

Avalon Group (Social Care)

Avalon West Yorkshire Services

Inspection report

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09 August 2022

22 August 2022

02 September 2022

14 September 2022

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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and 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 supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Avalon West Yorkshire Services is a domiciliary care agency and a supported living service which provides personal care to people in their own homes and individual flats. Support is provided to people with a learning disability and autism, mental health conditions and physical disabilities.

The supported living service includes two buildings with individual flats. One building has an accessible communal area, an office and a sleep room for staff. At the time of our inspection there were 41 people using the service. Twenty-five people were receiving a regulated activity.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Right Support

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Most staff we spoke with demonstrated a good understanding of the mental capacity act (MCA); however, some staffs language when referring to MCA and consent was not in line with best practice. People's support needs and risks were assessed to identify how their care could be provided safely. Staff supported people to achieve their goals, take part in meaningful activities and pursue their interests. The provider was struggling with recruitment and the management team were filling gaps in staffing to meet people's needs. We discussed this with the leadership team who evidenced steps taken to promote recruitment and retention of staff through regularly advertising, financial incentives and a local recruitment drive.

We have made a recommendation the provider monitors and refreshes staffs understanding of MCA and consent.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff understood and responded to people's individual needs. People had access to health care professionals when they needed them. The provider was developing care plans to reflect people's choices,

preferences and wishes should they need support at the end of their life. Medicines were managed safely. Not all staff were compliant with training courses. However, the provider had an action plan in place to achieve higher levels of compliance.

We have made a recommendation the provider continues to promote full compliance with training.

Right Culture

People received good quality care, support and treatment because staff knew their needs well and they received regular supervision from managers. Feedback from people and relatives was mostly positive. Relatives felt support and care had been provided to a high standard with very good outcomes for people. Decreased staffing levels was having an impact on staff morale, this was reported by both staff and relatives. Tasks related to the governance of the service had also naturally been impacted due to the management team supporting people in addition to their responsibilities. However, the provider through the commitment of the management team and staff, had minimised the impact on people's care and support.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 30 December 2020 at their current address. The last rating for the service at the previous premises was Good, published on 17 March 2020.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Avalon West Yorkshire 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

This service provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 9 August 2022 and ended on 14 September 2022. We visited the location's office on 9 August 2022. We visited the supported living services on 22 August 2022 and 2 September 2022.

What we did before the inspection

We reviewed all the information we had received about this service since its registration with us in 2020. We requested feedback from stakeholders, including the local safeguarding and commissioning teams. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and five relatives about their experience of the care provided. We gathered information from 11 staff members including the registered manager, regional operations director, service managers and care staff.

We reviewed a range of records including; six peoples care plans, risk assessments and medicines records. We looked at five staff files in relation to recruitment. We reviewed a variety of records relating to the management of the service, including policies, procedures and quality assurance records. Following the site visits, we reviewed further information and evidence from the provider. This included information relating to medicines, governance, mental capacity assessments and care plans.

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 of this registered service at a new address. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt support was provided safely. The providers safeguarding systems protected people from the risk of abuse.
- Staff were knowledgeable about their safeguarding responsibilities and knew what procedure to follow if they had concerns. One staff member said, "It is about protecting people's well-being, keeping them safe from harm, abuse and neglect."
- One relative said, "There is a good team, they [staff] always do their best so I know she's safe."
- The provider had a safeguarding and whistleblowing policy and staff knew where to access this.

Staffing and recruitment

- The provider followed safe recruitment practices and carried out appropriate recruitment checks to ensure the suitability of staff to meet people's needs.
- The provider was experiencing difficulty with recruitment which meant the management team were often supporting people. The provider was actively working to recruit more staff.
- This was not having an impact on the people who used the service but was having an impact on staff morale and the management teams time.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and staff managed risks safely. Risk assessments were person-centred and detailed and provided staff with clear guidance of how to manage risks associated with people's care and support.
- Staff had a good understanding of where to find information related to managing risks. Staff were aware who they should report any concerns about safety to, stating they would immediately inform their service manager and record the increase in risk in people's care plans.
- One staff member said, "We get to know them [people] and follow their risk assessments and care plans."

Using medicines safely

- The provider managed the administration and storage of medicines safely.
- The provider worked closely with external professionals to assess and support people to manage their own medication where possible.
- Staff were trained in medicines administration and regular competency assessments were taking place.
- The provider had robust systems in place around the management of people's medicines. The provider was effectively auditing their medicines practices.

Preventing and controlling infection

- People were protected from the risk of infection through appropriate training and staff had access to personal protective equipment.
- The service's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The management team reviewed all accidents and incidents and recorded actions taken to improve practice.
- Staff were aware of how to report any incidents and lessons learnt were shared with staff.
- Appropriate actions were taken, and records were updated to mitigate incidents of a similar nature.

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 of this registered service at a new address. 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

- Staff completed an induction and training relevant to the needs of people they supported. We found training was not always up to date.
- Most staff felt supported in their role and feedback suggested regular supervision was taking place. However, we found team meetings were not frequent which staff suggested was not supportive for them or people. Feedback related to staff morale was mixed, with some feedback stating staff morale was low.
- We found some staff's understanding of supporting people during times of distress was not always in line with best practice and some language used demonstrated challenging people during times of anxiety, rather than promoting de-escalation.

