

Adult Placement Services Limited

Avalon Wirral Services

Inspection report

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Date of inspection visit:
20 October 2016
21 October 2016
27 October 2016

Date of publication:
06 December 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 was an unannounced inspection carried out on 20 and 21 October 2016. Avalon Wirral Services provides personal care and support to enable people to live independently in the community who would otherwise be unable to do so. The service operates a 'Shared Lives' scheme which supports people to live in a family setting with a main carer, as part of the carer's family.

At the time of our inspection, 49 people were being supported in a shared lives arrangement. Shared lives carers are only permitted under the scheme to care for a maximum of three people in their own home at any one time.

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.'

People who used the service said they were happy with the support they received. They were all very positive about their shared lives carer and family. One person told us that they felt part of the family, another said living with the family was "Where they wanted to be". All of the people we spoke with said they received the support they needed when they needed it.

The shared lives carers we spoke with told us that Avalon's staff were supportive and that they felt trained to support the people they cared for. They said that they were able to contact Avalon staff at any time and that they had assisted and supported them at all times without hesitation.

We reviewed three care records. People's needs and risks were assessed and well managed with the exception of one person's whose care file we looked at. This person's records showed that they at times, displayed risky and challenging behaviour that posed a serious risk to other people. These risks had not been formally risk assessed prior to the shared lives arrangement being set up and there was no appropriate risk management plan in place to advise the shared lives carer on how to prevent and manage these behaviours should they occur. We spoke to the manager about this, as we could see that behaviours of a concerning nature had occurred during the shared lives arrangement.

Records showed that people received support from a range of other health and social professionals in relation to their needs which was supported by the service. For example, doctors, dentists, mental health services, specialist medical teams and chiropody. People were supported to participate in social activities that interested them and to access opportunities within the community such as volunteering, work placements and day centres. Arrangements were in place to regularly review people's activities and social needs to ensure that people had a good quality of life.

People's care plans were person centred and showed that people or their representatives had participated

in discussions about their care. Records showed gaining people's consent to their care, was important to the manager and the staff team and we found evidence of good practice in relation to the implementation of the Mental Capacity Act 2005. For example, where a person's capacity to consent was in question for a particular decision, best interest meetings were held to ensure that any decision made on the person's behalf was made in their best interests. We saw that the manager had liaised with the local authority in relation to people's capacity to consent where they had concerns and in some instances the manager had completed a capacity assessment on the person's behalf. This aspect of service delivery required further development to ensure the MCA was consistently applied.

Regular meetings took place with the person, their shared lives carer and Avalon staff to discuss people's needs and to ensure they were being met. Care plans were updated when any changes occurred and from our discussions it clear that both the shared lives carers and Avalon staff knew people well and genuinely cared for the people they looked after.

Some people were supported to administer their medication by their shared lives carer and were supported to be as independent as possible in this process. For example, one person was able to administer their medication but not able to order it appropriately, so support was tailored to meet their needs. Their ability to self- administer was risk assessed to ensure they were able to do this safely and their shared lives carer took responsibility for ensuring the medication was re-ordered when required. Shared lives carers had received training to administer and manage people's medication and people's medication was regularly checked by Avalon staff to ensure it was managed appropriately.

Shared lives carers were recruited safely through an assessment process with the appropriate pre-employment checks undertaken to ensure they were safe and suitable to work with vulnerable people before they were accepted onto the scheme.

A survey of people's views had been completed in 2016 and showed that people were very happy with the service provided and the support they received from both their shared lives carer and the Avalon staff team. None of the people or shared lives carers we spoke with had any complaints about the service or the way it was provided. Information about complaints was available and through our conversations, everyone we spoke with knew how to make a complaint or raise a concern.

The service was well led and the culture of management was open and transparent. There were a range of quality assurance systems in place to assess and monitor the quality and safety of the service and to obtain people's views. These systems were robust and enabled the manager to come to an informed view of how well the service was performing. The provider maintained keen oversight of the service and ensured standards were maintained through monthly management reports and regular senior management meetings.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was safe.

People told us they felt safe and had no worries or concerns.

