Avocet Trust

Avocet Trust Domiciliary Care Service

Inspection report

Clarence House
60-62 Clarence Street
Hull
HU9 1DN

Tel: 01482329226
Website: www.avocettrust.co.uk

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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

Avocet Domiciliary Care Agency provides personal care and support services to one person living in their own home in the west of Hull. Services provided consisted of 24 hour support every day. People who used the service had learning disabilities and mental health needs.

This announced inspection took place on 10 January 2017. The last inspection of the service took place on the 4 and 11 March 2016 when we found the registered provider was non-compliant with the regulation relating to maintaining complete and accurate care records. We also asked the registered provider to improve the recording of complaints and concerns together with the information recorded in risk assessments.

During this inspection we saw that the registered provider had taken action to ensure that detailed records were maintained in care records and risk assessments and all concerns and complaints received by the service were recorded, identifying what action had been taken by the service to resolve these.

The service had a registered manager. 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.

The person who used the service had complex needs and was not always able to tell us in detail about their experiences. We relied on our observations of care and our discussions with staff and other professionals involved.

The person who used the service required received continuous support from staff and needed to be supervised whenever they went out. It was clear from our observations that the person who used the service trusted the staff that supported them and positive relationships had been developed. They were supported by caring and attentive staff who understood their individual needs and knew their preferences for how care and support should be delivered. Staff explained things in a way that the person could understand; they made eye contact and treated people with dignity and respect.

We found staff were recruited safely and there was sufficient staff to support people. Staff received training in how to safeguard people from the risk of harm and abuse and they knew what to do if they had concerns. Medicines were handled safely and staff had received training in this area.

Staff understood how to gain consent from people who used the service; the principles of the Mental Capacity Act 2005 were followed when people were unable to make specific decisions themselves. The person who used the service was supported to eat a healthy diet and drink sufficiently to meet their needs and were supported by a range of healthcare professionals to ensure their needs were met effectively.

The staff and registered manager were responsive to people's changing needs. Reviews of the person's care took place on a regular basis; the individual and their appointed representative were involved in the initial and on-going planning of their care. Care plans had been developed which focused on supporting the person who used the service to maintain and develop their daily living skills whilst remaining safe.

The person who used the service took part in a range of activities and went to social events. The registered provider had a complaints policy in place that had been created in a format that made it accessible to the people who used the service.

The service was led by a registered manager who understood their responsibilities to inform the CQC when specific incidents occurred. A quality assurance system was in place that consisted of audits, daily checks and questionnaires. Action was taken to improve the service when shortfalls were identified.

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.

The person who used the service was supported by staff who had been trained to recognise the signs of abuse and how to report this.

Staff were recruited safely and deployed in suitable numbers to meet the assessed needs of the people who used the service.

Known risks were recorded and action was taken to ensure these were mitigated when possible.

Medicines were stored securely and administered as prescribed. Some minor adjustments were required to ensure staff all recorded 'when required medicines' to ensure recording was maintained in a consistent way.

Is the service effective?

Good

The service was effective.

The person who used the service was supported by staff who had received essential training in how to effectively meet their needs. Staff received supervision, support and appraisal.

Staff understood the principles of the Mental Capacity Act 2005 (MCA), which meant they promoted people's rights and followed least restrictive practice.

We saw the person was supported to maintain a healthy and balanced diet. When nutritional or general health concerns were highlighted, healthcare professionals such as dieticians, speech and language therapists and GPs were contacted to gain their advice and guidance.

Is the service caring?

Good

The service was caring.

Staff had developed both positive and caring relationships with

the person who used the service and were seen to respect their privacy and dignity.

Staff had a good understanding of the person's individual needs and preferences for how their care and support was delivered.

Is the service responsive?

Good

The service was responsive.

Arrangements were in place to ensure people had the opportunity to engage in a variety of different activities both within the service and the wider community. People were enabled to maintain relationships with their friends and relatives.

People received person centred care. People had assessments of their needs and care support plans were available to guide staff in how to support them in line with their preferences and wishes.

There was a complaints procedure in place which was available in alternative formats.

Is the service well-led?

Good

The service was well led.

There was a quality assurance system in place which consisted of audits, checks and feedback provided by people who used the service.

The registered manager reviewed all accidents and incidents had occurred in the service so learning could take place.

Staff told us the management team were approachable and encouraged people and staff to be actively involved in developing the service.

