

## 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 

### Overall summary

This unannounced inspection took place on 6 and 7 August 2015. The service had 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.

20 - 22 Middlesex Road is registered as one location, it comprises of two purpose built houses and 1 bungalow.

The service is registered to provide care and accommodation for nine people who have a learning disability. It is located on the outskirts of Hull; local facilities and amenities are within walking distance.

The people who lived at the home had complex needs which meant they could not tell us their experiences. We used a number of different methods to help us understand the experiences of the people who used the service including the Short Observational Framework for Inspection [SOFI]. SOFI is a way of observing care to help us understand the experiences of people who could not

# Summary of findings

talk with us. Throughout the inspection we saw and heard people who used the service laughing and sharing jokes with members of staff. It was apparent staff were aware of people's preferences for how care and support was to be delivered; we noted people who used the service actively looked for staff to be involved with activities and daily tasks. People were happy and relaxed in the service.

Staff had completed relevant training so they knew how to recognise signs of potential abuse, how to keep people safe from harm and how to report episodes of poor care. Records showed staff were recruited safely which helped to ensure they had not been deemed unsuitable to work with vulnerable people.

Suitable numbers of staff were deployed to meet the assessed needs of the people who used the service.

Medicines were managed safely. Policies were in place that provided guidance on the safe ordering, storage, administration and destruction of medication.

People's nutritional needs were met. Staff monitored people's food and fluid intake and took action when there were any concerns. People were supported to assist staff to prepare meals and to go shopping when possible. Staff responded quickly to changes in people's health care needs. We saw evidence to confirm a number of relevant healthcare professionals were involved in the on-going care and treatment of people who used the service.

People's needs were met by kind and attentive staff. People who used the service indicated that they liked the staff who supported them and people's relatives were complimentary about staffs approach and level of competency.

People were encouraged to take part in a range of activities. During the inspection people were supported to attend a local autism centre, enjoy meals in the community and to attend the local market. Other people followed interests within the service such as drawing pictures, writing poems and watering their fruit plants and flowers.

Assessments of people's health and social care needs took place and were used to develop personalised support plans that informed staff how to care for people who used the service using the least restrictive options.

Staff were supported through regular supervisions and staff meetings. Staff told us the registered manager was approachable and had an open door policy.

A programme of quality monitoring took place which consisted off audits, checks and questionnaires. We saw evidence to confirm when shortfalls were highlighted the registered manager took corrective action in a timely manner.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

People who used the service were safe. People were protected from abuse and avoidable harm by staff that had been trained to recognise the signs of potential abuse.

People's needs were met by sufficient numbers of suitably trained and experienced staff who had been recruited safely.

Medicines were ordered and stored safely. People received their medicines as prescribed.

Good



### Is the service effective?

The service was effective. Staff gained people's consent before care and treatment was provided. We witnessed staff asking people questions and giving them appropriate time to respond and make choices.

People received care and support from staff who had completed a range of training to ensure they could carry out the roles effectively.

People were offered choices for their daily meals and were encouraged to eat healthily.

A range of healthcare professionals were involved with and had contributed to the planning and delivery of people's care and treatment.

Good



### Is the service caring?

The service was responsive. People contributed to the on-going planning of their care when possible.

People were supported to maintain contact with important people in their lives and to take part in social activities or follow their personal interests.

A complaints policy was in place; it had been made available in an easy read format which helped to make it more accessible for the people who used the service.

Good



### Is the service responsive?

The service was responsive. People contributed to the on-going planning of their care when possible.

People were supported to maintain contact with important people in their lives and to take part in social activities or follow their personal interests.

A complaints policy was in place; it had been made available in an easy read format which helped to make it more accessible for the people who used the service.

Good



### Is the service well-led?

The service was well led. Staff told us the registered manager operated an open door policy and was approachable and supportive.

The culture of the service encouraged openness, inclusion and promoted quality.

A quality monitoring programme was in place that consisted of a range of audits. Questionnaires were sent to people who used the service, their relatives and healthcare professionals to gain their feedback on the service.

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 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 inspection took place on 6 and 7 August 2015 and was unannounced. The inspection team consisted of one adult social care inspector.

Before 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.

During the inspection we observed how staff interacted with people who used the service. We spoke with one

person who used the service and five people's relatives. We spoke with the registered manager and eight staff. We also spoke with a community nurse who worked with the service. We also completed a SOFI.