Staff were recruited safely and managed effectively.

Most people's risks were assessed and managed with the exception of one person's behavioural needs which posed a risk to others.

The administration of medication was safe and people received the medicines they needed.

Is the service effective?

Good ●

The service was effective.

There were elements of good practice in respect of the Mental Capacity Act and people's decision making ability but some aspects of its implementation required further development.

Shared lives carers received the training they needed to do their job and received appropriate support in their job role.

People said they were well looked after. From our discussions it was obvious they felt loved and part of the shared lives carer's family.

Is the service caring?

Good ●

The service was caring.

People we spoke with held staff and their shared lives carer in high regard. People said they loved living in their shared lives family and received the care and support they needed.

People's independence was promoted and people were able to make everyday choices in how they lived their lives.

People were given appropriate information about the service and what they could expect.

Is the service responsive?

Good ●

The service was responsive.

People's needs were individually assessed, planned for and regularly reviewed.

Care was person centred, reflected the person's voice and was planned for in the way the person preferred. It was clear staff and the shared lives carers genuinely cared for the people they looked after.

People received support from a range of healthcare professionals to ensure they remained in good health.

People's social and emotional needs were met.

People we spoke with had no complaints or concerns about the service.

Is the service well-led?

Good ●

The service was well led.

People and the shared lives carers we spoke with said the manager and the staff team were supportive and responsive.

The culture of the service was open and inclusive.

There were robust management systems to ensure that the service was safe and provided a good service.

People's satisfaction with the service was sought and was very positive.

Avalon Wirral Services

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. This inspection took place on 20 and 21 October 2016 and was unannounced. The inspection was carried out by an Adult Social Care (ASC) Inspector.

Prior to our visit we looked at any information we had received about the service. This included the Provider Information Return (PIR). A PIR is a pre-inspection survey that seeks key data and information about the service prior to the inspection. The PIR is then used by inspectors to effectively plan their inspection visit.

During the inspection we spoke with four people who used the service, three shared lives carers, the registered manager and three service managers.

We looked at three care files, the personnel files of two shared lives carers, training records for all shared lives carers and other records relating to the management of the service.

Is the service safe?

Our findings

We spoke with four people who used the service. They told us that they were happy with the support received and it was clear they felt safe with the shared lives carer and their family.

The provider had a policy in place for identifying and reporting potential safeguarding incidents. Records showed this process was followed when a safeguarding concern was identified. Safeguarding records clearly demonstrated a thorough process of investigation and evidence that appropriate bodies such as the local authority safeguarding team and the Care Quality Commission were notified in accordance with legal procedures. This indicated that there were systems in place to protect vulnerable people from the risk of abuse.

We looked at the care files belonging to three people who used the service. Two of the care files we looked at showed that people's individual risks were assessed and well managed in the delivery of care. For example, risks in relation to travel and road awareness, medication, personal safety, finances, psychological and emotional harm and burns and scald risks were all routinely risk assessed and managed. Other risk management guidance was in place for health related conditions or behaviours that may challenge.

One person's care file did not adequately describe or plan for, all of their needs and risks. For example, records showed that this person had a history of risky and challenging behaviour and that during their shared lives arrangement, incidents of a risky and challenging nature had occurred which placed other people at risk. We could see from the records that prior to the person's shared lives arrangement being agreed upon multi-disciplinary meetings had taken place to discuss the person's suitability for the scheme. There was no formal risk assessment in place however, to demonstrate that the vulnerabilities of the other people who were to live in the same shared lives arrangement had been considered. This meant there was a lack of clear risk management information as to whether the person's shared lives placement was safe and appropriate. There was also no risk management plan in place to guide the shared lives carer how to prevent any risks from occurring or, how to manage them should they occur. We spoke to the manager about this.

Shared lives carers were recruited through an application and assessment process with appropriate pre-employment checks carried out to ensure they were suitable to work with vulnerable people. For example, personal identify checks had been undertaken, previous employer references sought and criminal record checks completed. A decision to recruit a shared lives carer was a decision made by a panel of Avalon representatives which included people who used the service. A home check of the shared lives carer's property was undertaken to ensure that they had suitable, stable and safe accommodation to offer people prior to any shared lives agreement being set up. Staff personnel files were organised and demonstrated that the provider's recruitment process was well managed.

