Avocet Trust

Durham Street and Endymion Street

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 well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Durham Street and Endymion Street is a residential care home that provides accommodation and personal care to young people who have a learning disability, autistic spectrum disorder, physical disability or sensory impairment. The service can support up to seven people. At the time of our inspection visit there were three people living at the service.

49 - 53 Durham Street is registered to provide care and accommodation for up to five adults with a learning disability. 48 Endymion Street is a terraced property which is registered to provide care and accommodation for two adults who have a learning disability. They are both part of the Avocet Trust organisation, which is a registered charity.

People's experience of using this service and what we found
The service was not always well-led. The provider's quality assurance systems were not effective in identifying and addressing issues.

Risks associated with people's care had not always been clearly recorded in their care plan or risk assessments, and there was a lack of detail about the measures in place to reduce the risk of harm.

People's care plans did not always contain sufficient information to ensure staff were fully aware of people's needs.

The principles of the Mental Capacity Act (MCA) 2005 were not always followed. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Staff were recruited safely. There were enough staff to meet people's care needs. Staff had received training for their roles.

The home was clean and tidy and additional cleaning ensured people were safe from the risk of infection.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.
The model of care and setting maximised people's choice, control and independence. People's dignity,

privacy and human rights were promoted, but improvements were required to MCA practices to ensure that people's human rights were always fully promoted. The ethos, values, attitudes and behaviours of care staff ensured people using the service led confident and inclusive lives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was good (published 11 October 2018).

Why we inspected
The inspection was prompted in part due to concerns received about staffing and risk management associated with incidents and accidents. A decision was made for us to inspect and examine those risks.

Due to the concerns received, we undertook a focused inspection to review the key questions of Safe and Well-led'. When we arrived, we also had concerns about areas covered by the 'effective' domain. We decided to include this 'effective' domain in our inspection. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Durham Street and Endymion Street on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This included a breach of regulation 12 (safe care and treatment), regulation 11 (consent) and regulation 17 (good governance).

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will

return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Durham Street and Endymion Street

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was completed by two inspectors.

Service and service type
Durham Street and Endymion Street is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection
We spoke with one person who used the service about their experience of the care provided. We spoke with three members of staff including the registered manager and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We spoke with one relative about their experience of care provided.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's care records did not always include detailed or up to date plans and positive behavioural support strategies for managing any specific risks identified. For example, one person's care records were from a previous care setting and did not reflect the person's current needs.
- Risks associated with people's care had not always been identified, mitigated, recorded and monitored effectively.
- There was minimal evidence to support learning lessons from accidents or incidents.
- The lack of oversight in relation to monitoring and analysing accidents or incidents had resulted in people being exposed to the risk of harm.

The provider had failed to appropriately assess risks to people. The provider had not taken adequate steps to assess risks or done all that was reasonably practicable to mitigate those risks. This was breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in how to keep people safe from abuse. They were clear on their responsibility and there was information available on how to raise concerns with external agencies.
- The provider had a whistleblowing policy and staff were aware they could use this to raise concerns.
- The manager worked with the local safeguarding team to address concerns when they were raised.

Staffing and recruitment

- The provider recruited staff safely. This included carrying out relevant checks prior to staff starting employment. This was to ensure staff were suitable to work with people using the service.
- Staff had the skills to ensure they could meet people's needs. Staff told us they had received training to support them in their role and records confirmed this.
- Staffing levels were suitable and the option to increase staffing in specific circumstances was considered if additional support was required.

Using medicines safely

- People received their medicines safely.
- Staff had been trained in the safe administration of medicines and were assessed as competent before supporting people with their medicines.

● Where people were prescribed pain relieving medicines on an 'as required' basis, clear guidance was in place to ensure staff had information about when these medicines should be given.
● Where people were unable to communicate, staff had access to comprehensive information about how to assess and identify if they suspected a person was in pain.

Preventing and controlling infection
● We were assured the provider was preventing visitors from catching and spreading infections.
● We were assured the provider was meeting shielding and social distancing rules.
● We were assured the provider was admitting people safely to the service.
● We were assured the provider was using PPE effectively and safely.
● We were assured the provider was accessing testing for people using the service and staff.
● We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured the provider's infection prevention and control policy was up to date.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 had the appropriate legal authority and were being met.

