

Adult Placement Services Limited

Avalon Doncaster Services

Inspection report

1 Bennetthorpe
Doncaster
DN2 6AA

Website: www.avalongroup.org.uk

Date of inspection visit:
26 March 2019

Date of publication:
15 April 2019

Ratings

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

Summary of findings

Overall summary

About the service: Avalon Services Doncaster provides people with care and support to live as independently as possible in a variety of settings in the community. The service is managed from an office based in Doncaster. The service provides care and support to 41 people living in 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of this inspection there were four people living in supported living and receiving personal care.

The service also provided care and support to seven people living as part of a shared lives scheme. 'Shared lives' is an arrangement whereby people either live or spend time with self-employed care providers who support them according to their assessed needs in a family environment. Shared lives schemes are designed to support adults with learning disabilities, mental health conditions, or other needs that make it harder for them to live on their own. The schemes match an adult who has care needs with an approved shared lives carer. These carers share their family and community life, and give care and support to the adult with care needs.

People's experience of using this service:

- We received positive feedback about the service from people and relatives.
- Staff understood their responsibilities about keeping people safe.
- Relatives were positive about all aspects of the service provided.
- People received a consistent level of care from a team of regular care workers. There were enough staff employed to meet people's needs.
- Risks to people were managed in a way that kept them as safe as possible. Risk management guidelines were in place to help care workers when supporting people.
- Staff were trained to administer medicines should they need to administer them. Regular audits of medicines were carried out.
- The provider arranged training for staff that met the needs of people using the service. They were assessed for their competency which helped to ensure they were safe to work with people.
- Care plans were individual and met the needs of people using the service. They included people's choices and preferences. They were person centred and included ways in which staff could support people emotionally and the activities they enjoyed.
- No recent formal complaints had been received from people or their relatives.
- Feedback from relatives and staff was positive and they felt the service was well-led. They told us the managers were always available to speak with and were responsive.
- Quality assurance checks were regularly carried out.
- The service met the characteristics for a rating of "Good" in all the key questions we inspected. Therefore, our overall rating for the service after this inspection was "Good."
- More information is in our full report.

Rating at last inspection: This is the service's first rating.

Why we inspected: This was a scheduled comprehensive inspection.

Follow up: We will continue to monitor the service through the information we receive.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Avalon Doncaster Services

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes. The service also provided care and support to seven people living as part of a shared lives scheme.

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

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service. We needed to be sure that they would be in.

What we did:

Before the inspection, we reviewed the information we held about the service. This included notifications sent to us by the provider and other information we held on our database about the service. Statutory notifications include information about important events which the provider is required to send us by law. We used this information to plan the inspection. We also reviewed all other information sent to us from other stakeholders, for example, the local authority and members of the public.

During the inspection, we spoke with five relatives to ask about their experience of the care delivered and

two people who were supported by Avalon Services Doncaster. We spoke with the registered manager, the senior service manager and two care staff. We looked at the care records for three people, three staff employment related records and records relating to the quality and management of the service.

Details are in the Key Questions below.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- Relatives told us they had no concerns about the wellbeing of their family members. One relative said, "We have a team and they are all very trustworthy and respectful of our home."
- Care workers demonstrated an understanding of what abuse was, how they would identify signs of abuse and what action they would take if they had concerns about people's wellbeing.
- Records showed that safeguarding training was delivered to care workers on a regular basis.
- There had been no safeguarding concerns raised against the provider.

Assessing risk, safety monitoring and management

- The provider took appropriate steps to identify and manage risks to people using the service.
- Care records included a section where risks to people were assessed, these included person specific and environmental risk.
- Steps to manage or minimise risks to people were included. For example, safe moving and handling techniques.

Using medicines safely:

- People were supported to take their medicines in a safe manner where this was needed. Care workers were trained in medicine administration and were assessed as being competent.
- Regular audits of medicines were taking place to ensure they had been administered as prescribed.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. The registered provider ensured consistency of staff for people.
- Feedback from relatives was positive. One relative said, "It's really important that it's the same team because my relative will really struggle if it was anybody they didn't know. Thankfully that's never been a problem." Another relative said, "I think it can be difficult to find staff with the right skills, aptitude and motivation for this kind of work, but we are involved in the selection process which is incredibly reassuring."
- When new staff started work, they shadowed more experienced staff to learn about people's needs.
- We checked the recruitment records of three staff and saw records of checks completed by the provider to ensure staff were suitable to deliver care and support before they started work for the provider. The provider had made checks with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions.