Shared lives carers were only permitted to support a maximum of three people at any one time. This was to ensure that carers had sufficient time to provide safe and appropriate care to the people that lived with them. Records showed that shared lives carers and the person they supported received regular support and

guidance from Avalon's staff in respect of the shared lives arrangement. There was also an on-call system from 5pm each day and at weekends which shared lives carers and people could use, to contact a manager, out of normal office hours if they so required. Shared lives carers and the people we spoke with knew about the on-call system and what number to call and said they would have no concerns about contacting any member of the Avalon team for help, if and when they needed it. .

We reviewed a sample of people's accident and incident records. Accidents and incidents were properly documented and monitored to ensure people received the support they needed.

We reviewed one person's medication administration chart and saw that records were properly completed. Records showed the person received their medication and that the service regularly checked medication was stored and administered appropriately by the shared lives carer. Training records showed that shared lives carers responsible for administering medication had been trained to do so.

Two people whose care files we looked at, self- medicated some of their medication. One person whose file we looked at was unclear as to whether the person was self medicating or whether shared lives carer was responsible for this. We spoke to the manager about this.

Is the service effective?

Our findings

The people we spoke with told us the support they received from their shared lives carer was excellent. People comments included "They are always here for me"; "Anything that goes wrong or I need help with, (name of carer) helps me with" and "Everything I need. It's spot on".

When we asked if Avalon staff supported their shared lives arrangement, people were also equally complimentary. One person said "I always get support from Avalon when I need them".

The shared lives carers we spoke with told us that Avalon staff were approachable and that they provided a good level of support to both them and the person they supported. Comments included, "They have always been very supportive. I can always call them at any time, with any problem and I have done"; "They are very supportive" and "Whenever I have phoned up, they have offered support".

We looked at the personnel files belonging to two shared lives carers. We saw that they received an annual review of their skills and abilities as a shared lives carer and had regular one to one meetings with the Avalon manager responsible for the shared lives arrangement to ensure they received the support they needed in their role of carer.

Shared lives carers completed a mandatory training programme which was regularly refreshed. Mandatory training was provided in health and safety including food hygiene, first aid, safeguarding, moving and handling and medication administration. There were also opportunities for shared lives carers to attend specialist training such as autism, dementia, diabetic care and epilepsy but the registered manager told us these courses were poorly attended.

One shared lives carer told us "There have been a few training courses in the local office but some have been in London and it's too far". All of the shared lives carers we spoke with said they felt well trained and capable of meeting people's needs and every person spoke highly of their shared lives carer and the staff at Avalon.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

On reviewing people's care records, we saw that the manager had on occasion assessed a person's capacity to make a particular decision about their care but that mental capacity assessments were not always undertaken when a person's capacity was in question. We asked the manager about this, the manager told us that the provider had advised them they were not to undertake capacity assessment as this was the responsibility of the Local Authority.

We could see that the manager had followed the provider's advice and made referrals to the Local Authority where concerns about a person's capacity to consent had been identified. Under the Health and Social Care Regulations however it is the provider's responsibility to ensure the principles of the MCA act are followed. This includes ensuring people's capacity to consent is assessed appropriately when deciding whether a specific decision is in a person's best interest. This aspect of service delivery required further development and we spoke to the manager about this.

From the records we reviewed we could see that people had clear communication plans in place to advise shared lives carers and Avalon staff how best to communicate with them so that they were able to participate fully in any decision making about their care. It was clear that people's opinions and preferences in relation to their care had been obtained and the person's consent in relation to the support they received had been sought where possible.

People's nutrition and hydrations needs were found to be adequately described with some information about people's likes and dislikes documented. Information in relation to people's health and well-being was also documented and we saw that people's health and welfare needs were supported by a range of multi-disciplinary professionals and their care well managed by the service and their shared lives family.

Is the service caring?

Our findings

People we spoke with were passionate and positive about their shared lives carer and family. They told us that they received the support they needed and that they could always depend on their shared lives carer to be there for them when they needed them. It was clear they felt part of the family, loved and cared for.