We looked at four care files which belonged to people who used the service including their medication administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held appropriately to ensure decisions made on their behalf were in their best interests.

We looked at a range of documentation relating to the management and running of the service, including training records, staff rotas, quality assurance audits, maintenance records and a number of the registered providers policies and procedures. We also looked at staff recruitment records and satisfaction questionnaires completed by people who used the service, their relatives and relevant professionals.

# Is the service safe?

## Our findings

When we asked one person if they felt safe living in the service, they told us, “Yes, I’m safe.”

Relatives we spoke with told us they thought their family members were safe. Comments included, “He is very safe; they know how to look after him and how to keep him safe”, “Oh yes he is very safe, he goes on holidays and trips out all the time and I don’t ever worry” and “Yes [Name] is safe, he knows it’s his home and he is settled; he is happy and safe there.”

Relatives also commented positively on staffing levels. One relative told us, “We are really happy with the amount of staff around to support [Name].” Another relative said, “[Name] does lots of activities, he has a better social life than I do, if they didn’t have enough staff he wouldn’t be able to go as much as he does so I have no concerns from that point of view.”

People who used the service were protected from abuse and avoidable harm by staff who had been trained to recognise the signs of potential abuse. Staff we spoke with understood how to report any safeguarding concerns and told us they were confident the registered manager would take the appropriate action if they reported any episodes of poor care.

The registered provider had a ‘vulnerable adults’ policy which was aligned to the local authority safeguarding team’s guidance as well as a whistle blowing policy. A whistle blowing hotline was in place which enabled staff to report any concerns they had anonymously. A member of staff told us, “I blew the whistle in my first couple of weeks working here, I heard a member of staff talking to someone in a way they shouldn’t have. It was investigated and they got sacked.”

Accidents and incidents that took place were recorded and reviewed to minimise any future occurrence. The registered manager showed us a spread-sheet they used to establish any patterns or trends, they said, “I review all of the incidents individually but also look at them together to see if things happen at certain times of day or at certain places which we could try and prevent.” They also said, “If something serious happens it gets reported to the [registered providers] head of service who will investigate it and recommend actions for us.”

Staff were recruited following the registered provider’s Disclosure and Barring Service [DBS] and Recruitment policy. We saw evidence to confirm before prospective employee’s commenced working within the service an interview took place, suitable references were returned to the service and a satisfactory DBS check was received. The registered manager explained, “When new starters have been recruited the managers meet them for a day and we conduct mini interviews so we can see if they would be suitable for our clients. If the staff like to be out every day we match them to the more active clients.”

The registered manager told us they planned staffing levels to meet the assessed needs of the people who used the service. We saw the service were working with the local authority commissioning service to complete assessments of people’s needs to ensure suitable numbers of staff were deployed. The registered manager said, “There is usually me or the senior on shift at all times but if not I am on call 24 hours a day so if there is any problems the staff know they can get in touch straight away.” Staff told us they had no concerns with the staffing levels and we observed people being supported to undertake a number of activities in the community which provided assurance people were supported to appropriate numbers of staff.

We saw that staff had completed equality and diversity training; during discussions staff told us they would not discriminate against anyone due to their health conditions, disability, age, race, religious beliefs or sexual orientation. One member of staff said, “We provide care to people who have all sorts of different needs and no one judges anyone here, we are all one big family.”

Numerous risk assessments had been developed for each person who used the service including choking, travelling in the car, community visits, showering, moving an transferring, falling from bed and behaviours that may challenge the service. Each assessment stated how the risk could be effectively reduced to ensure the safety of the person who used the service and others. The registered manager told us how they would always consider the risks to people who used the service when planning new activities then look at ways to reduce the risk so the person’s freedoms and choices were respected whilst they remained safe.

People received their medicines as prescribed. Each person had a medicine file which contained a recent photograph, any known allergies, a self-administration risk assessment

## Is the service safe?

and medication administration records (MARs) which were used to record when medicines were given to people. The MARs were signed by two members of staff to reduce possibility of medicine errors taking place. Detailed information about how people took their medicine was also included. For example one medicine care plan stated, “[Name] takes his medicines with yoghurt” another stated, “They take them from a pot with a drink of water, explain what each tablet is and the reason [Name] takes them.”

The registered provider’s training matrix provided evidence that staff had completed safe handling of medication

training which enabled them to administer medicines safely. We saw that regular medicines checks were conducted and the supplying pharmacy had recently audited the medicines practices of the service and had highlighted two small concerns that had been rectified by the service without delay.

