Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Avocet Trust Domiciliary Care Service

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Tel: 01482329226

Date of Inspection: 18 June 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Avocet Trust
Registered Managers	Mrs Rachel Jane Summers Mrs Elaine Valentine
Overview of the service	Avocet Domiciliary Care Agency is registered to provide personal care for people in the community.
Type of services	Domiciliary care service Supported living service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 18 June 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with staff.

What people told us and what we found

The inspection was carried out by an adult social care inspector. We considered all the evidence we had gathered under the outcomes we inspected. We used the information to answer the five questions we always ask;

- Is the service caring?
- Is the service responsive?
- Is the service safe?
- Is the service effective?
- Is the service well led?

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people using the service and the staff supporting them, and from looking at records.

If you want to see the evidence supporting our summary please read the full report.

- Is the service caring?

We observed staff speaking to people in a friendly and professional way. We saw that staff gave people time to respond to questions and encouraged them to make decisions for themselves.

People's preferences, interests and diverse needs had been recorded and care and support had been provided in accordance with people's wishes.

People who used the service and their relatives completed an annual satisfaction survey. Where suggestions or concerns had been raised the provider had listened and made changes to the service.

• Is the service responsive?

People had access to a range of health and social care professionals such as mental health nurses, community nurses, the orthotics department, chiropodists and GPs. There was evidence the staff team sought appropriate advice, support and guidance both routinely and during emergency situations.

Staff knew the people they cared for and understood their preferences and personal histories.

We saw that people's care needs were kept under review and care plans, risk assessments and support plans were updated periodically.

• Is the service safe?

The manager set the staff rotas and they took into consideration people's care needs when deciding on the numbers of staff on duty and the skills they required to meet people's needs.

Systems were in place to make sure that the registered manager and staff learnt from events such as accidents and incidents, complaints, concerns and investigations. This reduced the risks to people and helped to ensure that the service continually improved.

Staff had completed training in how to safeguard vulnerable adults. This meant that people were safeguarded as required.

The service was safe, clean and hygienic. Equipment was well maintained and serviced regularly so people who used the service were not put at unnecessary risk.

• Is the service effective?

Mental capacity assessments were carried out and best interest meetings held when people lacked capacity and important decisions were required.

People's health and care needs were assessed. Specialist equipment needs had been identified in people's care plans where required.

The home had been had specialised equipment to meet the needs of people who used the service.

• Is the service well led?

The service had quality assurance systems in place and records we looked at showed that identified shortfalls were addressed promptly.

The provider consulted with people and their relatives about how the service was run and took account of their views.

Staff had a good understanding of the ethos of the service and told us they enjoyed their work. Staff had policies and procedures to guide their practice and received regular training, supervision and support from management.

What people who used the service and those that matter to them said about the care and support they received.

We used a number of different methods to help us understand the experiences of the people who used the service, because the people had complex needs which meant they were not able to tell us their experiences. We spent time observing the care that was provided, reviewed care records, support plans and spoke with the staff who supported people.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Where people did not have the capacity to give consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before people received care or treatment they were asked for their consent and the provider acted in accordance with their wishes. The registered manager told us, "Our clients can't make certain decisions so we have to hold best interest meetings." We saw evidence that best interest meetings had been held in relation to living within the service, psychologist input into care planning and receiving Botox hand injections. The registered manager explained, "When a decision needs to be made we invite the clients family and other professionals and make a decision in the clients best interest."

During observations we saw staff speak to people in an encouraging and patient way giving them time to respond to questions. The support offered enabled the person to make their own choices. A member of staff we spoke with said, "I think she (the person who used the service) is very comfortable with me, I know all her little quirks" and went on to say, "She needs lots of encouragement; you could never force her to do anything so you have to explain things simply and give her time."

The support plans we saw contained communication charts that utilised a 'smiley face scale' with a description to convey how the person felt. For example a 'sad face' was next to a description stating, how do you know when I am sad? I will scream, shout and can hit out. Providing detailed information to staff helps to ensure that the people who used the service are understood and can communicate effectively.

We saw evidence to confirm that all staff had completed training in relation to The Mental Capacity Act (2005) and the Deprivation of Liberties Safeguards (DoLS). The registered manager told us, "No one in the service is deprived of their liberty. I have just attended the update discussions with the council so am aware of the changes."

The provider had a 'service user involvement' policy in place that provided information in relation to consent and decision making for staff to refer to. The registered manager told us, "Our clients make lots of everyday decision for themselves but we need the support of

their families for other things" and "I have asked the families to be involved and look at future care planning with us."

We asked a member of staff how they would gain consent from a person who used the service and were told, "Lots of ways, sometimes it's just a question, other times I will offer things or choices and other times I will lead her, I will take her hand and if she wants to come with me she will and if he doesn't she won't."

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The registered manager told us, "Before anyone joins the service they would be met by the manager of the home and our lead nurse. An assessment would be completed to see if we could meet their needs and if we felt they were compatible with our current clients."

Support plans had been created in a number of specific areas including, providing personal care, maintaining a healthy weight, family visits and accessing the community. Behavioural management plans had been produced in conjunction with a clinical psychologist in relation to self-harm and hitting and scratching. We saw evidence to confirm that all documentation was reviewed regularly. The registered manager told us, "We do a yearly review (of people's care) with the funding authority and a six monthly review with the client and their family."