Preventing and controlling infection

- Staff received training in infection prevention control
- Staff told us there was sufficient personal protective equipment, such as disposable gloves and aprons to

maintain good standards of infection control.

Learning lessons when things go wrong

- We looked at how accidents and incidents were managed by the management team. They detailed the nature of the incident, time and action taken to resolve it. When accidents occurred any accident or 'near miss' was reviewed so that lessons could be learnt and to reduce the risk of similar incidents occurring.
- There was oversight of accidents and incidents on a senior level where themes and trends were analysed.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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 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 were supported by staff that knew the principles of The Mental Capacity Act 2005 and recognised the importance of people making their own choices.
- People told us they were in control of their support. One relative told us how their relative could be reluctant to do certain tasks. They said, " My relative will not try to do anything if they are allowed but the carers challenge [name] to do a bit more than they want to do. They are fully aware of [name's] capabilities so it's not inappropriate but it's important to stretch [name]."

Staff support: induction, training, skills and experience

- Staff said they were happy with the training and support on offer. Comments included, "I feel well supported, the training is good and gives me the knowledge I need to do the job."
- Relatives told us care workers were competent in carrying out their duties. Comments included, "They are amazing. They provide a lifeline to us. Every year we complete a full update about my relative, their preferences, any changes and so on and any team member who comes knows all about them. My relative is totally in the driving seat so will choose for themselves what they want to do. So, sometimes, they might go to the cinema or out for coffee. It's a very good service."
- New staff received a thorough and in-depth induction and carried out shadow shifts, where they worked alongside more experienced staff. They were closely monitored and regularly had their competency assessed in practical aspects of their role to ensure they were suitably skilled to do the job
- Regular training and refresher training was given to care workers that was relevant to supporting people, this health and safety, mental health awareness, Mental Capacity Act 2005 (MCA) and food hygiene amongst others.
- Up to date training records were seen and staff were booked onto training where training was expiring to ensure the training remained current.
- Staff received regular supervision during which their work was monitored and evaluated.

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

- We saw records about people's physical, mental and social needs were regularly reviewed. All staff worked with other professionals involved in people's care to ensure their needs were met in a consistent and effective way. This included where people needed to access other health care services. This ensured the

service could provide person-centred care to people.

- The provider ensured that people were supported in a way that met their needs by matching staff with similar skills, personality's and hobbies.

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

- Dietary requirements and preferences were included in care plans giving details on whether supporting with nutrition and hydration was an aspect of the care given or if relatives were responsible.
- Staff were aware of people's preferences in relation to what they liked to eat and drink.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- We found that the service had worked alongside other health professionals, services and organisation to deliver effective care and support.
- People were supported to maintain their health and well-being.
- People were registered with a GP and received care and support from other professionals, such as the speech and language therapists (SALT) and occupational therapists (OT).
- Records showed there were care plans in place to promote and support people's health and well-being.
- Assessments had been completed for people's physical and mental health needs.
- Staff followed professional's advice to ensure people's care and treatment needs were met.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care

Ensuring people are well treated and supported

- Staff knew people's preferences and used this knowledge to care for them in the way they liked.
- Staff talked about people with kindness and compassion.
- We received consistently positive feedback about the approach of staff and the care and support delivered to people. Comments we received included, "It really makes such a difference to my relative's life having this service. My relative is really happy which is so important to me. The carers don't have anything terribly demanding to do but they constantly reassure my relative which really helps with their confidence to do things for themselves."

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

- Guidance was available in people's care plans which documented how people communicated.
- People were involved in writing their care plans so their choices and wishes could be expressed and delivered. One staff said, "All my attention goes on them [the person receiving support] to make sure that everything they want to do and their decisions links to them."
- Records gave guidance about people's daily routines and what they needed staff to help them with.
- Staff understood people's individual methods of communication and support plans were in place which gave staff guidance on the most effective way of communication to help people express their views.
- Information was available in a format that people understood. Easy to understand information was available to people such as information on complaints and compliments and keeping people safe.