During the inspection we observed part of a medicine round; the member of staff took their time to explain what the medicine was for and gained the consent of the person before it was administered.

# Is the service effective?

## Our findings

One person who used the service told us they enjoyed the meals. They said, "It's nice."

Relatives we spoke with told us they believed staff were well trained and had the skills to carry out their roles effectively. One relative told us, "The staff are excellent, they know all of his ways, his needs, they go out of their way to keep his routine, they are just brilliant with him." Another relative said, "The staff know [Name] so well and know how to keep him settled. They can see when he is unhappy or when he doesn't like something and they just distract him and settle him back down, we are really grateful he gets looked after by such a talented bunch."

Staff had the skills to communicate effectively. During the inspection we spent time observing the interactions between people who used the service and staff. Staff supported people effectively and understood the individual need of the people who used the service. Staff described people's non-verbal communication methods and explained what gestures, noises and facial expressions meant.

Communication passports had been developed in an easy read format and included numerous photographs and pictures so they were accessible to the people who used the service. What actions, noises and facial expressions someone who use if they were happy, sad, frustrated or angry were also included. 'How I communicate' documents identified people's individual abilities such as, 'I can understand what you are saying to me' and 'I can understand if you talk slowly and use short sentences'. They also informed staff or people's specific needs for example, 'Please give me lots of time to respond' and 'be patient I will respond'.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The registered manager was aware of their responsibilities in relation to DoLS and had made applications to the local authority which had been granted. This helped to ensure people received care and support in the least restrictive way.

Staff had completed training in relation to the Mental Capacity Act 2005 [MCA] and DoLS and they understood how to gain consent from people before providing care or support. One member of staff told us, "[Name] can't speak but he knows how to get his point across. He understands me so I just explain what I want to do and wait for his reaction; it is obvious if he doesn't want to do something." Another member of staff explained, "I just explain what I need to do and ask permission, [Name] will tell me if he is ok with me helping him or not" and went on to say, "It's often a timing thing; I could ask if he wants help with personal care and he might say no but if I ask ten minutes I usually get a different answer."

We saw records that assessments of people's capacity had been made under the MCA for specific decisions such as receiving care and support and living within the service. When it was deemed that people lacked the capacity to make an informed decision a best interest meeting was held with relevant health care professionals and people's relatives where a decision was made in the person's best interest.

People were offered a number of choices for each meal, staff asked people what they wanted and prepared the meal that was requested. People chose to eat together in the main dining room but were offered the choice of eating in the lounge or another place of their choosing. We observed the mealtime experience as positive and noted people enjoyed being together and were supported appropriately by staff when required.

People were weighed regularly to ensure any issues with their weight were recognised and action could be taken. We saw that food and fluid charts were in place for a number of people who used the service. A member of staff said that they always tried to ensure the people they supported maintained a balanced diet and encouraged people to eat salads, vegetables and fruit every day. We saw fresh fruit was available in the service and observed people being offered drinks and snacks throughout the inspection.

We found evidence in people's care files that a range of healthcare professionals were contacted for their advice and guidance when required including GPs, dieticians, opticians, dentists, specialist nurses. Advice and guidance had been documented and care plans had been updated

## Is the service effective?

to ensure people were supported effectively. For example we saw a moving and transferring care plan had been adapted to incorporate the detailed guidance provided by the Humber Foundation Trust.

The training matrix record showed staff had completed training in a range of subjects including first aid, fire safety, food hygiene, infection control, health and safety moving and transferring and a management of potential aggression course. The majority of staff had also undertaken a nationally recognised qualification in care

and further staff were completing this. The registered manager told us, “Part of the staff contract [contract of employment] is to complete care first training and a nationally recognised qualification in care.”

Before staff commenced working with the service they completed a comprehensive two week induction. A member of staff told us, “The induction was very long but you do all the training, learn about the company and get matched up with where you are going to work.” We saw staff received on-going support during regular supervisions and annual appraisals. Staff we spoke with confirmed they were supported by their peers and the registered manager.



# Is the service caring?

## Our findings

People who used the service told us they were supported by caring staff. One person said, “They [the staff] are nice.” Another person answered, “Yes” when we asked them if the staff were nice to them and when we asked other people if the staff treated them well and if they were caring they smiled and nodded and gave us a ‘thumbs up’.

