Avocet Trust

Avocet Trust - 1183 Holderness Road

Inspection report

1183 Holderness Road
Hull
North Humberside
HU8 9EA

Tel: 01482329226
Website: www.avocettrust.co.uk

Date of inspection visit:
26 June 2018

Date of publication:
23 July 2018

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

This unannounced inspection took place on the 26 June 2018.

1183, Holderness Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

1183 Holderness Road accommodates up to three adults who have a learning disability and or autistic spectrum disorder related conditions. At the time of the inspection there was one person using the service for respite care (respite care is planned or emergency temporary care provided to caregivers). This was the first inspection of the service since it was registered with CQC in July 2017.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service is a detached property situated in the East of Hull, close to local amenities and on a main bus route.

The service had a registered manager in post. A registered manager is a person who has registered with CQC 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.

Health care professionals provided positive feedback about the service.

There were safeguarding procedures in place. Staff were knowledgeable about what action they should take if abuse was suspected.

There were sufficient staff on duty to meet people's needs and safe recruitment systems were in place. Staff had access to induction, training, supervision and support, which enabled them to feel skilled when supporting people who used the service. Additional training had been delivered to the staff to equip them with skills and approaches when supporting people with anxious and distressed behaviour. The staff were motivated and a consistent team approach was evident.

Recruitment checks were robust. They had been carried out to assist the registered manager in making recruitment decisions and to ensure that people were kept as safe as possible.

People received the support they required to maintain adequate nutrition and participated in menu

planning and meal preparation where possible. People had formed caring relationships with the staff that supported them. Staff recognised the importance of helping people maintain their independence, privacy and dignity.

The service was operating within the principles of the Mental Capacity Act 2005 (MCA). People were supported to make their own decisions and choices. The registered manager had a clear understanding of mental capacity legislation. People had assessments of capacity and best interest decisions made on their behalf if they lacked capacity; documentation regarding best interest decisions had been completed. Appropriate applications had been made to the local authority when people's liberty was deprived due to their lack of capacity and need for continual supervision. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

There was a complaints procedure in place, which was followed by the service when dealing with issues raised by people. The complaints policy was available in an easy to read format within the service.

The environment was safe and clean. Staff used personal, protective equipment to help prevent the spread of infection. Equipment used in the service was checked and maintained to ensure it was safe. Staff knew what to do in cases of emergencies and people who used the service had a personal evacuation plan.

Audits and checks were carried out to monitor all aspects of the service and action plans were developed to highlight any areas, which required improvement. Staff said they enjoyed working with people at the service. People's views and opinions were valued and sought through a variety of mechanisms.

There was a range of activities within the service. Planned visits to local facilities were also completed and people were supported to go on days out in line with their preferences and personal interests.

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.

Is the service safe?

Good

The service was safe.

Risks to people's health, safety and welfare were assessed and mitigated. Staff knew how to safeguard people from the risk of harm and abuse. People received their medicines as prescribed.

The environment was clean and safe.

Is the service effective?

Good

The service was effective.

Staff supported people to make their own decisions, the provider used appropriate legislation and recorded best interest decisions made on their behalf.

People's health care and nutritional needs were met. They had access to a range of health professionals in the community. Staff training, supervision and support equipped staff with the knowledge and skills to support people safely and effectively.

Is the service caring?

Good

The service was caring.

Staff were kind, patient and caring and had developed positive relationships with the people they supported and were seen to respect their privacy and dignity.

Staff had a good understanding of people's individual needs and preferences for how their care and support was delivered.

Is the service responsive?

Good

The service was responsive.

People received person centred care. People had assessments of their needs and care support plans were available to guide staff

in how to support them in line with their preferences and wishes.

The service had a complaints procedure in place and this was available in alternative formats.

Is the service well-led?

Good

The service was well-led.

Staff told us they felt supported by management and worked well as a team.

The registered manager reviewed all accidents and incidents so learning could take place.

Audits and checks were carried out to monitor all aspects of the service and action plans were developed to highlight any areas, which required improvement.

Avocet Trust - 1183 Holderness Road

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 unannounced inspection took place on 26 June 2018. The inspection team consisted of an adult social care inspector.

