could give us examples of how they would do this. For example making sure curtains and doors were closed before supporting people and respecting their homes when they visited. We did see one example of terminology used in care documentation which we did not feel was age appropriate. We asked the manager about this and they told us this was the family's terminology and they had asked that it be written that way. We discussed how this wording could be altered in partnership with the family to ensure the person's dignity was respected.

Staff spoke fondly of the people they supported and reported to us they usually cared for the same people when they were at work. We did see there had been some issues where staff had crossed some professional boundaries, these incidents had been reported to the office and there had been an investigation. This meant that the service had recognised that there had been a breach of the professional boundaries policy and had taken action to protect the people who used the service.

We asked staff whether they had completed training in equality and diversity, staff told us they had and their training records confirmed this. Staff were able to explain what equality and diversity was and could give examples of how they made sure that people's cultural and religious needs were respected and supported.

We saw there was evidence in some people's care plans the service had contacted and engaged independent advocates to work with people who did not have family or friends to support them to make significant decisions. An independent advocate is someone who finds out what a person's preferences are in relation to choices and helps them to communicate those preferences to professionals who are involved in the decision making process. This showed people were provided with support to help them make important decisions.

We saw staff were asked to sign a confidentiality agreement when they started work for the service, and that staff had all signed these in the files we looked at. It is especially important to remind staff in community based services of their duty of confidentiality as they are working in isolation in a lot of cases. People we spoke with did not have any concerns that their confidentiality was being breached, however we did see evidence that there had been incidents where staff had been investigated for suspected breaches of confidentiality, the manager had dealt with these matters during supervision sessions with staff. This meant

the service had taken action to protect the people who used the service.

There were no people who were at the end of their life receiving support for the service at the time of our inspection, and the staff told us they did not 'really do end of life care' as they looked after people who had long term conditions and disabilities.

We asked staff how they would monitor people's well-being. Staff told us they would look out for signs that people were unwell or that they had deteriorated in some way, and they would report any concerns to their line manager, so they could contact people's families and GPs for instance.

We saw when looking at people's care records whilst there were records to show family members and other health professionals had been involved in care planning and review processes, there was nowhere to record that the person who used the service had been involved. We discussed this with the manager who assured us that the person who used the service was central to the process and this was an oversight on their part as they knew that the person had been involved. We spoke with people who used the service and they confirmed that they had been part of the process of creating and reviewing their care plans.

Is the service responsive?

Our findings

People who used the service and their families told us, "As part of my tenancy I get support from the agency, they take me shopping and deal with my finances. They make sure that I take a bath/shower. They prompt me to change my clothing." "The service take (relative) to day care two days each week and support them with the activities there, they also help if (relative) goes out for the day." "The hours allocated for the support of (relative) have been combined so that once a month they can be used for companionship." "They help to support me have a social life and I am pleased with the support worker I have now, I get the help I require when I require it".

We looked at the care files of six people who used the service. We saw there had been new care plans and risk assessments put in place in late 2015. We asked the manager about this and they told us they had identified the care plans were not person centred and they were in the process of implementing new care planning documentation across the service. Five of the care plans we saw were in the new format and were completed to a high standard both in terms of detail and personalisation. It was evident from reading these care plans the person who had written them had understood the person they were writing about and had recognised their individuality. They had taken the time to find out their personal likes, dislikes and preferences and these were incorporated throughout the documents. There was instruction and opportunities throughout the care plans for care staff to offer and encourage choice wherever this was appropriate. However the sixth care plan we reviewed whilst in the new format was not detailed or person centred to the same degree. There was little evidence of personalisation and the document would not have given the reader all the information they needed to meet the person's needs. We brought this to the attention of the manager who said they would ensure that the care plan was re-visited.

We saw from the assessments which had taken place the author had documented who was involved in the process, the person about whom the care plan was written was not listed on any of the assessments we looked at. We also noted care plans were written 'about' people who used the service not 'by' them. We asked the regional director about this and they told us the 'about me' section was written by the person (I) and the other parts of the care plans were instructions for staff and were therefore written about the person.

We did not see any evidence of the frequency at which care plans were reviewed. This was because despite some of the people who used the service having received support for many years in some cases there was no record of care planning which had been in place previously. All historical records had been removed and only the current care plan remained. There were no records of previous care plans to allow us to see that care plans were regularly reviewed and evolved with peoples changing needs. We discussed this with the manager, who said they had not considered this when they archived the previous paperwork. The regional director assured us that care plans were frequently reviewed and this information was stored electronically, this however was not made available to us during our inspection. There was no evidence that the lack of evidence of reviews was posing a risk to the people who used the service, as the care plans we reviewed were up to date and had been created recently.

