

Avocet Trust

20-22 Middlesex Road

## Inspection report

20-22 Middlesex Road  
Hull  
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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

20 -22 Middlesex Road is registered as one location, it comprises of two purpose built houses and one bungalow. The service is registered to provide care and accommodation for nine people who have a learning disability. It is located to the outskirts of the East of Hull with local facilities and amenities within walking distance.

At the last inspection on 6 and 7 August 2015, the service was rated Good. At this inspection, we found the service remained Good.

Not all of the people who used the service were able to speak with us or tell us their experiences about the service. We used 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 share their views with us.

Staff understood the importance of protecting people they supported from harm. Staff had received training in how to identify abuse and report this to the appropriate authorities. Staff were recruited in a safe way and all checks were completed before they started work. The staff told us they had received an induction and essential training at the beginning of their employment and we saw this had been followed by periodic refresher training to update their knowledge and skills. Sufficient numbers of staff supported people.

People who used the service were supported to access health care professionals when needed and were supported to have maximum choice and control over their lives. Staff supported people in the least restrictive way possible the policies and procedures within the service supported this practice.

Staff had a good understanding of people's needs and were kind and caring. The service developed and maintained good links with external organisations and within the local community.

Complaints were investigated and resolved wherever possible to the complainant's satisfaction.

People who used the service and those who had an interest in their welfare and wellbeing, were asked for their views about how the service was run and the care they received. Regular audits were carried out to ensure the service was safe and well run.

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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# 20-22 Middlesex 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 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.

The inspection took place on 9 October 2017 and was unannounced. The inspection team consisted of one adult social care 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 service.

Prior to the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The completed PIR was returned within the timescale given. We also requested information from professionals involved in the service.

During our inspection, we observed how staff interacted with people and spoke with four of the nine people who used the service. We also spoke with the registered manager, three care staff, six relatives, an advocate and a health and social care professional.

We reviewed the care files for four people who used the service and other important documentation such as their medicine administration records (MARS).

We looked at how the service used the Mental Capacity Act 2005 to ensure when people were assessed as lacking capacity to make their own decisions, best interests meetings were held in order to make important decisions on their behalf.

A selection of other documentation relating to the management and running of the service was also checked. This included five staff recruitment files, training records, staff rotas, minutes of meetings with staff, accidents and incident records and quality assurance audits.

# Is the service safe?

## Our findings

At this inspection, we found people continued to be supported in a safe way. People who used the service told us they felt safe with the staff team supporting them. One relative we spoke with told us, "Yes the care he receives is good and we trust the staff. There seems to be enough staff." Another relative said, "Safe, yes I do think he is safe. I bring my relative home every other Friday. They have always got a happy smiley face when it's time to go back so I know they are happy. There's enough staff when I pick my relative up and take them back."

People received their medicines safely and as prescribed from appropriately trained staff. The service had a comprehensive medicines management policy in place, which ensured staff were aware of their responsibilities in relation to supporting people with medicines. People who used the service told us they were given their medicines on time. A relative we spoke with said, "The staff look after his medicines and he is given help to take them."

Medicines were obtained, stored, administered and recorded in line with good practice. Protocols were in place to guide staff when people were prescribed medicines on an 'as and when required' basis. This included details of when medicines were administered, what they were used for and the maximum dosage that could be given.

Records we looked at showed regular medication audits were completed to check medicines were obtained, stored, administered and disposed of appropriately.

Staff had received up to date safeguarding training and had a clear understanding of the procedures to follow if they had concerns. Systems were in place to reduce the risk of harm and potential abuse to keep people safe. Care plans and risk assessments were in place that included clear guidance so that care was provided for people in a positive and consistent way.

We found that staff were recruited safely with full employment checks being carried out before they started working at the service. These included application forms to look at gaps in employment history, obtaining references, holding an interview and checking with the disclosure and barring service (DBS). The DBS carry out a criminal record and barring checks on individuals who intend to work with vulnerable adults, to see if there was any reason why the person should not work in a care setting.

The registered manager told us staffing was provided in line with people's assessed needs. Staff rotas confirmed people were supported by core staff teams in order to provide consistency and continuity to people who used the service.

When accidents and incidents had occurred, staff recorded detailed information. The registered manager and senior management team reviewed this, to ensure suitable risk assessments were in place and appropriate action was taken.

# Is the service effective?

## Our findings

At this inspection, we found people continued to be supported in an effective way.

People who used the service told us, "I like the food, my favourite is shepherd's pie. My favourite staff is, [Name of carer]. I have a season pass for Hull city and I go on holiday to Spain and Blackpool with staff."