People who used the service had their social needs met by interacting with staff, other people who used the service and taking part in a range of activities in the community. A member of staff told us, "We have lots of planned activities like going swimming, shopping, going for lunch, all sorts; we can change them and do anything she (a person who used the service) wants really."

During the inspection we spent time observing staff interacting with the people who used the service. It was clear that trusting relationships had been built and that people were comforted by the staff that supported them. A member of staff we spoke with said, "I've worked with her for a long time, I know all her little quirks, what makes her happy and comfortable and what she worries about so I can work in a way that makes reassures her."

It was evident that a range of health care professionals had been involved in the care and treatment of people who used the service. The care files we saw contained information from mental health nurses, community nurses, the orthotics department, chiropodists and GPs. The registered manager told us, "The staff complete mood and behaviour charts every day and they are taken to the meeting with the psychologist.

There were arrangements in place to deal with foreseeable emergencies. The registered manager told us, "One of our clients has seizures so staff have met with the seizure nurse to learn about their vagal nerve stimulator and always carry mobile phones and PRN (Pro Ne Rata or as required) medication when they go out."

The provider had a disaster plan available for staff to refer to in the event of fires, flooding or other natural disasters. The registered manager explained, "We are lucky because Avocet (The Avocet Trust) has so many homes in the area, if we have any issues with a property our clients would be able to temporarily go to another home." Having contingency arrangements in place provides assurance that the needs of the people who used the service would be met before during and after and emergency.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening.

Reasons for our judgement

We saw evidence that care staff had undertaken a range of training courses that educated them how to safeguard people who used the service from abuse. Courses included Protection of Vulnerable Adults (PoVA), Deprivation of Liberty Safeguards (DoLS) and non-violent intervention techniques. The registered manager told us, "We have plans in place for staff to follow so if the clients starts hitting out they know to use break away techniques and move away to ensure their own safety but keep an eye on the client to ensure theirs."

The registered manager told us, "I monitor all of the accidents and incidents that occur within the home. They are then forwarded to the company's health and safety officer and we will discuss if risk assessments need implementing and if the care plans need updating."

We saw that POVA (Protection Of Vulnerable Adults) and DBS (Disclosure and Barring Service) had been undertaken for all staff before they had begun work at the service. The registered manager told us, "The checks are done to make sure that new employees are appropriate to work with our client base."

The provider responded appropriately to any allegation of abuse. We spoke to four members of staff who could independently describe what actions they would take if they suspected that abuse had occurred within the service. The staff told us that they would report any incident to their manager or the local authority safeguarding team immediately. The registered manager said, "We had an incident last year that we contacted the safeguarding team for their advice."

We saw that the local authority safeguarding teams safeguarding flow chart was displayed within the staff office of the home. The provider may find it useful to note that the information in the home was not the most current and did not contain contact numbers for the safeguarding team. We discussed this with the registered manager who confirmed that the information would be updated so that contact details were readily available for staff.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate training and professional development. We spoke with four members of staff who told us they had been on a range of training courses and that their personal development was supported by the provider. We saw that staff had undertaken a range of training pertinent to their role including infection control, first aid, safe handling of medication, fire, NVIT (Non Violent Intervention Techniques) and moving and handling.

The registered manager explained, "All of our staff complete an induction and mandatory training but we also have client specific training as well." We saw evidence to confirm that staff had completed bi-polar, epilepsy and Ste solid training. A member of staff we spoke with said, "The training we have done was so useful. It gave me the confidence to know that no matter what happens I should be able to handle the situation and keep the client safe."

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. A member of staff we spoke with said, "I have only just started working here; I had two weeks of doing lots training then I was paired up with a senior for two more weeks before I was signed off" and went on to say, "I feel really supported the other staff and the manager, everyone really has been great."

Staff were able, from time to time, to obtain further relevant qualifications. The registered manager told us, "All of our staff have or are working towards NVQ level two in health and social care. One person is doing her level three." Supporting staff to undertake further training ensures that care is delivered in the most appropriate way and is in line with best practice guidance.

We saw that team meetings were held bi-monthly and were used as a forum to discuss and changes in care planning, future activities, 'client' needs and meal choices. A supervision schedule was in place, the registered manager told us, "Every member of staff has a minimum of six supervisions a year." The provider may find it useful to note that one member of staff we spoke with said that they had only had one supervision meeting within the last six months.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

The provider had an audit schedule in place to assess care plans, activities, medication, health concerns and behavioural changes. We saw that when concerns had been identified; action plans and risk assessments had been put in place to reduce the risk.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw evidence that stakeholder audits were completed on a yearly basis. The registered manager told us, "Every year we ask people for their views on the service, the staff support the clients to complete it" and "Obviously we will listen to feedback all year round I am constantly speaking with the families of our clients, they are invited to our quarterly families meetings."

Decisions about care and treatment were made by the appropriate staff at the appropriate level. The registered manager explained, "One of the clients has been having mental health relapses recently so we have had more staff working to make sure we are meeting their needs."

We spoke to the Head of Services Manager who told us, "We have managers meetings every week. The managers of all the homes get together and discuss what has happened and anything that has come up. It allows us to be very reactive as an organisation."

A member of staff said, "We have lots of checks to do in the house fridge and freezer temperature checks, water temperature, food temperature. We have to complete visual assessments of equipment like the bath hoists as well; we would just report anything to the manager if we had concerns."

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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