

## Avalon Group (Social Care)

# Avalon Botton Services

### Inspection report

Lower Sherwood, Botton Village  
Danby  
Whitby  
YO21 2NJ

Date of inspection visit:  
09 November 2021

Date of publication:  
13 December 2021

### 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 Botton Services, is a shared lives scheme which provides people with long-term placements, short breaks and respite care, within shared lives carers (care workers) own homes. At the time of our inspection 29 people were using the service.

### People's experience of using this service and what we found

We received positive feedback from people, who told us they were happy with the support they received from their care workers. People received person-centred support and care workers knew the people they supported extremely well. Support plans covered all aspects of people's lives and their preferences to ensure a personalised experience. People were supported to develop and maintain important personal relationships.

People's health and well-being needs were supported from their care worker who encouraged people to develop, try new things, learn new skills and achieve personal goals. People were empowered to have their say and to exercise their rights. Access to an advocacy service was available and used when needed. Systems were in place for communicating with people, their relatives and care workers to ensure they were fully involved.

Medicines were safely administered and managed accurately. Individualised risk assessments were in place. Care workers were confident to raise concerns to safeguard people. Robust recruitment and selection procedures ensured suitable care workers were matched with people according to their shared interests and personalities.

All essential visitors had to wear appropriate personal protective equipment (PPE), provide evidence of a negative COVID-19 test and complete NHS Track and Trace information. Care workers completed training in infection prevention and control.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture. People were supported to reach their personal goals through person-centred approaches from leadership and care worker with the right skills and attitudes to achieve this.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 22 May 2019 and this is the first inspection.

#### Why we inspected

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

## 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 the safe findings below.

### Is the service effective?

Good ●

The service was Effective

Details are in the Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in the caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in the responsive findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in the well led findings below.

# Avalon Botton 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. The service had a registered manager. This means that when registered they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Inspection team

The inspection was carried out by one 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.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spent time with people who used the service. We spoke with twelve people who used the service, two relatives, the registered manager, deputy manager, and four care workers.

We reviewed a range of records. These included three people's support plans a variety of records relating to the management of the service, including audits and procedures.

After the inspection

We continued to seek clarification from the provider to corroborate evidence found. We looked at audits, care plans, reports and policies.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People told us they felt safe. One person told us, "I trust them, my carers are wonderful people. The place is safe too. I would talk to someone I trusted."
- Personalised risk assessments were in place and regularly reviewed. Where risks were identified, support plans guided care workers to manage and reduce these risks.
- People had plans in place to protect them from the risk of fire, including evacuation arrangements.
- Care workers had completed fire safety awareness training so they could reduce the risk of fire at home and support people in the event of such an emergency.

### Using medicines safely

- People received their medicines as prescribed and at the right time. Medicine records were completed accurately, and these were audited regularly by the registered manager. One care worker told us, "Yes we have training regarding medicines and the paperwork needed, the manager is on the ball with this."
- Where appropriate people were also supported to manage their own medicines safely.

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

- Care workers had received safeguarding training and were able to appropriately raise any concerns.
- Where safeguarding concerns had been raised, investigations and appropriate action was taken.

### Preventing and controlling infection

- There were arrangements in place to prevent and control infection. Care workers completed infection control training and the provider ensured they repeated this when required.
- Care workers were provided with plenty of appropriate personal protective equipment (PPE) in response to the COVID-19 pandemic.

### Staffing and recruitment

- The provider had comprehensive recruitment processes in place to make sure they only offered care worker roles to suitable candidates. These included obtaining Disclosure and Barring Service checks, references, visiting the applicants in their homes, assessing their links to local communities and evaluating their experience and attitudes.
- The recruitment process was carried out by an independent panel of vetted representatives from the local authority area alongside the registered provider.

### Learning lessons when things go wrong

- Accidents and incidents were recorded on an individual basis. The registered manager analysed these to look for any patterns or trends and took appropriate action to minimise risk of further incidents.

- Records showed care workers responded to incidents and informed the registered manager appropriately.

# 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. This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Care workers had the skills and knowledge to support people by completing training to ensure they could meet people's specific needs. One care worker told us, "Most of the training has been online recently but there is lots to do."
- The registered manager and deputy visited people and their care workers regularly to review how people were being supported and to discuss people and their well-being.
- The registered manager monitored care workers learning and development to make sure they completed or refreshed their training when required.

