Avocet Trust

35 Priory Grove

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

35 Priory Grove is registered to provide care and accommodation for a maximum of 4 people with a learning disability and may be living with dementia. The home is a purpose built bungalow, with four bedrooms, two toilets and one bathroom. Further accommodation is provided including; kitchen, laundry, lounge, dining area, conservatory and office. At the time of our inspection one person was using the service.

This unannounced inspection took place on 3 February. The last inspection of the service took place on the 20, 21 and 27 of January 2016 and we found the registered provider had made improvements in the way the service was managed. Improved monitoring systems had been put in place following the last inspection that helped to audit and improve the care provided to people. We saw Improvements had been made to the management of risk. However, we saw confidential files were not
stored securely.

During this inspection we saw that the registered provider had taken action to ensure that confidential files were held securely and the new audits system introduced had been successful in identifying shortfalls within the service so that action could be taken to address these in a timely way.

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 used a number of different methods to help us understand the experiences of the person who used the service including the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who were unable to speak with us. It was clear the person who used the service trusted the staff who supported them. Staff were observed to look for visual cues as well as listening to the tone and pitch of the person's verbalisation, in order to understand what they were trying to communicate.

The person who used the service was supported by suitable numbers of staff who knew how to keep them safe. The registered provider had developed plans to deal with foreseeable emergencies. Staff had been recruited safely following the completion of appropriate checks. Medicines were ordered, stored and administered safely and people received their medicines as prescribed.

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 had their nutritional and dietary needs assessed and they were supported to eat and drink sufficient amounts to maintain their health. They were also 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 person 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 to maintain and develop 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 that had been trained to recognise the signs of abuse and how to report this.

Staff were recruited safely and were 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 they were mitigated when possible.

We found medicines were stored securely and administered as prescribed.

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.

We saw 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.

The person who used the service was enabled to maintain relationships with their friends and relatives.

Assessments of the person's care needs had been undertaken and person centred care support plans were developed to guide staff in how to support the person 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. Further improvements were needed to ensure accurate records were maintained in relation to the way meals consumed were recorded.

The registered manager reviewed all accidents and incidents that 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.

35 Priory Grove

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 unannounced; it took place on 3 February 2017 and was carried out by two adult social care inspectors.

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.

People who used the service had language and communication difficulties and were not always able to fully describe their experiences of the service with us. We relied mainly on our observations of care and our discussions with relatives and staff to form our judgements. We spoke with staff and observed how they interacted and supported the person. Two registered managers (one of whom was supporting the registered manager during the inspection process from a neighbouring service) a member of care staff, a visiting professional and three relatives were also spoken with.

We reviewed the care file for the person who used the service and 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, three 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 the person's relatives, a visiting professional and members of the staff team to form our judgements.

Relatives we spoke with said "I've no worries she is safe and secure with staff" and "All the girls are great, they are fantastic with her."

We observed the person was relaxed, happy and confident in their own home and we saw staff had developed good communication with the person.

At our last inspection we observed the laundry room door was left open, which gave people who used the service the opportunity to access it and the cleaning products stored there. Dirty clothing was also found on the floor next to the washing machine and on a bedroom floor. In one of the toilets we found a dirty stained jug used to collect urine samples and the toilet had been left un-flushed after use. There were no hand drying facilities in one of the toilets. When we showed this to the registered manager she spoke with staff immediately and ensured the door to the laundry was locked. On the second day of the last inspection we found the laundry door to be locked and laundry baskets had been put in place to store dirty linen and promote better infection control practices.

During this inspection we saw that the infection control measures that had been put in place at our previous inspection had been maintained and a key pad had been fitted to the laundry room door, to ensure the person who used the service was unable to access it unsupervised.

The person who used the service was supported by suitable numbers of staff. The registered manager told us, "We are in the process of reviewing how the person is being supported during the night as they have started to become more unsettled at night. Currently the staff do a sleeping in shift and are available if needed. We have found over the last month that the frequency of them being needed during the night is increasing. We have planned a review to discuss this further and to consider if we need to review these arrangements."

We found there were sufficient staff on duty to meet the current needs of the person who used the service. Professionals and staff we spoke with confirmed they considered staffing levels were adequate.

The recruitment files for three 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 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 staff we spoke with told us, "If I had any concerns or thought they were being abused in any way I would raise the issue with my manager straight away" and "If we had any concerns about anything I wouldn't hesitate to report it immediately."

Risk assessments were seen to be in place to support people to maintain their independence and to minimise risks. These had been developed with input from the person, professionals and staff. We looked at the care plans for the person who used the service and found these identified potential risks and how this would be managed. These included examples of bathing, dehydration, scalds, choking and accessing the local community.

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 the person who used the service and their interactions. We saw these were 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.

People 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 as and when required (PRN) medicines were used this was done safely and consistently.

We observed the person being supported to take their medicines. The routines identified within their care plan for how they preferred to be supported to take their medicines, was seen to be followed by the staff member who administered their medicines.