We recommend the provider continues to promote compliance with training and ensures staff understand how to practically implement training when supporting people in times of distress.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- The provider had a robust assessment process prior to people receiving support from the service to ensure their needs could be effectively met. This included input from multiple teams including; mental health, social work, positive behavioural support and training teams.
- The provider created a 'needs assessment' tool when people started using the service. We found these records to be person-centred and detailed.
- The management team and staff worked with other health and social care agencies to ensure people received effective care.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People were being supported with their nutritional and hydrational needs.
- Staff were familiar with people's needs and we found that people's independence was being encouraged around purchasing and preparing their food and drinks.
- Peoples care plans were detailed around maintaining a healthy life. For example, one person's care plan identified a goal to support them to be more physically active.

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

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 MCA requires, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA. However, we found occasionally mental capacity assessments were not up to date. We raised this with the provider, who acted promptly to complete a review and update best interest decisions.
- People were able to make day to day decisions about the support they received from staff.
- Some staff members were not able to explain their understanding of MCA and consent and used terminology which did not reflect the principles of MCA. We discussed this with the registered manager who said, "We have identified this and we're adding into staff's supervisions a check on staffs understanding around the MCA and how this impacts their role. If we identify gaps, we'll offer further support and training."

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 of this registered service at a new address. 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

- Staff treated people well and the culture of the service promoted a person-centred approach to care. All relatives said staff were kind, caring and they treated people with respect.
- The provider recently adjusted their recruitment to specifically meet the personal cultural needs of a person who used the service.
- One staff member said, "You can deliver care to everyone, but everyone is different, so it's making sure its personalised."

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

- People were supported to express their views and were fully involved in making decisions about their care.
- People were supported by a staff team who knew them well and were familiar with their preferences. One relative said, "They've [staff] got to know him very well, particularly one chap who knows him very well. They [staff] do a very good job."
- Meetings to involve people in making decisions and suggestions about the service had taken place and further meetings were scheduled.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respected their privacy. Feedback from people and relatives suggested staff appropriately supported people to live as independently as possible.
- People were able to choose how their flats were decorated. Throughout our visits people showed us their personal belongings and pictures of family and friends. Staff promoted people living in an environment which was comfortable to them.
- Staff were able to give examples of how they would respect people's privacy and dignity and promote their independence. One staff member said, "[Person] will some days want to do a lot of her own jobs, like laundry and it's about us [staff] supporting her to do it."
- One person said, "Yes, I choose (the decoration), I go to meetings a lot (to discuss my choices)."

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 of this registered service at a new address. 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 were involved in the planning of their care and encouraged to share details of how they wished to be supported. Where needed, relatives were consulted to provide this information.
- Care plans were person-centred and detailed and provided staff with clear guidance on how to support people in a way which respected their likes and dislikes. Staff demonstrated a good understanding of people's needs.
- People and relatives were aware when their care plans were updated. One relative said, "[Person] has a folder at the house and [service manager] came around a few weeks ago and went through it again."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider told us that no-one who used the service required any support with communication. However, we saw evidence of easy read documents available if required.

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

- People were supported to maintain relationships and avoid social isolation.
- Staff, people and relatives gave us examples of person-centred activities that were taking place. One person was being supported with long distance trips to visit their family.
- One relative said, "Yes, they've [provider] got a car so staff will take them out, go to the coast or a walk so, yes they're [person] pretty well supported in that respect."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure.
- People and relatives knew who to contact to make a complaint and said they felt confident in raising any concerns.
- One complaint had been received since the service started operating which was being investigated at the time of the inspection. The registered manager was taking the appropriate action.

End of life care and support

- The provider was not currently providing support to anyone at the end of their life. However, the provider had the appropriate training in place to support someone effectively if the need arose.

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 of this registered service at a new address. 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.

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

- The registered manager and staff were committed to providing a caring and person-centred service.
- One relative said, "[Registered manager] has got good communication skills, [registered manager] is an excellent manager." Another relative said, "They know [person] very well and they [staff] flag things up before a problem occurs and they're [staff] just excellent."
- Most staff said the provider was open and supportive. One staff member said, "I feel very lucky where I work because the registered manager and staff go above and beyond."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager demonstrated a good understanding of their role and responsibilities.
- The provider had robust auditing systems in place, and these were used to effectively have oversight of the quality of care, support and practice of staff. Checks were carried out regularly to ensure and health and safety concerns were reported to the appropriate professionals.
- Staff said they could ask for guidance from the management team and colleagues at any opportunity.
- There was clear delegation in place and the provider operated an on-call system. However, due to decreased staffing levels, the management team were often unable to commit their time to management responsibilities as they were providing support to people.
- Feedback from the management team suggested they were being supported by the provider and long-term recruitment plans were in place to better support the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager said they had regular contact with people. Feedback from people, relatives and staff evidenced this.
- The provider had a 'customer committee' called 'Avalink' where people were invited to attend meetings with the directors of the company. One meeting suggested people wanted to be referred to as 'customers' and the provider adopted this language throughout the service.
- The provider worked in partnership with other services to support people effectively.
- Feedback suggested people and relatives were in regular contact with the management team to ensure they were happy with the service they received. However, relatives said surveys were not as frequent as prior

to the pandemic.

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

- The registered manager promoted an open and transparent culture throughout the service and informed people, relatives and professionals when things went wrong.
- The provider ensured the appropriate notifications were sent to CQC in a timely manner and in line with their regulatory responsibilities.