

# Adult Placement Services Limited

# Avalon Northallerton

# Services

## Inspection report

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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

Avalon Northallerton Services provides personal care and support to people who have a learning disability. Some of the people who use the service are also living with dementia. Some people who receive support live in small supported living services which are staffed according to assessed needs. This service provides care and support to people so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Other people lived in a family setting with a main carer. This is called shared lives. At the time of our inspection the service provided personal care to 11 people in supported living and three people in shared lives. For the purposes of this report the term 'staff' refers to supported living workers as well as shared lives carers.

Not everyone using Avalon Northallerton Services received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

The service did not have a registered manager. The previous registered manager left in October 2017. The manager in charge of the service had applied to become registered.

At the last inspection the service was rated good. At this inspection we found the service remained good.

People were protected from unnecessary harm by staff who knew how to recognise signs of abuse and how to report concerns. Individual risks were assessed and medicines were administered safely to those who required this support. There were safe recruitment procedures in place and enough staff to ensure people received the care and support they needed. Staff were trained and supervised to ensure that they had the knowledge and skills to support people effectively.

When people required assistance to eat and drink, the provider ensured their preferences and assessed needs were met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with kindness, compassion and respect by staff who knew them well. People liked the staff who supported them and had developed good relationships. Care was planned and reviewed with people and the provider ensured that people's choices were followed and their independence was promoted.

People had care records that included information about how they wanted to be supported and this was reviewed to reflect any changing needs. There was a complaints procedure in place and people knew how

to complain if they wanted to.

People's views about their care were listened to and acted upon. Staff felt well supported by the manager. The quality of care was assessed and monitored to ensure standards were met and maintained. The manager promoted an open culture which put people at the heart of the service.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good.	<b>Good</b> ●

# Avalon Northallerton 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 checked 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 was an announced comprehensive inspection which took place on 21 November and 4 December 2017. 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 at the office to speak with us. The inspection team consisted of two adult social care inspectors.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

On day one, an inspector visited six people within their own homes and looked at their care records. On day two, an inspector visited the office location to review care records, policies and procedures. We spoke with the manager, the policy and project officer and four care and support workers.

We reviewed daily records, medicines administration records, three staff recruitment files, and reviewed the provider's training and supervision records. We considered how comments from people, staff and others, as well as quality assurance audits, were used to improve the service.

Following the inspection we spoke with three health and social care professionals and a commissioner of the service for their feedback on their experiences of the care provided.

## Is the service safe?

### Our findings

People who used the service experienced consistency of care from staff they knew, which made them feel safe. One person told us, "I am really happy with the service and comfortable around the staff."

The manager understood their responsibilities in relation to safeguarding people from abuse. Staff we spoke with could explain the signs of abuse and understood their role to protect people. They were confident any concerns raised with management would be dealt with appropriately. One told us, "Every person we support is treated as an individual and we respect their choices. If they were being discriminated against, I would report it."

People's care records were detailed and risk assessments were in place which contained all the information staff required to meet people's needs safely and to reduce any identified risks. For example, we saw a risk assessment in place relating to a person's specific medical condition and action required from staff to support them. Care records were available for staff in people's own homes. Copies of care records and other confidential information were stored securely in the office.

Information gathered in relation to accidents and incidents that had occurred, had been documented and was monitored to identify possible trends. For example, we saw an action plan to reduce the risk of incidences due to relationship difficulties within a supported living home.

Staffing levels were based on people's needs and the amount of time required to support them. We looked at rotas which showed there were enough staff to meet people's needs. Staff told us they would work together, if there were gaps in the rota to ensure support visits were covered.

Staff were safe and suitable to work with vulnerable people. Disclosure and Barring Service checks (DBS) were carried out before staff started working at the service. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. We also saw that previous employer references had been obtained and a full work history was provided within the application form.

People's medications were administered safely to people who needed this support. Medicine Administration Record (MARs) charts were completed appropriately and the medicines policy and procedures were within people's care records for easy staff access. We saw communication sheets for health care professionals to record their visits and messages or advice for staff around changes to medication. One person's care record included a dehydration chart that compared colour of urine to risk and gave staff an indication of what amount of fluid to give ensuring they were hydrated sufficiently. This meant that good practice guidelines were being followed.

Staff were aware of the importance of infection control measures. For example, a care record we looked at included specific prevention and control information for staff to follow.

We saw the provider's reports which included the analysis of accidents and incidents. These showed actions

had been taken to reduce the likelihood of a reoccurrence and consider lessons learnt.

## Is the service effective?

### Our findings

People spoke positively about the quality of care provided by staff who understood their needs and knew how they wished to be supported. Care files included a 'goals and future plans' section that was detailed and personalised. One person said, "The service is really good and all the staff are great with me."

Care and support was provided when people needed and wanted it. Health and social care professionals we spoke with confirmed this. One told us, "Staff at Avalon know the people they support very well and have a good rapport with them."

We looked at training records which showed staff had access to a range of courses relevant to their roles including, health and safety, safeguarding, moving and handling and first aid. Staff completed an induction course and spent time working with experienced staff before they were allowed to support people unsupervised. One member of staff we spoke with said, "I thoroughly enjoyed my induction and learnt so much." This meant staff had the appropriate knowledge and skills to support people effectively.