Avocet Trust Domiciliary Care Service

Detailed findings

Background to this inspection

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

This inspection was announced; it took place on 10 January 2017 and was carried out by two adult social care inspectors. We gave short notice because we wanted to make sure someone would be available at the registered office.

Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with the local authority commissioning and safeguarding teams to gain their views on the service. We also looked at the notifications we received from the service and reviewed all the intelligence CQC held to help inform us about the level of risk for this service.

We spoke with the person who used the service during the inspection, although they engaged in discussion with us, they were not fully able to describe their experiences of the service. We also spent some time speaking with staff and observed how they interacted and supported the person who used the service. Further discussions were also held with the registered manager, a senior carer and a health care professional.

We looked at the care file which belonged to the person who used the service. We also looked at other important documentation such as accident and incident records and medicine administration records (MARS). We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure the person was not deprived of their liberty unlawfully and action taken by the registered provider was in line with current legislation.

We also reviewed a selection of documentation relating to the management and running of the service; including, quality assurance audits and questionnaires, minutes of meetings, two staff training and recruitment files and a selection of the registered provider's policies and procedures including; medication, complaints and risk assessment.

Good

Is the service safe?

Our findings

The person who used the service had communication and language difficulties and because of this we were unable to fully obtain their views about their experiences. We relied mainly on observations of care and our discussions with people's relatives and staff to form our judgements.

When we asked whether the person who used the service felt safe living at the service were told they felt safe, liked the staff and living in their own home. We observed the person was relaxed, happy and confident in their own home. We saw staff had developed good communication with the person.

The person who used the service was protected from abuse and avoidable harm. Staff had completed relevant training and understood their responsibilities to report any abuse of poor care they became aware of. The registered manager and other staff members we spoke with told us, "We wouldn't tolerate any poor practice of any kind; we have a duty to report." Another commented, "There is always a manager available on call twenty four seven, that we can contact if we have any concerns about anything in relation to the people we support. If we had any concerns we would report them immediately to a manager, they would then make any appropriate referrals."

Records showed risks were well managed through individual risk assessments that identified the potential issue and provided staff with information to help them avoid or reduce risks. These included examples of bathing, accessing the local community, skin integrity and mental health well-being.

We saw risk assessments also included plans for supporting people when they became distressed or anxious and detailed circumstances that may trigger these behaviours and ways to avoid or reduce these.

We spent time observing the support staff offered people and the interactions between staff and the people who used the service. This was carried out in a caring and supportive way that ensured choice and inclusion was promoted. It was evident that the staff had a good understanding of people's needs and abilities.

The person who used the service received their medicines as prescribed. We saw that suitable arrangements were in place for the ordering, storage and administration of medicines. Protocols had been developed to ensure when PRN (as required) medicines were used this was done safely and consistently.

We noted the amounts of medicines held were not being carried forward onto the person's new Medication Administration Records (MARs), when we spoke to the registered manager and staff about this they showed us a separate record for all stocks of medicines for the person, which was completed daily and was found to be correct.

There were also an incident where a colour coding system for the administration of PRN medicines had been misinterpreted by a staff member administering the medication, for example on this one occasion one tablet had been administered (this was documented correctly on the stock sheet) however, we found that the corresponding MARS record had been incorrectly completed with the wrong colour coding, which

indicated two tablets had been administered. When we spoke with staff to establish their understanding of how the colour coding system worked they were clear about how this should be done. We spoke with the registered manager about this and they offered us assurances that they would raise this with the staff team and monitor this further.

We observed people being supported to take their medicines. Each person had individual routines for how they preferred to take their medicines, which were clearly recorded in their care plans.

The recruitment files for two staff were reviewed and we saw that suitable checks had been completed before prospective staff were employed by the registered provider. The files we saw contained interview questions and responses, references and Disclosure and Barring Service (DBS) checks. The DBS complete backgrounds checks and enable organisations to make safer recruitment decisions. This helped to ensure people were not supported by staff that had been deemed unsuitable to work with vulnerable adults.

The person who used the service was supported by suitable numbers of staff. The registered manager told us, "We have recently had to review how the person was supported during the night as they have been unwell. During this time we made sure there was a waking staff available to them throughout the night to ensure their needs could be met" They told us that any changes in needs were reassessed to ensure staffing levels were appropriate to meet people's needs.

Professionals and staff we spoke with confirmed they considered staffing levels were adequate.

Plans were in place to deal with foreseeable emergencies. The registered provider had created continuity plans which staff were expected to follow in the event of an emergency such as the loss of facilities and staffing crisis'.

Good

Is the service effective?

