

Avocet Trust

Newtondale

Inspection report

134 Newtondale
Sutton Park
Hull
Humberside
HU7 4BP

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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?	Requires Improvement ●

Summary of findings

Overall summary

134 Newtondale is a domestic dwelling and registered with the Care Quality Commission [CQC] to provide care and accommodation for one person who has a learning disability.

This inspection took place on 22 March 2016 and was announced. At the last inspection on the 4 April 2014, the registered provider was compliant with the regulations we assessed.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission [CQC] to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However, an application has been submitted to remove the current registered manager and add another manager from within the organisation. Both the new and previous registered manager were present during the inspection.

The person who lived at the service received continuous support from staff and needed to be supervised whenever they went out. We saw support was individual and the person's needs were fully understood by staff. Staff worked with the person to develop and equip them with the necessary life skills to live as independently as possible and we saw their best interests were promoted.

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

The environment was safe and staff had a good knowledge and understanding of how to safeguard the person; there were clear and available safeguarding procedures within the home. Risk assessments were completed to help minimise risk such as supporting the person in the community or with day to day support.

Staff had been recruited safely and the registered provider's recruitment procedures ensured, as far as practicable, the person was not exposed to staff who had been barred from working with vulnerable adults.

Medicines were handled safely and staff had received training in this area.

The person who used the service was provided with a varied and individual diet. We saw they were consulted and involved with meal choice.

We saw the person was supported to access health care professionals when needed and staff supported them to take part in an activities which they enjoyed and were very enthusiastic about.

The management and care staff were trained in, and understood the principles of, the Mental Capacity Act 2005 [MCA] and promoted a least restrictive approach with the person.

Staff had access to induction and on going essential training, supervision and appraisal. This ensured staff had the skills and knowledge to support the person using the service both safely and effectively.

We observed that positive relationships with the staff and the person who used the service had been developed.

The person who used the service was involved with the development of their plan of care and activity programme. Their preferences were detailed and how they would communicate in different circumstances.

There was a complaints procedure in place which was available in a suitable format that enabled the person who used the service to access this if needed.

Audits were undertaken to ensure the person received a safe and effective service which met their needs. However, we saw that some were limited with the type of questions asked and this did not allow for a more in depth analysis in how the service could be improved. The registered manager had developed their own system to record and analyse incidents and accidents, which promoted a learning culture within the service.

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 cared for by staff who had been trained to recognise the signs of abuse and how to report this. There was sufficient staff provided to care and support the person effectively.

Staff had been recruited safely.

The person received their medicines as prescribed and staff had received medicines management training.

The service was clean and hygienic and safety checks had been undertaken on a regular basis.

Is the service effective?

Good 

The service was effective.

The person who used the service was cared for by staff who had received essential training in how to effectively meet their needs.

We saw the person was supported to have a healthy, nutritious diet and to receive appropriate healthcare when they required it.

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

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. Staff showed respect when communicating with the person.

Staff promoted the person's independence and assisted them to live a full and active lifestyle.

Privacy and dignity was maintained.

Is the service responsive?

The service was responsive.

There were arrangements in place to ensure the person had the opportunity to engage in activities both inside the home and within the wider community. These promoted their independent living skills and developed their confidence.

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

Good ●

Is the service well-led?

The service was well led, however some aspects of quality monitoring of the service was not always effective.

Although there was an organisational wide quality monitoring system in place and regular audits had been undertaken, this required improvement to ensure any shortfalls identified had clear timescales for action to be completed. The compliance audits were also brief and lacked analysis. We did see the implementation of a new more in depth quality monitoring system had been commenced, but this would need sometime for it to be embedded across the organisation.

Requires Improvement ●

Newtondale

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 took place on 22 March 2016 and was announced. We gave short notice because the service was supporting one person and we wanted to ensure the inspection would not impact unnecessarily with their daily life. The inspection was completed by one adult social care inspector and an inspection manager.

The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection, to ask them for their views on the service and whether they had any on going concerns. They had no concerns at the time of the inspection. We also looked at the information we hold about the registered provider.

We spoke with the person who used the service during the inspection. We also spent some time talking with staff and observed how they interacted and supported the person who used the service. We also spoke with both registered managers who were present during the inspection.

We looked at the care file which belonged to the person who used the service. We also looked at other important documentation such as incident and accident 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 that the person who used the service was not deprived of their liberty unlawfully and action taken by the registered provider was in line with current legislation.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training records, staff rotas, supervision records for staff, minutes of meetings with staff and the person who used the service, safeguarding records, quality assurance audits, maintenance of equipment records, cleaning schedules and menus. We also undertook a tour of the building.