During our observations of staff interactions with people, we saw staff had a good understanding of their preferred method of communication. We saw staff communicated with people effectively and used different ways of enhancing communication. For example, using symbols and signing in people's preferred way or offering people objects to choose from and confirming their choice with them. This approach enabled staff to create meaningful interactions with the people they were supporting.

In discussions, staff described how they sought consent to support people by asking them and looking for non-verbal cues to indicate they agreed to the care provided to them.

We observed staff demonstrated a comprehensive understanding of their duty to promote and uphold people's human rights. People who lack mental capacity to consent to arrangements for necessary care and treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the registered manager had submitted DoLS applications appropriately and maintained records for when these needed to be reviewed.

Professionals we spoke with told us they considered staff to be skilled and were responsive to their instructions of care delivery.

People received effective support from staff who were well trained and kept their skills up to date. We reviewed the training matrix that showed staff were provided with and completed mandatory and specialist training in areas specific to the needs of people who used the service, for example, epilepsy and autism. Staff also confirmed they completed an in depth two week induction, that reflected the fifteen elements of the care certificate and included all mandatory training.

Staff supervision records showed all staff had regular supervision and appraisal with their line manager. Supervision and appraisal is a process, usually a meeting, by which an organisation provide guidance and support to staff. Staff were further supported by team meetings and on-going competency assessments.

When we spoke with staff they told us, "They are very accommodating when it comes to training as an organisation. Additional training is always encouraged. I have trained to provide health and safety training for staff. I have also done a counselling course, which has been useful with a new person here. We work well together as a team. Our manager is supportive and wants people to develop. We have regular supervision and staff meetings held monthly. We are well supported."

People who used the service had complex health needs and received regular input from healthcare professionals including, physiotherapy, speech and language and dietetics services.

Relatives and health and social care professionals were complimentary about how the staff cared for people. One relative told us, "He is looked after 24/7, he has a number of different health conditions and staff have the correct training to meet those needs. He can also have aggressive outbursts, staff are really good in the way they handle this. They (staff) take him to the doctors and other appointments." Others commented, "He's got no dietary needs. They help him with food choices. The staff seem well trained."

A social care professional told us, "Staff follow instructions, and specialist plans in place. The staff ring and consult with us if they have any concerns about people. We get invited to best interests meetings etc. They demonstrate good core values in their practice for example, if a client comes out of the toilet not fully dressed, the staff guide them quickly into their bedroom with minimal fuss. They promote independence."

Care plans contained detailed information about people's individual nutritional needs and their preferences. Eating and drinking plans had been developed with the input from Speech and Language Therapy (SALT) services and included detailed information about positioning people, suitable textures of food and adapted crockery and cutlery. We observed that during mealtimes food was freshly prepared, well presented and people were offered choices. Instructions detailed within care plans, were seen to be followed when supporting people with their meals.

People's rooms were personalised and reflected their individual personalities and interests. One person had a tank of tropical fish in their bedroom, while others were decorated with colours of their favourite football team, motorbikes and aeroplanes. Each area of the service had been equipped to meet the needs of the people who used the service.

## Is the service caring?

### Our findings

At this inspection we found people continued to be supported in a caring way.

During the inspection, we observed a calm and comfortable atmosphere throughout the service. We found that a person centred approach was considered with people who had difficulty communicating their needs verbally. For example, we observed one person make a gesture to staff. The staff quickly responded asking the person if they wanted a drink. The person acknowledged they did and staff continued to engage with them until they had established with them that they would like a cup of tea. We observed staff knocking on doors and waiting until they were asked to enter. When people required support with personal care we observed this was offered in a discreet way.

A relative we spoke with told us, "The staff are lovely, couldn't fault them. They respect his privacy and dignity." Another told us, "We are fully involved and I go to the relatives meetings twice a year. Visiting is open I just turn up. Definitely, listened to. They [staff] are definitely kind and caring and compassionate and respect my relatives privacy and dignity as they require full care."

The registered manager and staff we spoke with, all had an in depth understanding of the people they supported, their personalities, their particular interests and their preferred routines. Care plans seen, were detailed and supported what staff had told us about people's preferences. Communication care plans were in place, which provided staff with detailed information about how people communicated and expressed themselves.

Staff were trained to use a person centred approach to support and enable people to develop their individual plans. We saw staff were highly motivated and interacted well with people who used the service, consulting them about all aspects of their lives through their preferred method of communication.

People who used the service without family, were supported to access external advocates. The registered manager was clear about where external advocates could be accessed and in which circumstances they would be used. They gave an example of one person who was currently being supported by an advocate with a view to transition to another service.



## Is the service responsive?

### Our findings

At this inspection we found people continued to be supported in a responsive way.