Respecting and promoting people's privacy, dignity and independence

- The provider recognised people's diversity and staff received training on treating everyone as individuals.
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely maintaining the confidentiality of the information recorded.
- Staff told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, ensuring all people's information was kept confidential. Relatives said, "There are occasionally continence problems with my relative, but [staff] deal with it quite cheerfully and just let me know what they've had to do. Not everyone could do it, but they never bother and just get on with it without any fuss at all."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Relatives told us they received a personalised service and staff were responsive to their relative's needs. One relative said, "They never send anybody who my relative hasn't met before and if there is a new member of the team, they always send them with somebody my relative already knows."
- The registered provider ensured people received care and support that was responsive to their individual needs. We saw that care records for people included an initial assessment from the local authority which formed the basis of initial consultations with the individual by the provider, to ensure they were able to meet their needs.
- Support plans were then formulated which included details of everybody involved and where the person had capacity they had signed to confirm their agreement with the information contained. People had individual care records in place which reflected their current needs. These included risk assessments and care plans.
- Care plans included areas people needed support with, the action staff needed to take to support people and the outcomes or goals people wanted to achieve.
- People's social interests, activities they enjoyed doing both at home and in the community, were documented. Relatives told us that staff encouraged people to take part in these activities.
- Staff said because they worked with people on a regular basis they had been able to build good relationships and knew people's likes and dislikes.

Improving care quality in response to complaints or concerns

- A complaints policy was available. No complaints had been received in recent months. We saw previous complaint had been investigated according to the providers own policy.
- A relative told us, " 'I never have to worry about a thing. The service will sort out any changes for us, so it saves me having to worry and nothing goes wrong." Another relative said, "The whole service is amazing. They help all of us, not just my relative. My relative can't ever be left alone because they do sometimes have fits and without this service we wouldn't get any respite from caring for [name]. There has only been one person who came who my relative didn't like. There was nothing wrong with the person just that [name] didn't like the person for some reason. I contacted the manager and there was no problem about it. They just made sure that person didn't come again."

End of life care and support

- The registered manager told us that they do not currently support anyone at the end of their life.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and relatives were positive about the service provision. Their comments included, "Nobody involved ever says no. They [staff] go the extra mile and we couldn't do without them. I would recommend this service to anybody who asked." And, "They [the provider] do try so hard to be accommodating and are very sympathetic and understanding."
- The service was well-led. The registered manager told us how they effectively managed their time between the two areas they managed, ensuring they were responsive to the needs of each.
- Both the registered manager and the senior service manager were a visible presence and were always available to speak with relatives and staff.
- The managers demonstrated a good understanding of the service and their regulatory requirements.
- The aims and objectives of the organisation were discussed with staff when they were employed.
- The manager understood their role and responsibilities to ensure incidents that required notifying were reported to the appropriate authorities if required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered provider completed quality assurance checks to enable them to identify any areas for improvement. Regular audits were completed to ensure various areas such as medicines and finances was being delivered in line with policy and procedure. We found that when audits and quality assurance tools identified areas to improve these were actioned. There was in-depth evaluation of areas such as safeguarding, complaints and accidents and incident.
- Regular spot checks took place to gather people's views and to observe staff supporting people. A relative commented, "Communication is really good. They have worked hard to identify people who work best with my relative." Another said, "They [the service] are excellent and are always concerned to ask how we are as well which is nice. It's a completely inclusive service and the best thing of all is how they focus on my relative so that even when I'm going out, I can hear them [staff and relative] chatting away.'

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

- Staff meetings were held regularly. Meetings provided opportunities for staff to feedback their suggestions and voice their views.
- Staff told us felt they were listened to and well supported by the management team
- Relatives and people were involved in decisions about care. The service sent out an annual customer and

staff satisfactory survey and the findings were analysed. Most of feedback was positive. For example, 96% of people said the support they receive is helpful, 94% said staff are kind, 93% said staff listened to them.

- People told us they were very involved in the care plan and that their relatives' needs were discussed at the beginning. The managers are readily able to discuss any changes. Everyone said they feel very involved with the service.

Continuous learning and improving care

- Avalon Service Doncaster had a customer representative who attended's the Avalink group committee meeting. These meetings were made up of representatives from each of the provider's locations. They met up every three months to decide on policy changes, discuss current issues and to ensure best practice was being followed across the locations. This ensured each location was involved in developing the organisation holistically.

Working in partnership with others

- Everybody we spoke with were happy with the service they provided or received. The local authority praised the care and support provided by the service. They told us, "There are no current concerns or safeguarding [concerns] that have been reported to us and I am not aware of any current open complaints or concerns reported to us by either service users, relatives or other professionals."