Before the inspection we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR). 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 also reviewed safeguarding alerts, share your experience forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

The local authority safeguarding and commissioning teams were contacted prior to the inspection. We did not receive any information of concern.

We used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who were unable to speak with us.

We spoke with one person who used the service during the inspection, although they engaged in some discussion with us, they were not fully able to describe their experiences of the service. During the inspection we observed how staff interacted with people who used the service. We spoke with one member of staff and the registered manager. Following the inspection, we spoke with one professional. We attempted to contact the relatives of people who used the service, but were unsuccessful.

We reviewed two people's care records, looked at four staff files and reviewed records relating to the management of medicines, complaints, training and we checked records to ensure the provider was compliant with the Mental Capacity Act 2005.

We looked at a selection of documentation relating to the management and running of the service. These included, the staff rota, minutes of meetings with staff and people who used the service, quality assurance audits, complaints management and maintenance of equipment records. We also completed a tour of the environment.

Good

Is the service safe?

Our findings

We saw people engaged and responded positively with the staff and were comfortable in their presence.

Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. They told us, "I would not hesitate to report any concerns as not everyone who comes here for respite is able to do this independently. Our manager is the type of person to get things sorted straight away. I can go to my manager or senior staff with any concerns."

The registered manager was aware of their responsibility to liaise with the local authority. Records showed timely safeguarding referrals and alerts were made where necessary and the registered manager understood the local authority reporting procedures and notified CQC appropriately.
Systems were in place to identify and reduce the risks to people using the service. People's care plans included detailed and informative risk assessments. These documents were individualised and provided staff with a clear description of any risks and guidance on how to manage these. Staff understood the support people needed to promote their independence, while minimising potential risks.

Staff completed risk assessments on areas such as people's nutrition, fragile skin, choking, accessing the community and anxious or distressed behaviours. These records were accurate, complete and reviewed monthly to ensure they contained up to date information about any changes in risk. Staff were aware of the actions to take to minimise risk whilst still enabling people to make their own choices and decisions.

The registered manager and staff member had a good understanding of restraint and restrictive practices. The use of any restrictive practices was clearly assessed and only used once other options had been explored and discounted. It was clear from speaking with staff and reviewing records that the service focused on ensuring the least restrictive options were used and staff were trained in the use of positive behaviour support. Staff had also received up to date training on the management of behaviour which challenged the service and the use of safe holds. People were involved in the development and review of their behaviour management plans where possible.

Incidents and accidents were recorded and investigated to help establish any causes and triggers. We saw very few incidents had occurred in the service. The registered manager told us, "The staffing levels are provided in line with people's assessed needs, which means people receive person centred care. People are able to do what they want and when, as they have their own allocated staff and there are very few incidents."

We saw measures were put in place following incidents to reduce the likelihood of a re-occurrence, this included updating risk assessments and if specialist input was required, involving healthcare professionals. The registered manager shared with us details of how one person enjoyed trips on trains, but was reluctant to get off at the end of their journey.

Arrangements were put in place to enable the person to continue to go on train journeys by planning routes that went to the end of the line, so that incidents could be avoided, as once the train stopped and everyone got off, the person was happy to leave the train.

There were systems in place to manage people's personal allowances to minimise the risk of financial abuse. We observed staff interactions with people and these were completed in a kind and patient way.

During a tour of the building we found the service to be safe, clean and tidy. The provider had policies and environmental risk assessments in place to minimise risks to people using the service: monthly audits on infection control and health and safety were completed.

Policies and procedures for infection control were in place and training was provided for staff in this subject. Staff had access to disposable gloves and aprons to help maintain infection control. Cleaning schedules were in place to ensure thorough cleaning of the environment was achieved and maintained. There were comprehensive business continuity plans, which provided guidance on what to do in the case of emergencies such as fire or utility failures.

Key safety checks took place to help keep the building in a safe condition which included to the gas, electric, water and fire systems. A fire risk assessment had been carried out and personal evacuation plans were in place for each person stating the support they needed to evacuate in the event of a fire. People were involved in monthly fire drill evacuations to help ensure they understood what to do in an emergency.