A notice was displayed next to the medicines cabinet, clearly directing staff to record the temperature of the room on a daily basis. We found that this had been completed overall, but three omissions had been made during the month of January. When we spoke to the registered manager about this they offered us assurances that they would address this with the staff concerned and also take further action to ensure the record was completed as directed.

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

Relatives and a professional we spoke with praised the skills and abilities of the staff team. Their comments included, "The staff are so professional and are very good at involving us and keeping us up to date with everything." and "My relative had been way overweight and has lost some weight as they have been following a healthy eating plan and are now much more active."

We saw menus were in place that reflected and catered for the person's assessed dietary needs and personal preferences. Meals were prepared by staff that were aware of people's dietary requirements and personal preferences. Food temperatures were routinely recorded to ensure food had been cooked thoroughly to the required temperature.

We found that staff had omitted to record the temperature of one meal that had been prepared. All other records were fully completed. We discussed this with the registered manager of the service who told us they would remind staff of the importance and purpose of maintaining these records. They explained this would also be picked up within the monthly audit they were due to complete.

When issues with people'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.

We saw that menus and dietary information had been updated following a visit from the dietician based on their recommendations.

During the inspection we observed the person who used the service going out with staff to meet their friends at a local club they attended. While they were away we checked the records of food and fluid consumed and saw that the record for that day had already been completed although the person had not yet had their meal.

When the staff returned we raised this with them and they explained the meal had been taken with them to eat while they were out and acknowledged the record should not have been completed until the person had eaten their chosen meal.

We discussed this with the registered manager and later with the care manager who both acknowledged this practice was not acceptable and not within the company's record keeping guidance. They offered us assurances that the incident would be addressed with staff and discussed at staff meetings throughout the organisation to ensure all staff were reminded of their responsibility to record information accurately.

A health professional we spoke with told us they found staff to be very welcoming and considered they had the necessary skills to support people effectively. They explained that staff always put the person first, knew the person well and were able to put them at their ease when any medical interventions were being carried out.

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 people received the most appropriate care and support to meet their needs.

We saw people who used the service had health action plans in place that gave an overview of people's 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.

Staff training records we saw confirmed 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, working with people with downs syndrome and dementia, epilepsy, autism, delivering meaningful activity, formatting life story work and responding positively to behaviour. 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 specialist dementia nurse practitioner on the condition and how they could actively support people.

Following this they had also been provided with lots of best practice guidance on different aspects of how people living with dementia and downs syndrome may be affected by the condition.

Supervision records showed staff received effective levels of one to one support and mentorship. One to one 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 people 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 people communicated with them and what different sounds and body language indicated. We saw staff communicated with the person effectively and used different ways of enhancing communication.

Care records contained clear guidance for staff on how to support people with their communication and how to engage with this. This supported the person 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. The application for this in care homes are called deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of MCA and whether any conditions on authorisations to deprive the person of their liberty were being met. At the time of our inspection a DoLS application had been submitted to and was awaiting approval from the relevant authority.

The registered manager told us, "All our staff have done MCA and Deprivation of Liberty Safeguards training; I think it is really important they have a good understanding of it." 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. During discussions with relatives they confirmed they had been involved in all best interest decisions.

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.

Good

Is the service caring?

Our findings

We spoke with a health professional and they confirmed the staff team had a good rapport with the person who used the service. They told us, "It is a really nice place, we all like coming here."

Relatives we spoke with told us, "It is an excellent service" "The care my relative gets is fantastic and we are kept up to date about everything. The staff take her on holiday a couple of times a year and she loves it" and " They always make sure she looks lovely and is well cared for."

We observed staff were kind and caring in their approach and interactions with people. A staff member supported the person with activities, they sat at the table with them after ensuring they had everything they needed. Throughout the activity they sat and chatted with them, describing the objects, asking if they were enjoying it, and planning with them what they may like to do later on. The support was friendly and professional.

We saw staff followed the guidance from people's communication passports in their interactions with people who used the service based on their individual need. When staff gave people instructions or asked questions such as, "Would you like to go out?" They did so in a calm and encouraging way. We noted that staff used their awareness of people's body language and vocal sounds to interpret people's wishes and needs. For example when the staff member started offering different activities available, they waited for the person to assimilate the information they had offered and waited patiently for a response. They used a similar approach offering further options until the person responded in an excited way that they would like to go out to get a hot chocolate.

When we spoke with staff they told us, "We have not had a high turnover of staff and we have all been supporting them for a while now, so we all know them well. There have been more noticeable changes recently and we have found things that had worked with them before, weren't always working. We got some help from a dementia specialist whose advice and further advice from other professionals has really helped. All the new information is in their care plan, so we can all use it."

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 relatives who told us their family member received personalised care. They told us, "I am fully involved in all aspects of their care and kept informed. The continuity of care for them is great and staff are really supportive." Another told us, "The staff are fantastic and are so well organised." They went on to tell us about the activities they were involved in, including going out and attending clubs within the local community, giving them the opportunity to meet up with their friends.