Is the service safe?

Our findings

The person who used the service told us they liked the staff and liked living in the home. They said, "I like [staff] and I like it here". We observed how the person was in their environment and saw they were relaxed and happy. The staff had developed good communication with the person and used various aids to assist understanding.

We spoke with some health and social care professionals who told us they had no concerns about the care and support offered to the person. One social care professional told us, "[Service user] has lived there for a long time and we have had no concerns about them."

During the inspection, we spoke with staff and they were able to describe the registered provider's policies and procedures for reporting any abuse they may witness or become aware of. Staff had clear lines of accountability and told us they could also contact the registered manager out of hours if necessary. We looked at training records which showed staff had received training in how to safeguard the person from abuse and how to recognise abuse.

We saw audits had been completed, which ensured the safety of the person who used the service. For example, the environment was checked and risk assessments were seen including a personal evacuation plan in the event of an emergency. We saw certificates and documentation to confirm that the building was maintained safely.

Staff understood the importance of respecting the person's rights and ensured they were treated with dignity and respect at all times. We observed staff interacting with the person and this was carried out in a caring and supportive way that ensured choice and inclusion were promoted.

We looked at the care plan for the person and found this identified potential risk and how this was to be managed. Examples of this were; road safety, going out into the community and activities such as bowling and trips in the car. When changes had occurred, we saw the risk assessments had been updated. We also saw behaviour support plans that described any behaviour that challenged and how the staff should support the person. The support plan detailed how the staff should interact with the person and what terminology to use which would reduce their agitation or anxiety.

Discussions with registered manager and staff confirmed that physical restraint was not used within the service. Staff had undertaken training with regard to changing behaviour and managing potential aggression. The care records we looked at showed that distraction techniques were effective in managing incidents of behaviours that challenged.

The registered manager kept an on going record of any incidents which happened at the service. They told us there had not been any incidents that had required a safeguarding referral, but they could describe what action to take.

Staff were provided in enough numbers to meet the person's identified needs. We spoke with the two registered managers and one member of staff who all confirmed that one member of staff was sufficient to support the person.

We looked at recruitment files for all of the four staff who worked at the service and found that safe recruitment processes had been followed. We saw that appropriate disclosure and barring services (DBS) checks and references had been sought prior to staff commencing work in the service. This meant, as far as practicable, staff had been recruited safely and the person was not exposed to staff who had been barred from working with vulnerable adults.

We saw there was a system in place to ensure the person who used the service received the 'personal allowance' part of their support benefit. These systems, and policies and procedures helped to keep people safe and to ensure their finances were not mismanaged.

Medicines were administered as prescribed. We saw the recording was accurate and medicines were checked in and out of the building as required. Regular audits were undertaken to ensure the correct procedures were followed. Medicines were kept securely and stored appropriately. There were care plans for the use of 'as required' medicines such as paracetamol and behaviour modifying medication and these had been agreed within a multi-agency setting and in accordance with the MCA. Records showed us staff received regular training with regard to the safe handling and administration of medicines. We saw that some stock of medicines had not been carried forward onto the next month's medication administration record (MAR) and therefore may not reflect the actual stock held. The registered manager assured us this would be addressed immediately.

We found the home to be clean, hygienic and well maintained. The person who used the service was relaxed and happy living there and considered it their home. There were personal belongings including soft toys and photographs and the environment was homely and comfortable.

Is the service effective?

Our findings

We spoke with the person who used the service and they confirmed they enjoyed living there and said, "I like it." From observation, it was evident they had access to all areas of the home and freely walked around with staff available to support them.

Staff told us they felt supported by the management and also that they could raise concerns or issues and these would be acted upon. We looked at the training records for all of the staff who worked at the service and saw that the majority of essential and more diverse training had been undertaken and kept updated. One member of staff told us, "I have worked here for three years and my induction training was very good, but also what I have done since then has given me the skills I need to support [person who used the service] effectively. I think the training is good and I get the support and supervision on a regular basis." They also said they had completed other training which included behaviours that challenged and equality and diversity.

We spoke with three health and social care professionals who told us they felt the person was supported by well trained and caring staff. Comments included; "Very happy with the support [service user] receives, staff respond very well" and "I took an advocate to the review to ensure [service user] was represented." Another professional said, "Frontline staff are open, approachable and listen to the advice given." However, they also told us that they felt as an organisation they do not always respond to all recommendations especially if there is a cost involved. They said, "We feel [service user] would benefit from a wet room being installed to assist mobility, however I was told by the registered manager that this was not possible." We asked the registered provider about the recommendation of a wet room being considered and the head of services assured us that this would be considered. They said, "I have reported it to head office and they will let me know what the decision is and I will contact the professional to request an update." We have requested the registered provider keeps the commission updated and we will assess this at the next inspection.