Systems were in place that showed people's medicines were managed consistently and safely by staff. Medicines were stored in a suitable locked cupboard and there was a further locked cupboard for controlled medicines as per best practice guidance. We saw documentation, which ensured medicines were stored in line with manufacturers recommendations, including room and fridge temperatures.

Good

Is the service effective?

Our findings

We saw assessments of people's capacity had been completed and best interest meetings had been held when important decisions were required; this included the use of equipment such as lap straps and when medication was administered covertly.

The 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 make 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 community settings are called the Deprivation of Liberty Safeguards (DOLS) and are authorised by the Court of Protection.

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 were being met. We found the provider was acting within the MCA and had made appropriate applications for DoLS to the local authority. There were four people who had DoLS authorised and the remaining two were awaiting assessment.

Staff were following the principles of the MCA. Best interest's decisions had been made following consultation with the appropriate people. We observed staff offered explanations and sought people's consent before carrying out any care or support.

Staff informed us that they felt equipped to carry out their roles and said there was sufficient training available. Records showed they had completed training in subjects such as first aid, MCA, safeguarding adults and other key topics related to the needs of people who lived at the service, such as autism and MAPA (Management of Actual or Potential Aggression). Staff received support to understand their roles and responsibilities through supervision, observation of practice and an annual appraisal. One staff described their induction and training saying, "Avocet have provided me with everything I need. The training is excellent and I have never previously had the level of support I have here, it is a great place to work."

People were supported to eat and drink and were involved in planning their menu. Records showed people were provided with a varied diet and accessed further snacks and drinks in between meals. Each person had a plan of care and their profile highlighted likes and dislikes. We observed the evening meal and we saw people enjoyed their meals. The atmosphere in the dining room was calm and friendly. A member of staff sat with the person and offered words of support and encouragement. People's weights were monitored and there were referrals to dieticians and speech and language therapists for advice and treatment.

Staff were creative in supporting people to maintain a well-balanced diet. For example, staff explained how one person was reluctant to eat fresh fruit and vegetables. They had found that by blending vegetables into their favourite meals or making fresh fruit smoothies, the person would enjoy them as part of their meal.

For another person, staff explained they needed to see their meal was being prepared when they arrived at the service, in line with the routines they had developed at home.

The registered manager and staff told us and records confirmed that staff supported people to access healthcare services, should they require this during their respite stay. Staff worked with healthcare professionals to ensure people's healthcare needs were met.

In discussions with staff, they were clear about how they recognised when someone's physical health was deteriorating and the action they needed to take to obtain support and treatment for them. Health action plans offered clear guidance for staff in how to recognise symptoms and behaviours that may people demonstrate people were unwell. When we spoke to the registered manager and staff we found them to be knowledgeable about the people who accessed the service and their needs.

In addition, each person had a 'Hospital passport.' These records contained details of people's communication needs and potential risks, together with medical and personal information to help hospital staff understand the person's needs.

The layout of the environment was suitable for people's needs. Corridors were wide and there was a hoist, a profiling beds, ramps to the front and rear doors and grab rails to assist access. Most people who used the service were active and had few mobility issues. People's bedrooms were personalised in line with people's wishes, for example one person liked to put their photograph outside of their bedroom with a picture of the staff who was supporting them at that time.

Good

Is the service caring?

Our findings

The registered manager told us, "As we are a respite service people using the service maintain relationships with those close to them. However, we ensure that care is delivered with the upmost respect to our clients through training, supervision and a culture of promoting best practice. Staff are instructed that when they are delivering care they involve the person as much as possible and communicate with them throughout the process to ensure the person understands what is happening and to ensure they feel included in the process of care delivery. Each client has an allocated keyworker to ensure that their needs are met. Reviews are held to ensure family and professional input is considered. The aim of the service is to ensure that people come to respite and feel safe and cared throughout the duration of their stay."

Staff were knowledgeable about people's needs and could describe these to us. One member of staff said, "I love the diversity of the service, and the way we work so closely with people, we are able to develop good relationships with them." We observed one person stating a person's name to the staff member. The staff member reassured them by telling them who was working with them next and explained when the staff member they had named, would be next working with them. The person repeated the explanation staff had given and staff offered further reassurances that this was the case.