Our findings

When we spoke with the person who used the service we were told they enjoyed the meals provided and were happy with the variety of choices available.

The person who used the service was offered a balanced and varied diet of their choosing. We saw that food was prepared by staff that were aware of people's dietary requirements and personal preferences. Food temperatures were routinely recorded to ensure meals had been cooked thoroughly to the required temperature.

At the last inspection we found there were insufficient records in place to ensure accurate records of people's nutrition and fluid intake. At this inspection we found detailed records in place.

The registered manager and staff we spoke with told us all meals were prepared on site from fresh ingredients. Menus were developed following consultation with people who used the service based on their likes and dislikes whilst considering healthy balanced meals. Staff told us, "We know what they like and support them with menu planning based on their preferences. However, we acknowledge that people can change their minds quickly and are always happy to prepare something else for them if this happens."

A health professional we spoke with told us they found staff to be very good at making appropriate referrals and had the necessary skills to support people effectively.

When issues with the person's weight were identified appropriate action was taken, for example we saw clear guidance was in place to identify when referrals should be made to the dietician. Records showed necessary referrals had been made in a timely manner when this had been required in line with guidance.

Records showed the people who used the service were supported by a number of healthcare professionals including GPs, speech and language therapists, community psychiatric nurses and community learning disability nurses. This helped to ensure the person who used the service received the most appropriate care and support to meet their needs.

We saw the person who used the service had a health action plan in place that gave an overview of their health needs, how they communicated their needs and identified areas of support the individual required with this. This document described what actions professionals and others needed to take to help and support the individual in their approach and what was not helpful to them.

We saw evidence to confirm staff had completed a range of training to ensure they had the skills and abilities to meet the assessed needs of the people who used the service. The registered provider had made certain topics mandatory for all staff including safeguarding vulnerable adults, health and safety, food hygiene, infection control, equality and diversity and the use of person centred care.

Other person specific training had also been undertaken by staff such as, mental health, epilepsy, autism

and management of actual or potential aggression (MAPA).

During discussion with staff they confirmed other training courses were available for them to access if it was appropriate to their role. They gave an example of the registered manager accessing additional training from a community psychiatric nurse practitioner on bi polar mental health condition and how they could actively support people with this condition.

Records showed staff received effective levels of one to one support and mentorship. Meetings were used to look at areas staff had performed well in, could improve on, team work and any additional training staff thought would be beneficial to their role within the service. Staff we spoke with confirmed they received regular supervision and had the opportunity to discuss development and training.

Throughout the inspection we heard staff offering the person choices and discreetly explaining the care and support they wanted to deliver before doing so. Staff waited patiently for them to respond to their requests and assessed their reactions before proceeding further.

When we spoke with staff about the person's individual ways of communicating, they were able to clearly describe how they (the person who used the service) communicated with them and what different sounds and gestures indicated. We saw staff communicated with the person effectively and used different ways of enhancing communication. For example, when the person requested a drink, the staff member asked what they would like to drink. The person responded informing them they wanted coffee, followed by further requests for tea, milk and juice.

The staff patiently asked them would they like coffee? Followed by would you like a cup of tea and continued offering further choices until the person told them they would like a cup of tea. The staff member reaffirmed their request with them before preparing their requested beverage. They explained, they often request a number of different things before deciding what they want. They told us, "They like to go through all available options with us before they make a final decision."

Care records contained clear guidance for staff on how to support people the person using the service with their communication and how to engage with this. This supported people to make day to day choices relating to how they wanted to spend their time, activities, meals and about their care and support.

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, 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. For people living in the community who need help with making decisions, an application should be made to the court of protection.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us, "All our staff have done MCA and Deprivation of Liberty Safeguards training; I think having that knowledge is really valuable. We carried out capacity assessments for the person we support and informed their care coordinators of this, for them to take further action, but we have not heard anything further."

We saw evidence that the registered provider followed the principles of the MCA and ensured best interest meetings were held when people lacked the capacity to make informed decisions themselves. The best

interest meetings were attended by relevant professional and other people with an interest in the person's life such as their families.

Staff we spoke with they told us they had completed training in the MCA and were aware of the legislation. They were able to provide examples and demonstrate their understanding clearly and how they would apply this in practice. An example was given about a situation where the person required medical investigations and was unable to consent to this, so a best interests meeting had been held with all involved professionals in order to discuss this further.

Good

Is the service caring?

Our findings

We observed positive and supportive relationships had been developed with the person who used the service and staff and were told they liked the staff.