Comments included "It's amazing. This is where I want to be"; "It's great. [Name of carer] is always there for me when I need them"; "It's brilliant. I love living with them" and "I love this family, they treat me as one of their own".

The people we spoke with said that they were introduced to their shared lives carer, visited their home and met the family before the shared lives arrangement was set up. This enabled both the person and the shared lives carer to get to know each other and for the person to be able to decide whether the shared care arrangement was a positive choice for them.

The shared lives carers we spoke with spoke warmly about the people they cared for. We found that staff had a good understanding of people's needs and they confirmed they received guidance and information about the people they supported. During our discussions each shared lives carer demonstrated a caring attitude towards the people they supported and it was evident that the shared lives carer considered the person as another member of their family.

Records maintained by the serviced showed that Avalon staff carefully monitored each shared lives arrangement to ensure that people were happy with their shared lives family. We saw also saw that Avalon staff worked hard to ensure people were enabled to make the most of their life in their shared lives family which demonstrated that people's quality of life was important to the service.

One person told us "I called (name of manager) the other week, crying my eyes out and they came out straight away". A shared lives carer also told us "To be honest, we have actually just gone through a really traumatic time and (name of person) had the full support of Avalon and me and my family throughout. I can fault them, we have had full support". These comments demonstrated that the service was caring and compassionate.

Care plans contained information about people's likes and dislikes, social interests, level of understanding and competency in relation to various aspects of day to day living for example, domestic tasks such as cooking and laundry, personal hygiene and financial management. People's ability to live independently was assessed and care plans had clear information on what daily living tasks people could do independently and what they needed help with. We saw that some of the people supported by the service had their daily living skills formally assessed by an occupational therapist to ensure that the support provided was tailored to meet their individual needs.

The home had a service user guide for people to refer to. This information was easy to read and gave people information about how a shared lives family was organised and what was involved. It also explained to

people what rights they had in relation to the service and brief information about how to make a complaint. This showed us that people were given appropriate information about the service so that people understood how the service worked to support them.

Is the service responsive?

Our findings

Care plans and risk assessments were personalised to the individual and were person centred. They contained information about people's individual needs and risks in respect of their physical and mental health, personal care, mobility, eating and drinking, finances, important relationships and independent living skills.

An 'about me' and an 'understanding me' section of each person's care plan explained about the person's background, family history, preferred daily routines and any other healthcare professionals involved in the person's care. It also gave shared lives carers an insight into what made people happy, sad or uncomfortable and what signs to spot when these emotions were displayed.

Where people had communication needs, care plans contained information about the best way to communicate with the person and described the different ways the person may use to communicate their needs. For example, one person had a limited vocabulary but communicated by 'acting out' their wishes to their shared lives carer.

From people's care files, we saw that people had access to a wide range of multi-disciplinary teams in relation to their individual needs as and when they needed it. For example, two people had a specific medical condition. We could see that these people were supported by specialist medical teams to ensure that their medical conditions were well managed and that shared lives carers were fully involved in the person's medical appointments and care.

One person had emotional needs that sometimes meant they displayed behaviour that challenged. We saw this person's support plan identified what sometimes triggered this behaviour and how best to support the person when this behaviour was displayed. Some people had 'as and when' required medication to alleviate distress or anxiety. We could see from people's records that this medication was regularly reviewed by the service and other medical professionals to ensure the medication continued to deliver positive outcomes in relation to people's mental and emotional health.

People were supported to engage in a range of social and recreational pursuits that reflected their interests. Some people attended day centres whereas others were supported to gain employment or learn new skills through volunteering opportunities. For example, we saw that one person volunteered each week at a local conservation project and had gained valuable skills in operating machinery and horticulture. Another person attended a day centre which offered a wide range of activities such as arts and crafts, sensory activities, drama, pamper and relaxation. This showed that the service had listened to and cared about supporting people to pursue the activities or interests they liked.