- The service was not following the principles of the MCA. There was a lack of information in records to show mental capacity assessments and best interest meeting records had been completed.
- Assessment of people's capacity to make decisions where restrictions had been applied were not always completed. For example, the use of safety gates. Records showed that the decision for the restrictions had not been discussed and agreed as being in their best interests and the least restrictive option for people.
- The Mental Capacity Act (2005) for some people who lacked capacity to consent to their care had not always been followed. For example, for those people who lacked capacity to consent, there were no records to show how consent had been sought for decisions relating to medication administration, personal care, finances.

The Mental Capacity Act (2005) had not been followed to ensure that people could make decisions about their care. This was a breach of regulation 11 (consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough to maintain a balanced diet
- Systems were not always in place to ensure people's assessed needs were care planned. This meant people were at risk of receiving inappropriate care and support.

● People were provided with a varied, nutritious and balanced diet based on their preferences. One person told us "I love the food".
● People were supported to maintain their skills and independence with their meals. For example, people were encouraged to plan, shop and prepare their own meals were appropriate.
● We received positive feedback about the food. People told us they liked the food and they could choose what they wanted.

Staff support: induction, training, skills and experience
● Staff had received appropriate training to ensure they were suitably skilled in their role. They completed mandatory training courses, including first aid, safeguarding, medicines competency and positive behaviour support.
● Staff received regular supervisions.
● Staff told us they were satisfied with the training they received. Staff told us, "There is lots of training available" and, "During your induction you are well supported, which allows you to get to know the residents well."

Staff working with other agencies to provide consistent, effective, timely care; Adapting service, design, decoration to meet people's needs; Supporting people to live healthier lives, access healthcare services and support
● The service was adapted to meet people's needs. It provided a homely environment for people to relax and spend time with each other. People's rooms were individually furnished and provided space for personal possessions.
● People had access to sensory equipment in their accommodation.
● Staff sought support from health care services where needed.
● Appropriate information was shared with other agencies if people needed to access services such as hospitals or specialists.
● People benefited from staff monitoring their wellbeing and health.

Requires Improvement

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- An effective system was not operated to monitor the quality and safety of the service. Robust governance systems were not consistently used to identify shortfalls and address concerns in a timely manner.
- Where improvements to the service had been identified through quality auditing, action was not always taken in a timely way. For example, there was no action plans to capture the action required, expected date for completion and who was responsible for completion.
- Audits and monitoring arrangements were in place for a range of areas, including care plans, medicines and infection control. However, we found monitoring documentation had not been completed in line with the provider's policies and had not identified the issues we found on inspection.
- Systems for assessing risk and reviewing people's needs were not robust.
- Themes and trends were not identified through systems currently in place. For example, there was no analysis of incidents, falls or accidents to reduce the risk of reoccurrence and improve care provided to people.
- The provider did not gather and use information such as care plan reviews to learn and improve the care provided to people.

Systems designed to monitor the safety and quality of the service and mitigate risk, were not robust. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a lack of effective oversight from the provider which impacted on the outcomes for people. Thorough checks on people's care were not being completed, to satisfy themselves if the service was good.
- A relative we spoke with felt able to raise issues and was satisfied with the service. Their comments included, "My relative is happy" and, "Staff are lovely".
- Morale within the service was good and the culture was open and relaxed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Where incidents occurred, staff had contacted relevant family, stakeholders and professionals as required.
- The provider is legally required to notify the Care Quality Commission about events that occur at a service.

This information had been sent as required.

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

- Staff had team meetings and one to one supervision. One staff member told us, "I feel listened to in meetings" and, "I am happy to share my thoughts with the manager and team."
- Systems were in place to capture people's views and feedback.
- People were able to attend resident's meetings where they discussed changes within the home, activities and menus.

Working in partnership with others

- People benefited from staff working in partnership with other local health professionals. For example, GPs, community nurses and a range of therapists.
- Professional visit records evidenced staff worked collaboratively with other agencies.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to ensure capacity assessments and best interest decisions had been carried out in line with the Mental Capacity Act 2005 and associated code of practice. 11 (1) (3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to appropriately assess risks to people. The provider had not done all that was reasonably practicable to mitigate those risks. 12(1)(2) (a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems designed to monitor the safety and quality of the service and mitigate risk were not robust. Accurate, complete and contemporaneous records were not maintained in relation to each person. 17 (1) (2) (a)(b)(c)