Staff displayed warmth when interacting with people. We observed positive interactions, not only between care workers and people, but also other members of the staff team.

We found the care planning process centred on individuals and their views and preferences. One person's care plan had a section entitled 'Things that are important to me.' These highlighted areas of care that were important to the person, gave detail about how they would achieve those things, and gave guidance to staff about how they could enable this.

Staff treated people with dignity and respect. They spoke with people in a respectful manner and we observed staff knocking on people's doors before entering their rooms. Care plans reflected people's preferences for care for example, how people would communicate the need to have 'quiet or personal time' and the actions staff should take to ensure their privacy was respected and dignity maintained.

There were equality, diversity and human rights policies and procedures in place. Staff had training in these areas and they understood how to provide a care and support that was free from discrimination or prejudice. Care staff demonstrated a positive regard for what was important and mattered to people and we observed people were supported to live a life that was reflective of their individual wishes and values.

Staff communicated effectively with people, for example, we saw they knelt closely to people when talking with them to ensure they understood, this included using a picture exchange communication system (PECS) to help with their communication.

During the inspection, we identified people had accessed the use of advocacy services to help them obtain independent sources of advice when required.

We saw people's personal details were maintained securely and staff understood the importance of confidentiality and that discussing people's needs in front of others or outside of the workplace was unacceptable. Confidential information in people's files was stored in lockable cabinets in an office, which remained locked when unoccupied.

Information about changes in people's needs was done through communication books and staff handovers. This helped to ensure information was shared on a need to know basis. Staff told us the communication systems were effective at the service and they read people's care records at the start of every shift to make sure nothing had changed.

Information was available on noticeboards throughout the service about community organisations and policies and procedures and signage all in pictorial and easy to read formats. People's records were stored in line with data protection legislation.

Good

Is the service responsive?

Our findings

We looked at two of the six care plans in place for the people who accessed the service. Each person's needs had been fully assessed and detailed care plans developed for each area of need. There were also risk assessments to identify specific areas of concern, these included for example, accessing the community, mobility, health conditions and making drinks. These had been completed accurately and were linked to care plans.

People's care records also detailed their next of kin, 'all about me' life history book, medical conditions, individual preferences and social profiles. This information enabled staff to deliver support agreed by each person and their relatives and ensured their wishes and feelings were met appropriately.

Staff completed daily records, which evidenced how the person had been that day and how their needs were met. A member of staff told us, "Information is recorded in the communication book and if there was a serious change, a team meeting would be held."

Records showed that care plans were regularly reviewed and people's relatives and professionals attended reviews and were involved in decisions about their care.

The service enabled people to carry out person-centred activities and encouraged them to maintain hobbies and interests. A staff member told us, "They (People) are always out" and "People have their own activity plans and they decide what they would like to do, some people like to go out for the full day and go further afield while others prefer to do things more locally."

Arrangements were also in place for people to access the clubs and activities they attended from home. The registered manager told us, "We have opened up a wider range of opportunities for people to be involved in activities. People accessing the service are leading the way in the selection of activities using their preferred communication systems to achieve this. As we are an autism accredited service we have worked hard to ensure we have an inclusive approach to people on the spectrum. This has meant that an inclusive approach has been taken to ensure individuals on the spectrum are an active part of the community. We do this by facilitating activities and helping people to develop skills in the home. This can be simple domestic tasks such as hoovering or further development around personal care but at the heart of the approach is to ensure that all service users are getting opportunities to try new experiences and achieve positive outcomes."

All the people who used the service accessed it for respite care. Following referral, appropriate assessments carried out to ensure the service could meet the needs of the person. This process also considered environmental factors and equipment the person may need to use during their stay.

During introductory visits to the service, further information was obtained from family and friends about people's preferred routines, so these can be maintained during their stays and continuity provided. For example, one person liked to have a drink waiting for them on their arrival, another liked to have a short nap

before their evening meal while other people needed to know who would be working with them throughout their stay. This information was clearly detailed in each of their care plans along with other details of what was important to them. When we spoke with staff we found they were knowledgeable about each person's needs and their preferred routines and how they provided this support.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. All those currently receiving support at the service had a learning disability. Staff were able to communicate with, and understand each person's request and changing mood as they were aware of people's known communication preferences and clear guidance was detailed in people's care plans to enable this.