Staff told us they ensured care plans were followed so that the person's needs were met. The registered manager told us that some of the staff team had supported the person who used the service for a number of years and knew their needs well. They told us they used one relief staff member to cover any absence that could not be covered by the staff team, to ensure the person received continuity of care and explained how the staff team had been actively involved in introducing them to the person who used the service.

Professionals we spoke with told us that staff knew people 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, "Yes, I have always found the staff really helpful and professional. They know the person really well and how to respond to them in every situation, their needs are always put first."

The registered provider had a complaints policy in place which was available in an easy read format which ensured its accessibility to the people 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.
Relatives we spoke with knew they were able to raise concerns or make a complaint and explained they had never had any need to do so.

We reviewed the complaints record this showed no complaints had been received by the service since our last inspection, but a number of thanks and satisfactions had been received by the service.

The registered manager told us that in the event of any complaints or concerns being made, these would be fully investigated by a registered manager from another service 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.

Care plans had been developed to ensure people received consistent and effective care in all aspects of their lives. The person's care plan focused on them as an individual and the support they required to maintain and develop their independence. They described the holistic needs of people 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 the care plans had been produced in an easy to read format, so people who used the service 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 the person, such as their likes, dislikes and preferences were also recorded and included, for example, their preferred daily routines and what they enjoyed doing and how staff could support these in a positive way were available. We saw that when there had been changes to the person's needs, these had been identified quickly and changes made to reflect this in both the care records and risk assessments where this was needed. We saw care plans were reviewed monthly to ensure the person's choices, views and healthcare needs remained relevant.

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 needs, changing needs and previous history, 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.

The person who used the service was also supported to attend regular reviews with community specialist health workers who were involved in their on-going assessment of their changing needs. This helped to ensure people's care was effective and responsive to their changing needs.

The registered manager explained, "I have only recently been asked to manage this service, about six weeks. My colleague will remain the registered manager for the service until my registration is approved. One of the first things I did here was to ask for a quality monitoring review to be done. Once this had been done and the outcomes were shared I completed an action plan. I have worked my way through the person's care plan too, in order to review their information to ensure it reflects all of their current needs. I also asked professionals involved to come in and complete further assessments of their needs to make sure we have as much information as possible to support the person in their preferred way and to ensure their care is person centred."

People who used the service were encouraged to take part in a range of activities and maintain friendships. Daily records showed the people who used the service had recently been on outings to the local social clubs, enjoyed holidays, day trips, shopping trips, visits to see their friends and meals out. Staff knew the people they cared for including their hobbies and interests and tried to help people participate in activities they were interested in.

Good

Is the service well-led?

Our findings

People who used the service had language and communication difficulties and were not always able to fully describe their experiences of the service with us. We relied mainly on our observations of care and our discussions with relatives and staff to form our judgements.

During the inspection we saw when the registered manager spent time in the service, 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.

Relatives told us the registered manager was easily approachable and they met regularly with them and senior staff for their views on the service and the care their relative received. They knew the registered manager's name and told us they would raise any concerns with them if required. Comments included, "If you need any help they are there for you, I can't fault the staff. There is nothing I would change." and "I think the manager is really organised."

During the inspection we saw a record had been completed mid-morning which reflected the person had already had their lunch. At that point the person had only just had their breakfast and no lunchtime meal had been prepared. When we queried this with staff later in the day, they told us they had completed the record in error. We raised this with the registered manager and later with the area manager who offered us assurances that this practice would not be tolerated and further action would be taken to ensure that staff understood that this practice was unacceptable.

In discussions, staff told us they felt supported by the registered manager and were able to raise concerns; they said they enjoyed working at the service. They also told us communication was good between staff and the registered manager.

Staff used a communication book to pass on important information such as people's hospital appointments or changes in medicine regimes. There were handovers at each shift change so the wellbeing of the person who used the service could be discussed.

Staff meetings were held regularly to exchange information and to enable them [staff] to express their views.

Staff told us the registered manager was approachable, supportive and a consistent presence within the service. One member of staff said, "They [registered manager] are very supportive and easy to approach. I am happy to go to them about anything, I couldn't have done so with the previous manager" and "There is really good communication within the team and we all support each other."

The registered manager told us they considered themselves to be approachable and that staff could come to them at any time and they would listen to them and look into their suggestions, ideas or concerns. 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.

The registered manager told us they felt partnership working had developed further and how they considered this to be a positive move and had led to a more considered approach of trials of new initiatives being done to see if they worked, before taking them on board.

The registered provider's auditing system covered all aspects of the service including accidents and incidents, recruitment, health and safety and care planning. Quality assurance checklists were used to ensure the cleanliness and general maintenance of the service.

We saw recently completed quality assurance checklists had highlighted areas of the service that required maintenance and we saw these had been responded to in a timely way. Staff confirmed with us that repairs were carried out promptly after being reported.

People 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.

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.

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.