We looked at the supervision and appraisal records and saw staff received regular support and had an annual appraisal regarding their personal development. We spoke with the two registered managers who were present during the inspection and they told us regular staff meetings and supervision were offered to staff. This was to ensure they were following the procedures and care plans in place, but also to assist staff to further develop themselves and achieve their potential.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager told us the person who used the service was subject to restrictions upon their liberty and that a DoLS application had been submitted to the local authority. This was due to the person not being able to be left unsupervised and

because of their vulnerability when accessing the community. Staff we spoke with were aware of the restrictions and could describe how they promoted least restrictive practice.

We saw the person who used the service was provided with food that was wholesome and varied. There was a four weekly menu which was in picture format and the staff used this to assist the person when making some choices regarding food. During the inspection, we observed a meal time; the person who used the service wanted their meal earlier than usual. We saw the member of staff responded in a positive way and proceeded to prepare the food as requested. Staff supported but enabled the person to maintain independence at mealtimes. We saw aids and adaptations had been sourced and other professionals were involved in supporting and offering guidance regarding eating healthily.

The person's care plan showed they had access to health care professionals when needed. We saw from records that the person had seen their GP, community learning disability team and physiotherapist. The outcome of any appointments were recorded in the person's care plans and changes made where necessary.

Is the service caring?

Our findings

The person who used the service told us they liked the staff and from our observations we saw both positive and supportive relationships had been developed. The person told us, "I like [member of staff's name]".

We spoke with health and social care professionals and they confirmed staff had a good rapport with the person who used the service. They also felt that although restrictions were in place for safety, the staff supported the person to be as autonomous as possible, ensuring they were listened to.

We observed the interactions between the staff and the person who used the service; staff were kind and caring with their interactions. They used positive and encouraging words to motivate the person to remain independent and undertake daily living tasks. The atmosphere was relaxed and the person responded to the communication with staff.

The registered provider had policies in place in relation to promoting respect and dignity. The staff spoken with were clear about how to best support the person in ways that would show respect and maintain their dignity. We observed this throughout the inspection and observed the staff to be caring at all times.

During our observations, we saw staff gave the person options. For example, the menu that had been put together by the person and staff stated it was chicken and rice for the evening meal. However, the person did not want this and other options were offered. The member of staff we spoke with said this was the person's home and they respected this.

The person who used the service was involved with their care. We saw evidence in their care plans they had attended reviews and their input had been recorded.

We saw the person's wellbeing was monitored on daily basis. There was a communication book and daily notes that demonstrated what support had been offered. We also saw when help or guidance had been sought from other professionals including the GP and community learning disability team.

The registered manager told us they had completed a DoLS application and also requested support from an advocate; they confirmed this was currently being assessed by the local authority. The person who used the service had previously been supported by an independent advocate and they had attended reviews. This meant the person had their rights supported by someone who was independent of the organisation.

Is the service responsive?

Our findings

We spoke with the person who used the service and they told us about the activities and social outings they took part in. We saw they were consulted about various aspects of their life including choice and we observed staff interacting and involving the person in everyday decisions. The person said, "I like going out and I'm going to a party." We saw a picture format activity planner which informed the person of what activities or outings were being undertaken for that week. We also observed that staff were flexible and responsive in their approach as the person had requested a different activity on the day of the inspection and this had been supported to take place.

We looked at the care file and documentation that described what the person's needs were. There had been various assessments undertaken which were detailed and gave a very good picture of what the person's needs were, their likes, dislikes and preferences, and how staff should support them in a person-centred way so that choice and involvement were promoted.

We saw a staff notice board which included some policies and procedures including how to safeguard people from harm or abuse, whistleblowing and guidance on how to manage infectious outbreaks.

There was an activities programme which had been developed and this included various social events and outings, such as trips to the park, social gatherings and parties within the local community. The person who used the service told us they were looking forward to the forthcoming Easter parties they were attending and that one was in fancy dress. We spoke with staff and they confirmed the fancy dress outfit had been chosen by the person with support from them.

A communication passport had been developed and recently reviewed, which described how to best communicate with the person, including verbal and non-verbal interaction. The communication passport and support plans included the following; 'how I communicate', 'how you can help me understand', 'how I express myself' and 'if I am in distress or in pain I might...'. The registered manager told us this would be taken to health appointments to ensure all involved fully understood the person's needs. They also confirmed staff would support the person with health care appointments whether planned or in the event of an emergency to ensure there was consistency and alleviate any unnecessary anxiety for them.