Staff were able to describe how they recognised when people's physical and mental health was deteriorating and when to contact people's families, their GP or community learning disability team. They gave examples of how people may demonstrate they may be unwell and how everyone expressed this in different ways. The information staff shared with us was reflected in people's care and support plans and hospital passports.

Supplementary records were in place when closer monitoring was required for specific people, for example with food intake, weight loss, seizure activity and changes in behaviour. People had information about their end of life wishes recorded in their care files.

The service had a complaints procedure in place, which people who used the service, staff and relatives were familiar with. The procedure was provided in an easy to read format. Staff told us they would support people to give their feedback if they were unhappy or needed to make a complaint. They went on to say the manager had an open-door approach which enabled people using the service, staff and relatives to speak openly and raise any issues. Complaints were investigated and responded to appropriately.

People had access to advocacy services when this was required.

Good

Is the service well-led?

Our findings

There was a manager in post who had registered with CQC in March 2018. People who used the service were observed to be comfortable in their presence and address them by their first name. Staff we spoke with were extremely complimentary about them (registered manager) and told us, "He is always there for us and we can go to him at any time for help and support. Before they came, staff morale wasn't brilliant, but he has developed this and the team are working well together." We observed the registered manager was aware of what was happening throughout the service and could answer people's questions and deal with matters that arose throughout the day.

The manager was supported through registered manager network meetings where managers could share practice and discuss any issues. In the service they were supported by senior care workers, who oversaw people's care provision and led the team of care workers. They also attended external forums led by the local authority safeguarding and commissioning teams in Hull and the East Riding and attended service specific conferences.

Further support was available to them from the provider who was available to them always and who visited the service regularly.

The service achieved accreditation with the National Autistic society in September 2017. (Autism Accreditation is UK's only autism specific quality assurance programme of support and development for all those providing services to people with autism. Achieving accreditation proves that an organisation is committed to understanding autism and setting the standard for autism practice.)

Best practice guidance from BILD (The British Institute for Learning Disabilities) and SCIE (Social Care Institute for Excellence) were implemented within the service for example, dignity in care communication, promoting the use of a person-centred approach in communication techniques, to enable people to communicate in their preferred way and promote independence.

The registered manager told us they had worked hard to develop the team and build up positive relationships with relatives, day services and professionals. They told us, "When I first came here I felt relationships were fractured and I have worked hard to re-establish them. I have encouraged an open forum of communication and broken-down barriers. I feel we have a much more open dialogue now, and people will ring me to discuss any changes or updates. I have made myself accessible to families, who will either just pop in for a chat or ring me."

They (registered manager) told us they were proud of staff and the way they had pulled together as a team to embrace a more positive way of working to promote better outcomes for people. They gave examples of how staff used their observational skills to assess people's presentation on entry to the service to determine if they were happy. Another example involved the service liaising with family following a change in one person's sleeping pattern. Following discussions they were able to identify that traffic noise could be a factor and reallocated them a different room in a quieter part of the building, enabling them to have a good night's

sleep.

There was an effective quality monitoring system. Regular audits and checks were carried out monthly to monitor all aspects of the service and these identified areas for improvement. These included equipment, environment, care plans, risk issues, medicines and finances. Care staff were observed regularly to check they were working in line with the organisational values.

Quality assurance surveys recently completed by staff showed an increase in staff satisfaction in relation to the management of the service. Comments included, "Both the manager and senior staff are very supportive" and "Yes, I must say both the manager and senior praise my performance and give me support."

The registered manager was aware of and fulfilled their responsibilities to report accidents, incidents and other notifiable events that occurred in the service. Accidents and incidents were monitored for any themes or trends so action could be taken to reduce any recurrence and mitigate risks.

People, relatives and staff were involved in the running of the service. Regular meetings and surveys were now carried out. Although pictorial and easy to read survey was available for people using the service, the registered manager was keen to develop this further in additional formats in line with their individual needs. They were also considering how people could be supported to complete these more independent of the service for example, day services, families or advocates.

Professionals told us that the support they received from the registered manager and staff in the planning of transitions to the service had been extremely positive and well managed.