We spoke with a health professional and they confirmed core staff had a good rapport with the person who used the service. They described staff as 'warm and empathetic' towards the person they supported.

We observed staff were kind and caring in their approach and interactions with people. We observed a staff member support the person to eat their lunch. They sat at the table with them after ensuring they had everything they needed. Throughout the meal they chatted with them, describing the meal, asking if they were enjoying it, whilst offering gentle encouragement to eat their meal slowly. The support was friendly and professional.

We saw staff followed guidance from the person's communication passports in their interactions with them based on their individual needs. When staff gave the person who used the service instructions or asked questions such as, "Are you ready for lunch?" or "Would you like to go for a walk?" They did so in a calm and encouraging way. We noted that staff used their awareness of the person's body language and vocal sounds to interpret their wishes and needs and to identify any potential triggers in their behaviour before they escalated. For example when the person asked staff where an item of clothing was, they responded kindly explaining the item was in their wardrobe. When the person repeated what staff had told them they reassured them that the information was correct, reducing the persons anxiety.

When we spoke with staff they told us, "A lot of the staff have been supporting [Name of person using the service] for a long time and know them well. However they have been unwell recently and we found there was a lot of changes in them, things that had worked with them before, suddenly didn't and they were finding it difficult to tell us what they wanted. We all (staff and professionals) pulled together sharing information and closely observing them to ensure their care was consistent to help them through this difficult time. However this doesn't mean we can become complacent as their needs are changing all of the time and they continue to improve. It is important we share this information as a team and keep people's communication passports up to date so we are offering an enabling and consistent approach."

The person who used the service had access to advocacy services.

Care files and other private and confidential information were stored safely. The registered provider's IT systems required personal log in and password details to gain access and staff confirmed that confidentiality was covered in their induction. This helped to ensure unauthorised people did not have access to personally sensitive information.

Good

Is the service responsive?

Our findings

We spoke with the person who used the service and were told about the activities and social outings they took part in, including going to the local pub for a glass of shandy and visiting one of their friends.

Staff told us they ensured care plans were followed so that the person who used the service, needs were met. The registered manager told us that some of the staff team had supported them (the person who used the service) for a number of years and knew their needs well. They had actively been involved in introducing two new members of staff to the person who used the service.

Professionals we spoke with told us that staff knew the person who used the service well and were able to offer them person centred care. Records confirmed that relatives were involved with initial and on-going planning of their family member's care.

When we spoke to professionals about whether staff were responsive to people's needs they told us, "Absolutely. They are a small team of staff, some of which are relatively new. The core staff really are excellent, warm, understanding and empathetic to the person's needs. They are good at letting me know of any changes. I believe an in-patient admission was avoided for the person, as a result of the hard work the staff team put in to support them, listening to advice, using their experience and skills and recognising subtle changes quickly."

At the last inspection we found concerns raised about the service had not been recorded or maintained. When we looked at the complaints record we found all concerns and any issues raised about any aspect of the service were fully recorded. Details about any action that had been taken to resolve concerns, was also recorded.

The registered provider had a complaints policy in place which was available in an easy read format which ensured its accessibility to the person who used the service. We saw newsletters and minutes from relatives meetings regularly reminded people of their right to raise concerns and how they should expect them to be managed.

Staff we spoke with were aware of their role and responsibilities in relation to complaints or concerns and what they should do with any information they received. They told us, "I haven't really had to deal with anything like that, but I know that I would have a duty to record all the details and share it with either my manager or the duty on call manager, for further action."

We reviewed the minimal amount of complaints received by the service and saw each complaint was investigated and responded to in line with the registered provider's policy in a timely way. Whenever possible learning was shared with staff to improve the level of service provided.

The care plan for the person who used the service focused on them as an individual and the support they required to maintain and develop their independence. They described the holistic needs of the individual

and how they were supported within their home and the wider community. We found care plans to be well organised, easy to follow and person centred.

Sections of people's care plans had been produced in an easy to read format, so they had a tool to support their understanding of the content of their care plan. Easy read information is designed for people with a learning disability and is a way of presenting plain English information along with pictures or symbols to make it more accessible.

Details of what was important to people, such as their likes, dislikes and preferences were also recorded and included in their care plans, for example, their preferred daily routines and what they enjoyed doing and how staff could support these in a positive way. Items which were treasured by the person who used the service had been photographed with details of what the person called each item. Further information was in place which described where staff could access a replacement, if a particular favoured item was misplaced to prevent any unnecessary anxiety or upset to the person.