Records showed staff were supported in their roles through supervision and appraisals. One member of staff told us, "I really like supervision. It is a two way conversation and I get a tremendous amount of support to help me do my work."

Health and social care professionals told us that they had an effective working relationship with the service. One told us, "Communication with Avalon staff is very good and they work with us."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

Staff we spoke with understood the principles of the MCA. One told us, "I always presume that somebody has capacity. I always ask their consent and give people choices." Another said, "If I am in doubt about a persons' capacity to make a decision, I will phone the office." Records we looked at included signed consent forms which were available in easy read formats, which helped people understand what they were consenting to.

Records we looked at demonstrated people's health needs were promoted. Referrals were made to appropriate health services when their needs changed.

People's care plans included the support they needed for eating, drinking and nutrition. This provided guidance for staff to follow. For example, one person needed minimal support, but they followed a specific diet to promote their well-being in relation to a medical condition. One person told us how they were getting

advice to eat more healthily. During our inspection we observed staff enabling a person to make a healthy meal for the other people they lived with.

## Is the service caring?

### Our findings

People told us their relationship with the staff was good and they were caring. One person told us, "I am looked after very well." A health care professional we spoke with confirmed this and said, "The staff are caring and I've always found them to be pleasant and helpful." Another told us, "The staff are very caring and often 'go the extra mile' when supporting people."

Staff we spoke with understood the importance of people receiving support in a way that upheld the principles relating to equality and diversity. For example, one told us, "I accept people as equals and support them just as I would for others. I respect how people want to live; it's about people just being themselves." Another explained how they had supported a person to talk about their sexuality ensuring they were comfortable and had no worries.

People were supported to express their views and be actively involved in making decisions about their care and support. For example, we saw that staff facilitated a meeting to enable people in a supported living home to talk about how tensions could be reduced. People were encouraged and supported to express how they were feeling. An action plan was developed which included for example, who would do the washing up and minutes of the meeting were produced in a format people could understand. The manager told us that tensions and incidents within the home had reduced.

Staff had a good appreciation of people's individual needs around privacy and dignity which we observed in practice when we visited people in their homes. One member of staff we spoke with told us, "It's all about the individual and supporting people to be comfortable within themselves."

People's independence was promoted by staff who had time to focus on these skills. For example, people were supported to use public transport, attend appointments and learn how to manage medicines or finances independently.

The manager confirmed that people were supported to make decisions using independent advocates when needed. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. We saw records which showed how the service supported someone in their work place. Staff met with the employer to ensure that this person was not discriminated against and showed them how to share information sensitively and in a way the person understood.

## Is the service responsive?

### Our findings

People told us the service was supportive and responsive to their needs. One person explained to us that due to their complex needs, there had not been enough time to fully complete the tasks staff supported them with so visits had been increased. They said, "I am coping well with my life now and am grateful for the help of the Avalon staff."

Care records were detailed, person centred and described people's preferences. Daily records were up to date and informative. We saw records that showed people had been involved in their care and attended reviews.

The service provided information in an accessible format for the people who used the service. For example, the complaints procedure was available in an easy read format with pictorial aids. People we spoke with said they had no cause to complain, but felt able to raise any concerns and knew who to speak with.

Technology was used to promote people's independence. For example, one person we visited had a call system in their bedroom and lounge which they used to call staff when they required support or if alone in the house and had unexpected callers. Staff could listen in and come to their aid if needed. Another person had a sensor to alert staff if they were having an epileptic seizure.

Records showed people were supported to access the community on a daily basis and be involved in local community facilities and groups. For example, one person had been frustrated when their previous provider had not listened to their request to go out, play football and make friends. Soon after they started to receive support from staff at Avalon, arrangements were made for them to play football at the activity club run by the service and attend different groups and daily activities. The manager confirmed that this person had made new friends, become calmer and less frustrated as a result of participating in activities they enjoyed.

None of the people that used the service were receiving end of life care at the time of our inspection. However, we saw a compliment from a relative of a person who had died, thanking staff for their, "Brilliant and hard work" and the support the family had received with the funeral arrangements.

## Is the service well-led?

### Our findings

At the time of this inspection a registered manager was not in post, but the manager had applied to become registered.

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.

Staff confirmed that the culture of the service enabled them concentrate on the people they supported. One said, "We are very much a person centred service, we work with people and give them time." We could see that staff were committed to promoting equality and supporting people to lead full lives.

People and staff were consulted regarding the running of the service and their views were taken into consideration. We looked at a video that had been produced for the provider's annual conference, where people expressed their views about the service. They were complimentary and proud of their achievements. Members of staff we spoke with said, "The management are fantastic listeners" and "I always get a response; the manager is very supportive."

The manager had made links with the community which included the police and the local Council's leisure services. They had become a member of a steering group to ensure sporting activities and facilities were inclusive to people with disabilities.

Regular audits were undertaken by the manager which included checks on records and spot observational checks on staff.

The manager confirmed that the provider visited the service and we were shown documents which demonstrated audits were analysed by them. We saw that the provider was in the process of completing comprehensive audits of all their services, including Avalon Northallerton. The manager told us that the supervision and support they received from the provider was very good. This demonstrated the manager and the provider were committed to offering quality care and continual improvement.

Health care professionals told us they had confidence in the service, it was well-led and staff had good insight into the needs of people they supported. One told us, "The service enables individuals to achieve their potential without compromising their safety."