Staff from Avalon met regularly with the person and their shared lives carer to discuss how they were getting on and any changes that were required in relation to their needs or care. These meetings were documented and care plans updated where people's needs or care had changed. This showed that the service was responsive to meeting and adapting to people's changing needs. Each person's shared lives arrangement

was formally reviewed once a year.

One shared lives carer told us, "(Name) comes once every two to three weeks to see me about (name of person) and to see if there are any changes required, any accident or incidents that have occurred or any pending doctor's visits".

Another shared lives carer said "If I phone up (the office) and say I need a visit, they are out to us within two to three days or if urgent, immediately".

We saw that information on how to complain was in the service user guide and that a complaints policy was in place to guide staff on how to respond to any complaints received. Both documents were easy to understand and outlined the timescales in which the service would respond to people's complaints. Contact details in relation to the provider's complaints department, the Local Authority, the Local Government Ombudsman and the Care Quality Commission needed to be added to the service user guide's information on complaints.

We spoke to the manager about any complaints they had received. They told us they had no complaints. People we spoke with confirmed this. They told us that they did not have any complaints about the service and if they had, they would comfortable speaking to their shared lives carer or any of the staff employed by Avalon. One person said "I'd talk to mum (shared lives carer) otherwise the Avalon girls in the office".

Shared lives carers told us that they had no concerns about the service but if they did, they would talk to the manager about it. All of the shared lives carers we spoke with told us that the manager and the Avalon staff team were responsive, supportive and approachable.

Is the service well-led?

Our findings

People and the shared lives carers we spoke to said the service was well led and the manager and all of the staff employed by Avalon were very approachable. We observed the culture of the service to be open and inclusive. We found the manager and staff to be kind, caring and knowledgeable about each person's care that we asked about. We found them to be passionate and committed to delivering a good service.

A range of monthly audits was undertaken by the manager to monitor the quality and safety of the service. Regular audits in respect of medication, the person's finances and a review of the person's needs and risks were undertaken to ensure support was being delivered appropriately. A system tracked which audits were due for each individual person and their shared lives carer.

The training needs and the date each staff member completed their training was recorded and monitored to ensure their skills remained up to date. The appraisal of each shared lives carer was also tracked to ensure their skills and abilities were reviewed annually. Spot checks were undertaken on shared lives carers to ensure standards were maintained within the home and with the support provided.

Accidents and incidents were recorded and monitored individually by the manager. Records showed that when an accident or incident occurred, the manager reviewed the person's accident and incident history and any previous action taken to ensure person was receiving appropriate support. Accident and incident reports were sent to Head Office for further analysis.

Regular staff and management meetings took place. These meetings discussed any issues or suggestions for improvement that could be made in respect of the service. We saw that where actions had been identified these had been acted upon.

Compliance reports were completed by the manager each month and required the manager to describe through examples of service delivery how they had performed against each of the Care Quality Commission's five questions; "Is the service safe?", "Is the service effective?", "Is the service caring?", "Is the service responsive?" and "Is the service well led?". These reports were submitted and monitored by the provider each month with any required improvements or areas of good practice identified to ensure standards were maintained.

We found the management systems in place to be robust and effective in ensuring the quality of the service was maintained.

Satisfaction surveys were sent out to people using the service, shared lives carers and Avalon staff each year. This enabled the manager to come to an informed view of the quality and safety of the service provided. We looked at the survey results from 2015 and 2016 and saw positive feedback had been received from both surveys. Results from the 2016 survey showed that 98% of people who used the service said that "Avalon's support is what they want and need" and 95% said that the service had improved their lives.

We saw that an action plan had been developed to address any areas for improvement that had been identified through the completion of the 2016 survey and across the service as a whole the manager had identified other improvements through day to day service delivery which they had acted upon. For example, they had recognised that additional training for shared lives carers was required in specialist areas of care such as epilepsy, diabetes and dementia. The manager had put together a learning and development plan for this purpose which they were currently discussing with the provider. This showed a proactive approach to continuous improvement.

We saw that the manager and the staff team worked closely in partnership with other agencies including day centres, health and social care professionals as well as colleagues in similar positions in other boroughs.

Overall we found the service to be well organised with a person centred and flexible approach to people's support.