Relatives we spoke with told us staff were caring and compassionate in the interactions with their family members. Comments included, “They staff are excellent they are very friendly and always make me feel welcome”, “We visit every week so we know the staff, they are good at their jobs and that’s because they genuinely care about everyone who lives here”, “They are saints” and “Things have happened in my life and I would move away from Hull if I could but I can’t because I wouldn’t move him [a person who used the service] for the world, he is so happy living with people he knows and staff who care about him.”

Throughout the inspection we witnessed staff treating people with kindness and compassion during their daily interactions. Jokes were shared and people were heard laughing with staff; people were happy in the relaxed atmosphere of the home. Staff showed a genuine interest in the people who used the service and their hobbies. For example we saw people watering plants whilst receiving support and encouragement from staff and observed staff helping people and complimenting them on drawings they had done. During the inspection we noted one person was very interested in some building works that were being carried out close to the service. The registered manager told us staff supported the person to visit the development on a weekly basis and that the local builders interacted with the person which made it a very positive experience.

It was evident staff were aware of how to promote people’s independence. The registered manager explained how the

staff team enabled people to carry out everyday tasks themselves. The said, “We have really worked on supporting to people to be independent, [Name] and [Name] can make their own drinks and help staff prepare meals” and went on to say, “A few months ago staff would just ask people what they wanted and make it for them but now you can’t stop [Name] making drinks, we have to supervise him but he wants to do things for himself.” A member of staff told us, “It’s so rewarding when you see him doing new things, things we have helped him achieve.”

Staff gave people time to express themselves and listened patiently during conversations with people. We saw that house meetings and key worker meetings took place regularly which enabled people to express their opinions about aspects of their daily lives. People made choices about activities they wanted to participate in and chose the colour and decorations in the bedrooms.

People were treated respectfully and staff understood the importance of confidentiality. A member of staff told us, “I still speak with staff I worked with in another service [owned by the registered provider]; when we talk I will ask how is that client doing or that client, just in general we never discuss anything in depth because you have to respect people and keep things confidential. I wouldn’t want anyone gossiping about my business so I won’t do it either.”

Staff maintained people’s dignity; we observed staff offering support with personal care sensitively and discreetly. We saw and heard staff knocking on people’s doors and gaining people’s permission before entering their rooms. One member of staff told us, “This is their house, if you came into my home I would expect you to show me respect and I do the same.” Another member of staff told us, “I treat people like I treat my own family; you can’t go wrong if you do that.”

# Is the service responsive?

## Our findings

Relatives confirmed they were involved with the planning of their family member's care. One relative said, "They keep me up to date with everything that happens in his life and invite me to all of the meetings and reviews." Another relative told us, "In all the time [Name] has lived there I have never missed a single meeting; they always ask for my opinion and input and they always listen to what I have to say."

Relatives also told us they were aware of the registered provider's complaint policy. One relative commented, "I wouldn't be scared to complain about anything. I have always said I would tell the staff if I had an issue, I would tell the manager if the staff could not help and I would tell the big chief in the manager could not help."

People who used the service and their appointed representatives were involved, where possible with the assessment and on-going planning of their care. The registered manager explained that they were currently completing assessments with the local authority commissioning service to ensure people received the appropriate level of care and support.

Care plans had been developed to meet people's assessed needs and included guidance for staff to ensure people were supported appropriately and consistently. The care plans we saw included general health, emotional and psychological support, leisure/recreation, medication, mobility, personal care and self-help/appearance. Each care plan was based on promoting people's independence and respecting their choices and included people's typical response, for example on care plan stated, 'Ask [Name] if he wants a shower and he will clap and smile if he wants to'. This helped to ensure people received care in line with their preferences.

Each person had a communication passport in place which included numerous pictures and photographs, cartoon graphics depicting a happy, sad, or angry face and easy read text which helped to ensure they were accessible to people who used the service. 'How I communicate' documents contained descriptions of people abilities

which helped to ensure people were given the time to respond to questions and staff could understand what people were trying to convey when they smiled, made particular noises, became quite or pulled faces. 'Understanding me' documents informed staff how people would present when they were happy, sad, angry, frustrated or in pain.

People's health concerns were documented in 'health action plans' along with the current support they received and future appointments with relevant healthcare professionals. For example one person's 'health action plan' stated they received on-going care from an optician for issues with their eye sight and regular check-ups from their dentist due to persistent concerns with their teeth. This provided assurance people's diversifying health care needs were met responsively. GPs, community learning disability nurses, psychologists and podiatrists were also part of a number of professionals that contributed to the care of the people who used the service.