We observed staff interacting with the person and they understood their needs and they were responsive in their approach. The staff told us how the person may present if agitated and how they would support in order to diffuse the situation.

There were a variety of assessments which identified areas of daily life where the person may be subject to risk. These included road safety, doing activities in the community such as bowling and going in the car; they detailed what the risk was and how this could be managed. We also saw a positive behaviour support plan had been developed with the help of the community learning disability team with regard to the person's behaviours that challenged. We also found that when incidents had taken place, the positive behaviour support plan and risk assessments had been reviewed and updated as and when the person's needs had

changed.

The registered provider had a complaints procedure in place and this was available in a symbol format. The registered manager told us there had been no complaints since the previous inspection, but they could describe what action they would take if any were received. This showed us the registered provider had a system and process in place in order to deal with concerns and complaints should the need arise.

Is the service well-led?

Our findings

During the inspection, we saw both the existing and new registered manager was approachable and staff told us they were contactable out of office hours. Staff told us, "The support is very good and if it is needed you can ring out of office hours, someone is always available."

There was an organisational wide quality monitoring system in place and regular compliance audits had been undertaken. However, these were brief and lacked full analysis. Improvement was required to ensure any shortfalls identified had clear timescales for action to be completed. We did see the implementation of a new more in depth quality monitoring system had been commenced, but this would need some time for it to be embedded across the organisation. We saw the system had failed to identify action required. For example, we saw that the medication administration records had been recorded on the monthly compliance audit as 'recording not visible and mistakes present', yet there was no corrective action in place. We also saw from a compliance audit dated 11 August 2015, it had been identified that the person who used the service had not had a holiday and that the service required an internet connection. We saw neither action had timescales identified for completion.

We spoke with the two registered managers who confirmed the monthly compliance and health and safety audits comprised of a tick box with limited space to record quality data. They also said the organisation was in the process of implementing a new quality monitoring programme, but this may take time to embed across all services. We saw that one of the new quality audits had taken place on 30 December 2015 and was much more thorough. It recorded what the issue or concern was, the action required, identified a completion date and when the action was actually completed. The new audit looked at areas such as medication and 'as required' protocols, mental capacity assessment monitoring and risk assessment review. We also saw that an action plan had been developed which identified what task required action, whose responsibility it was to complete it and also gave a priority rating between one and five.

We saw meetings took place for registered managers in the organisation to share information. The two registered managers we spoke with confirmed they felt these meeting were helpful to them and good practice was shared to ensure consistency.

Staff also told us they attended meetings where the registered manager would go over new policies and procedures or discuss good practice. We spoke with both the registered manager and new manager who confirmed staff meetings were held on a monthly basis. We saw evidence that a staff meeting had taken place in February 2016 and this had included various topics for discussion.

We spoke with health and social care professionals who confirmed they thought the service and staff were approachable, listened to advice and guidance and contacted them when necessary.

We looked at how incidents and accidents were recorded and managed. We found the registered manager had developed their own system for analysing and determining whether any further corrective action was required. This had helped to identify any patterns or trends to the behaviour of the person who used the

service and assisted in making improvements to incident management and learning lessons. This captured information that would otherwise not have been recorded if they had used the registered provider's existing quality monitoring process. The registered manager is going to share their ideas with higher management in the organisation and share the good practice they have introduced.

Surveys were undertaken with the person who used the service, their representatives and visiting health and social care professionals to ascertain their views about how the service was run. The surveys for people who used the service were brief, but were available in a suitable format. We spoke with the two registered managers who told us they felt the surveys required further improvement as they were limiting in style and content and also that the surveys were not sent to other stakeholders such as the community learning disability team or advocacy. We looked at the staff survey responses which were overall very positive. However, two staff had identified they required training for Parkinson's disease and continence and also that supervision was not regular. Although we saw an overview with an action plan to address the shortfalls, there was no completion date recorded.

We asked the registered manager and new manager how they kept up to date with current good practice and they confirmed the registered provider had systems in place to ensure their knowledge was up to date. The registered manager said, "As a registered management team, we attend partnership board meetings and feedback to each other in managers meetings, it also helps us establish links with outside agencies and keep up to date with changes. City Health Care Partnership have delivered a training session to managers on wellbeing" and "We have received training in the Care Act." Both managers said they also kept their knowledge up to date via the internet and would request further training if required.

The registered manager had sent in the relevant notifications to the CQC regarding any safeguarding referrals.