We saw that when there had been changes to the person's needs, these had been identified quickly.

When we spoke with staff, they confirmed they read care plans and information was shared with them in a number of ways including a daily handover, communication records and staff meetings. Staff spoke about the needs of the individual and demonstrated a good understanding of their current and changing needs and their previous history. This included what they needed support with, what they may need encouragement to do and how they communicated and expressed their wishes. Staff told us that care plans provided them with sufficient information.

We saw the care plan for the person who used the service was reviewed monthly to ensure their choices, views and healthcare needs remained relevant. When there had been changes to the person's needs, we saw these had been identified quickly and changes made to reflect this in both the care records and risk assessments.

We identified in one area of the person's support plan that newly prescribed medication had not been updated. When we spoke with staff, they were fully aware the medication had been prescribed and the circumstances of when the medication should be used. They showed us copies of the person's MARs which detailed the medicine had been administered as prescribed. We spoke to the registered manager about this who offered assurances the information would be updated within the person's care record.

The person who used the service was also supported to attend regular reviews with community psychologists and specific health related reviews, such as epilepsy and mental health. This helped to ensure the person's care was effective and responsive to their changing needs.

Care plans had been developed to ensure the person received consistent and effective care in all aspects of their lives. The registered manager explained, "When I first came here I asked for a quality monitoring review to be done. Once this had been done and the outcomes were shared I completed an action plan. I started from scratch and reviewed all of the information about the person to ensure it reflected all of their needs and would provide staff with all of the information they needed to support the person in their preferred way and to ensure they are person centred."

The person who used the service was encouraged to take part in a range of activities and maintain friendships. Daily records showed the person had recently been on outings to the local pub, on shopping trips, visits to see their friends and enjoyed walking. Staff knew the people they cared for including their

hobbies and interests and tried to help people participate in activities they were interested in.

A member of staff informed us, the person they supported had had experienced a period of being unwell that had left them reluctant to go out. They told us that as their health had improved and with support and encouragement they could be persuaded to go for a walk or go to the local shop, providing they could do so on their own terms and return to their house when they wanted to.

Good

Is the service well-led?

Our findings

During our inspection we observed the person who used the service was comfortable in the registered manager's presence and although they did not always approach them directly, they engaged with them confidently when they were approached by them.

Staff told us the registered manager was supportive, approachable and had a consistent presence within the service. One member of staff said, "They [registered manager] are brilliant, very supportive and easy to approach. They put you at your ease so it is easy to ask them any questions. I don't think we could ask for a better person." and "I have known the manager for a number of years and have worked with them at different locations within the organisation. They are approachable and if they can help you in any way they will. There is really good communication within the team and we all support each other and we work well together as a team."

The registered manager said, "I have an open door policy, and staff can come to me at any time with any queries or ideas and I will make time to listen." They told us they felt supported by the registered provider and attended regular management meetings where best practice and changes to legislation were discussed. They also told us the organisation was working through accreditation with the National Autistic Society. Managers working within the organisation were also encouraged to attend conferences, were involved in partnerships groups and involved in networking with other care providers to share best practice initiatives.

We found there was a system of quality monitoring which consisted of audits, checks and surveys to obtain people's views. Daily checks of medicines, food temperatures, fire checks and the cleanliness of the service were completed. Additional; monthly audits of care records, supervision, training, risk assessments and the environment were also in place.

The person who used the service, relatives, staff and other professionals were actively involved in the development of the service. We looked at the results from annual reviews and found that information from relatives had been collated and action taken when these had been identified.

We saw recently completed quality assurance checklists had highlighted areas of the service that required maintenance and we noted that the work had been completed in a timely way.

Residents meetings and relatives meetings were also held regularly to give people the opportunity to express their views of the service. Regular newsletters were also sent out to relatives and friends to share information and updates about the service.

Staff meetings were held regularly which were used as an opportunity to discuss training requirements, standards within the service, activities and team work. This helped to ensure staff were aware of their responsibilities and had a forum to raise any concerns or make suggestions about how the service was run. The registered manager told us, "We encourage the staff to make suggestions and are keen to develop them

in their roles and offer them new opportunities."

The registered manager was aware of and fulfilled their responsibilities to report accidents, incidents and other notifiable events that occurred within the home. During the inspection we reviewed the accident and incident records held within the service and saw that they matched the information that had been sent to the Care Quality Commission.

A selection of key policies and procedures were looked at including, medicines, safeguarding vulnerable adults, consent, social inclusion and infection control. We found these reflected current good practice.

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