People who used the service told us they enjoyed planned activities. We saw that they were provided both within the service and the local community which gave people the opportunity to try new things, do things they enjoyed, socialise and meet up with friends. Community based activities included, hydrotherapy sessions, cinema visits, bowling, using adapted bikes in a local park, swimming, shopping, visiting pubs and clubs to meet friends. In house activities were mainly based on the development and maintenance of independent living skills for example, cookery and room management skills. Further activities were arranged through the organisations micro community. For example the organisation has a farm where people can access further activities including, gardening and small animal management. Social events are also held regularly, giving people an opportunity to meet up with friends who access other services within the organisation.

Keyworkers spent time with people to review and obtain their feedback on what they had been doing, what was working well for them and any changes needed to their care delivery or other aspects of their lives.

A complaints policy was available to ensure people's concerns could be listened to and addressed. People who used the service and their relatives told us they knew how to raise complaints, but very few ever had any reason to do so. Relatives told us staff contacted them regularly to give updates on their family member. Comments included, "We are fully involved in assessments and reviews" and "Complaints would go straight to the manager, but we have never had to." Another told us, "Any complaints would go straight to the manager and then head office – never had to. The manager is always available and quite approachable. There is good communication, they listen to us and when we have made suggestions they have looked into implementing them."

We saw care records that showed people's needs were assessed prior to moving into the service to ensure their needs could be met. Transitions took place over a planned period, so that people had the opportunity to be introduced to the service and to meet staff and peers before moving in.

Using information in the assessment documents, care plans were developed, which identified people's preferred routines and how they needed to be supported. People's care plans were also based on positive behaviour support. Positive behaviour support is a way of improving the quality of life and reducing challenging behaviour in people with learning disabilities and autism. Care plans contained detailed information, for example, on how staff could recognise signs when people were settled and happy or when starting to become anxious the potential triggers which would escalate certain behaviours.

Staff gave an example of how this approach had been particularly successful with one of the people who used the service. They told us, "When [Name] first came here they refused personal care and wouldn't go out. Now they go out every day and manage their personal care daily. They have even wanted to go out with their peers, something they would never have done previously. They have done so well, it is fantastic; this

gives me real job satisfaction."

Staff spoken with told us that following an accident or incident a de-brief always took place. Discussions were held at handovers and staff meetings to identify possible triggers and how they could reduce the risk of further re-occurrences.

# Is the service well-led?

## Our findings

At this inspection we found the service continued to be well-led.

Staff and relatives told us that the registered manager and senior staff were approachable, supportive and knowledgeable. One member of staff said, "I have a good relationship with them, I can go to them with work or personal issues, they offer us good support." Relatives told us, "We fill in questionnaires and we can go in and talk to the manager at any time, they are approachable. We've been assured their door is always open." Another relative told us, "The manager rings me regularly to let me know how he is doing."

We found that the registered manager of 20-22 Middlesex Road was also the registered manager for 22a- 26 Middlesex Road (a similar sized service on the same site); strategies were in place to ensure that they were supported in their role by a team leader.

The registered manager was aware of the CQC guidance of 'Registering the Right Support'. This is the CQC's policy on registration and variations to registration for providers supporting people with learning disabilities. They told us there were no plans in place to increase the current provision.

Relatives and staff told us that annual events organised like the hoe down and Christmas party and relatives meetings offered them good opportunities to speak with each other and senior managers within the organisation. They told us the provider also sent them out regular newsletters, which shared information about events and activities.

The provider utilised effective quality assurance systems to ensure shortfalls were identified in a timely way and to drive continuous improvement within the service. A quality assurance manager made unannounced visits to the service and completed a full audit of all aspects of the services. We saw that where any identified issues were found, an action plan with clear timescales was put in place to address these. The registered manager's quality assurance plan, supported this. This included details of all questionnaires that needed to be sent out to staff, relatives and other stakeholders at three monthly intervals. All of this information and feedback helped to develop a continuous improvement plan for the service. When we looked at this, we found action was taken for all areas that had required improvement. For example, a new kitchen fitted and redecoration completed to improve the environment.

Monthly staff meetings took place and topics discussed included, quality assurance, individual people who used the service, training and development and MCA and DoLS. The registered manager and staff were supported through a process of training and development and received regular on going supervision in their individual roles.

The registered manager attended senior management meetings where accidents and incidents were analysed and action plans agreed to mitigate future risks and learning from incidents could take place.

When we asked the registered manager about their management style they told us, "I think I am fair and

understanding of the staff. I understand their role as I have done the job myself. I am service based so I'm here and available every day."

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 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.

Registered managers working within the organisation were also encouraged to attend conferences, were involved in partnership groups and involved in networking with other care providers to share best practice initiatives. The registered manager also subscribed to various journals and organisation including Social Care Institute for Excellence (SCIE) to ensure they kept up to date with best practice guidance.