Some of the people we spoke with told us the service supported them to be involved in their local

community, by supporting them to attend day services for example. Other people told us they 'saved up' time so they could have companionship and support from care staff when they went out. Some said they were able to maintain a social life due to the support they received from staff. This meant the service was working with people to help them to avoid social isolation.

We reviewed the records of concerns and complaints. There were compliments which had been received from people who used the service; however some of these were from several years ago. There were only a small number of complaints, however the ones we reviewed had detailed records of the concerns or complaint, which included investigations which had taken place and the outcomes from those including letters of response to the complainant.

Is the service well-led?

Our findings

People who used the service and their families told us "The management are OK but I do not have much to do with them." "Some support workers don't turn up on time and I have complained about this, I have also asked that one support worker does not come any more. My social worker has asked for more hours but nothing has happened."

There was no registered manager in place at the time of our inspection. There was however a manager in place who was in the process of completing their registration with the Care Quality Commission.

Community based staff told us communication was reliant on updates to care plans, the communication books which were in place in the homes of the people who used the service and verbal updates from the office team. We observed there was open communication between office based staff, care workers and people who used the service who came into the office.

We saw the manager sat within the office team and they were able to hear and interact with all the activity which was taking place in the office throughout the day. This meant the manager was able to ask and answer questions as part of their normal working routine. Staff told us the management of the service had been unstable for a period of time and they felt that this was the best it had been in a long time. Staff told us they felt able and confident in approaching the office team and the manager with anything they felt needed to be raised, and reported they had seen that action had been taken when they raised concerns in most cases.

We saw the registered provider had a suite of robust and detailed policies in place. There was a new policy in relation to the quality assurance process which had been recently implemented. This was designed to mirror the key lines of enquiry used by the Care Quality Commission and showed the processes which were to be followed and the timescales which were allowed for each stage of the process. We saw there had been three of the five key lines of enquiry assessments carried out. When we discussed this with the manager they told us the other assessments had been completed and were in the process of being checked centrally. We noted there was no process for the analysis of the information which had been gathered or how the actions would be identified and followed up to ensure they had been completed. We discussed this with the quality assurance consultant who agreed this needed to be added. This meant the process for ensuring issues which had been identified was incomplete.

We saw there were various audits carried out by the manager of the service, these included medication records and financial transactions records. We saw the audits were carried out in line with the published timescales and the audits were thorough. However we did not see any analysis on the results of these audits to identify any patterns or trends which could be used to inform future improvements to the service on a local level.

We saw there were processes in place to ensure the registered provider had oversight of all aspects of the quality and safety of the service. These included a compliance tracking process which was shared between

the service manager and the senior management team, with regular meetings held to discuss areas of concern and what actions could be taken to improve. We saw there was a process of actions turning red after the specified timescale had passed to alert that an action was outstanding and to ensure it was completed. We saw the compliance of the service was also measured as part of the manager's on-going supervision and development.

We looked at some of the daily care records which had been brought into the office from people's homes, these were the records kept by the care staff to show what care had been given at each visit. The manager told us the records were kept in standard hardback books. The examples provided to us were from 2014. We were concerned as there were pages missing from the books, there were large gaps between the entries which meant they could be added to at a later time and there was little consistency of the entries, which did not always include the name of the person who had attended and the time of their arrival and departure. This meant that the records did not allow the reader to gain any insight into how the person was during the visits or what had taken place. The records were also at high risk of being altered due to the gaps which were left in the books.

We discussed our concerns with the manager who told us that records were brought back to the office every two to three months. We were told after the inspection there was a different format of daily care records in use, however we were not shown any recent records to evidence this. The manager told us there was work in progress to improve the daily care records which were kept in people's homes.

We did not see any evidence there had been any auditing of the daily care records which had been brought into the office by community based staff. This meant the poor quality of the daily care records was not being addressed and important information was not being recorded. The daily care records are the record of the visits to people in their own homes; and are required to give a true and detailed picture of what took place at each visit. If these records are not completed correctly and an incident took place it would be impossible for an investigation to make sense of a chronology of events this meant in this instance that the provider had not taken appropriate steps to ensure that quality systems were in place to review the efficacy of the service.

These issues demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent no evidence of consent to care being sought or gained - provider felt this was implied if people signed care plans - not all care plans signed
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance poor record keeping particularly in relation to the daily care records