A range of adaptations had been made to ensure people remained as independent as possible. We saw hand rails on stairwells, grab rails in toilets and bathrooms, bath seats were used to enable people to get in and out of the bath safely. A seizure sensor mat was used in one person's room to alert staff when they were experiencing seizure activity. The registered manager told us, "We have had support from the sensory disability team so there we have talking clocks in the houses and some of the clients have got talking watches as well."

The registered provider had a compliments, comments and complaints policy and procedure in place. The policy contained information in relation to response and acknowledgement times and what action the complainant could take if they were unsatisfied with the response they received from the registered provider. An easy read procedure had been developed to make the process more accessible to people who used the service. The registered manager told us, "There hasn't been a complaint since I have been in post. I speak to families at least once a week and always offer them the chance to raise anything" and went on to say, "If anyone wanted to complain I would listen and make sure we put things right straight away."

# Is the service well-led?

## Our findings

People who used the service were comfortable in the presence of the registered manager. We saw interactions that confirmed the registered manager was aware of people's needs and how to support them on a daily basis.

A relative we spoke with told us, "The manager is great, she has done a really good job. I have had issues in the past with things that have happened [in the service] but we get on well and I think she does a good job." Another relative told us, "I can speak to her anytime I want she has made that clear" and "The way I judge if it's well run is by seeing how happy [Name] is and he is happy so I think it's great."

People who used the service and staff were involved with developing the service when possible. We saw that staff meetings were held regularly and ways of improving the level of service provision were discussed. For example changes to legislation, people's care, new activities and future holiday destinations were discussed at the most recent meeting. A member of staff told us, "We used to just sit there and get talked at but now the meetings are good, we get listened to and are lot more involved in planning new things." The registered manager explained that the Commission's new fundamental standards were reviewed in a recent meeting and the need to help people develop and maintain living skills was seen as a way to improve the service.

'Client' meetings were held periodically to give people the opportunity to provide feedback on the level of care and support they received. Easy read questionnaires were completed by people with the help of staff as required. The registered manager told us stakeholder surveys were also completed by people's families and professionals involved in their care. Relatives we spoke with confirmed that had completed questionnaires and their feedback was used to develop the service.

People, staff and the registered manager had worked to establish links with the local community. Staff told us that the people who used the service were well known by local people and business. One member of staff said, "We go to the local market [Name] loves it there, all the stall owners know him and say hello." Another member of staff told us, "[Name] goes to get his money out the bank, I go with him but the staff know him and what he wants." The registered manager explained how the local community embraced

the people who used the service, they said, "The bank staff know who we are and are really good with [Name]", "We use a local hair dresser so they know all the clients and are great with them all" and "The builders are great with [Name, they always talk to him about what they are building and he love it."

The registered provider had a clear vision and set of values which were displayed prominently in the home and was on various documents. It stated 'Avocet provides lifetime support to vulnerable people to enable them to live fulfilled and valued lives through making personal choices.' A member of staff told us, "I don't work here for the money you know. I think most of the staff work here because they want to make a difference in people's lives, it can be difficult but it's so rewarding."

The registered manager was aware of the key risks to the service; they described how The Care Act, DoLS and the new regulations impacted upon the service. They told us, "I am working with the commissioners and reviewing everyone's care package to make sure everyone gets the right level of care, that they are safe and not restricted" and "We have managers meetings every week were we talk about CQC regulations, the clients, staffing issues and best practice to see if there are any changes we need to make."

Staff told us resources were available to develop their skills and learn about new client specific areas of care. We saw that staff had taken opportunities to complete a 12 week administration of medication course and end of life training. A member of staff told us, "As long as there is a reason why you want to do some particular training you can usually get onto a course."

We saw that monthly compliance audits were carried out by the registered manager or a registered manager from another of the registered provider's services. The audit was split into sections labelled health and safety, medication, criteria's met for clients, criteria's met for staff, criteria's met for housekeeping, interior and outside. Legionella checks, safety equipment checks and Portable Equipment Testing's [PAT] also took place regularly. This helped to provide assurance that shortfalls in the service would be highlighted which would enable the service to take corrective action.

The registered manager understood the conditions of their registration and informed the Commission of any notifiable incidents that took place within the service. We saw

## Is the service well-led?

evidence that National Institute of health and Care Excellence [NICE] guidance was disseminated by the

registered provider's services manager to enable services to take action as required. This helped to provide assurance that people received care and support that was in line with best practice.