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

- People's eating and drinking needs were met. Care workers understood people's dietary needs and supported them to have a varied and nutritionally balanced diet. Appropriate support was provided to people who required a specialised diet.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked in partnership with external professionals, such as, social workers, psychiatrists, and GPs to support and maintain people's long-term health and well-being.
- People had personalised support plans covering their healthcare needs. These shared important information with healthcare professionals and were reviewed regularly with the relevant people.

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

- Outcomes for people were met. Their preferences, care and health needs were assessed and regularly reviewed.
- Changes to people's needs were reviewed with themselves and relatives and this was reflected in their support plans.

Supporting people to live healthier lives, access healthcare services and support

- The service enabled people to maximise their independence by working with healthcare professionals. to ensure they received where appropriate for example occupational therapy for support regarding people's mobility.
- Referrals were made to healthcare professionals where appropriate and in a timely manner.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Care workers sought people's consent and included people in decisions about their care. People were given choices and encouraged to make their own decisions where possible.
- Where required, healthcare professionals completed capacity assessments to ensure people were supported appropriately to make decisions.
- Where people lacked capacity to make decisions in an area of their life, for example their finances. They were supported to have maximum choice and control of their lives.
- Decisions were made in their best interests with involvement from people, their family, advocates and relevant professionals. Care workers understood their role in making decisions in people's best interests and appropriate records were in place.

# 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. This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a positive rapport between people, care workers and the management team.
- People were supported to maintain personal relationships. One person told us, "I visit my family, I have made friends and my girlfriend lives here too." Another told us, "I call my relative all the time in Canada."
- Care workers treated people with kindness and respect. They received regular training in this area.

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

- People were supported to make plans and discuss any changes to their support with their care workers or relatives. One person told us, "Sometimes my carer worker talks with me about my care plan."
- People were supported to have their say and could have an independent advocate where required to promote their rights.
- We observed the relaxed atmosphere and mutual respect between people and their care workers.

Respecting and promoting people's privacy, dignity and independence

- People were actively supported to set goals and to develop their independence. One person told us, "I go to woodwork to learn, I play darts, we go to the pub, I like my food and going to the football games."
- People were supported to learn new skills.
- Care workers engaged with people in a dignified way.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs. This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had personalised support plans which covered all aspects of their life and the support they required. Records showed they were reviewed regularly.
- The support people received was tailored to their needs and was delivered in a person-centred way. One person told us, "I do what I want, like walking. I do something every day, e.g. help make bread. Go out for supper every Friday with (named friend)."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities socially and culturally relevant to them

- People followed their interests and took part in activities that had positive impacts on their lives and their overall well-being. One person told us, "Getting to know new people is the best thing about living here."
- People were supported to use a range of communication methods to maintain contact with their relatives and friends during the COVID-19 pandemic. One relative told us, "We have regular phone calls and zoom calls to keep in touch and know my relative really well we speak all the time. Even throughout the pandemic."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their care workers.

- People's communication needs were met. The registered provider adapted information. For example, providing easy read information for those who needed it.

Improving care quality in response to complaints or concerns.

- A complaints procedure was in place and was followed by the registered manager and care workers.
- People were supported to raise any issues. Where issues had been raised, these were addressed and appropriately followed up.

# 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. This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People who use the service were able to attend self-advocacy meetings arranged by the registered provider to share ideas and have a voice in the improvement of the service. The meetings also discussed wider community issues such as the pandemic and hate crime.
- Care workers could approach the registered manager for support at any time. We received positive feedback from relatives and care workers, one care worker told us, "I really like that we know who to go to and they don't send you away, They are always doing their best and are approachable."

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

- The registered manager encouraged people and care workers to be open with each other and created a culture to reflect this.
- The provider's aim was to support people to have person centred support. This was embedded in the culture of the service. One care worker told us, "Avalon's ethos matches ours. We are enabled to have a person centred family approach rather than a care model."

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

- The provider had contingency plans for people in case of an emergency to ensure minimal disruption to their care and in response to the COVID-19 pandemic.
- Policies and procedures were current and in line with best practice.
- The registered manager carried out audits that enabled action for improvement where needed.
- The provider understood their legal responsibility to notify CQC about incidents that affected people's safety and welfare had sent us notifications relating to significant events occurring within the service.

Continuous learning and improving care, working in partnership with others

- The registered manager took on board the opinions and views of people who used the service and their relatives to make improvements.
- Care workers told us they felt supported by the registered manager.
- People were supported by a range of healthcare professionals with whom the registered manager and care workers had forged good working relationships.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- There was clear leadership and regular audits were completed by the registered manager to understand the quality and safety of the service.
- The provider had a plan to ensure minimal disruption to care in case of an emergency.
- Policies and procedures were current and in line with best practice.