Inspection Report

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

1181 Holderness Road

1181 Holderness Road, Hull, HU8 9EA

Tel: 01482712259

Date of Inspection: 14 April 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
Cleanliness and infection control	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Avocet Trust
Registered Manager	Mrs Deborah Anita Pickering
Overview of the service	1181 Holderness Road is registered to provide care and accommodation for a maximum of four adults with a learning disability. The location provides a respite service for people who live in the community.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or 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 14 April 2014, observed how people were being cared for and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

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 who used 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 interactions throughout the day between the person who used the service and the member of staff supporting them. The member of staff encouraged the person who used the service to participate in a range of activities and offered assistance and guidance compassionately and patiently.

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

• Is the service responsive?

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

Staff listened and acted in respect of the person's views and decisions. The person who used the service was given information at the time they needed it, in a way they could understand.

We saw that people's care needs were kept under review and care plans were updated when required.

• Is the service safe?

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

People were not put at unnecessary risk but also had access to choice and remained in control of decisions about their care and lives.

The registered manager sets the staff rotas, they take people's care needs into account when making decisions about the numbers, qualifications, skills and experience required. This helped to ensure that people's needs were always met.

• Is the service effective?

Advocacy information was available. This meant that people who used the service could access additional support when required.

The people who used the service had their health and care needs assessed. We saw the care plans reflected their current needs.

Relatives confirmed that they were able to see people throughout the day.

• Is the service well led?

The staff we spoke with told us they were clear about their roles and responsibilities. Staff had completed training so they were confident to carry out all aspects of their role. This helped to ensure that people received a good quality service at all times.

The service had a quality assurance system and records we looked at showed that identified shortfalls were addressed promptly. As a result the quality of the service was continually improving.

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

A relative we spoke told us, "It's (the home) always clean."

A relative we spoke with said, "The staff are great, they have all built good relationships with him (the person who used the service) so he trusts them" and went on to say, "I am involved with all the meetings and decisions, I meet with the manager here and also go to

all his appointments, hospitals and doctors."

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 their consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Where people did not have the capacity to give their consent, the provider acted in accordance with legal requirements. We saw evidence that best interest meetings were held appropriately for practices such as wheelchair safety belt use and covert medications. Best interest meetings are held when people have been assessed as not having the capacity to make important decisions about their health or welfare. They consider the views of all those involved in the individual's care.

The support plans that we saw contained communication information pages including 'things I like', 'people who are important to me' and 'how I get my message across'. This information had been produced in a format suitable for people's needs and abilities which used pictures and photographs to convey the person's thoughts or feelings. For example; the section in relation to 'people who are important to me' contained photos of family and friends and a depiction of a 'smiley face'.

The registered manager told us, "The plans we have in place are there to enable people, we encourage them to make as many decisions as they can about their lives." We found evidence in the support plans we looked at that choices such as whether to have a wash or a shower and what clothes to wear, were offered daily.

A member of staff we spoke with said, "It takes time to build up the trust (with the people who used the service) but when the trust is there you can do anything" and "I try and offer choices all the time, it's not do you want to do A, B, C, D or E, it's do you want to do this or this, but you have to let them choose want they want."

The registered manager explained, "The wider organisation (Avocet Trust) uses IMCAs (Independent Mental Capacity Advocates) but we have not actually used one in this home. We are lucky that everyone's families want to be as involved as possible with their care." The purpose of an IMCA is to represent vulnerable people who lack capacity to make important decisions. The Mental Capacity Act 2005 provides the legal framework for acting and making decisions on behalf of individuals who lack the capacity to make particular

decisions themselves.

A relative we spoke with said, "The staff are great, they have all built good relationships with him (the person who used the service) so he trusts them" and went on to say, "I am involved with all the meetings and decisions, I meet with the manager here and also go to all his appointments, hospitals and doctors."

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

During our inspection we used a number of different methods to help us understand the experiences of people who used the service, because the people who used the service had complex needs which meant they were not able to tell us their experiences. We gathered evidence of people's experiences by reviewing quality assurance surveys, looking at care and support plans, speaking with people's relatives and we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We observed interactions throughout the day between the person who used the service and the member of staff supporting them. It was apparent that a trusting relationship had been built. The member of staff encouraged the person who used the service to participate in a range of activities and offered assistance and guidance compassionately and patiently. A relative told us, "It's brilliant that he can come here, I trust all the staff to look after him" and "I know he is safe."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People who used the service had a Hull City Council 'adult support plan', 'nursing care' and 'management plans' in place that were used in conjunction with the services own assessment to produce a number of support plans including, communication, personal hygiene, health problems, diet and behaviours that may challenge the service.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The care plans that we saw provided detailed information about the life, health needs and future goals of the people who used the service. 'Pen pictures' described the activities people enjoyed and how the service should 'help me keep my independence'. People's communication skills were recorded under headings like; 'how do you know when I am happy', 'how do you know when I am sad', 'how do you know when I am hungry' and 'how do you know when I like something' with descriptions of the person's actions so that staff could interpret what different behaviours meant.

A range of risk assessments had been produced to ensure the safety and minimise any risk to people who used the service. 'Using stairs', being 'in vehicles', 'showering' and

'behaviours that may disrupt the service', had been assessed; plans were in place to reduce the risks associated with each activity or task. The registered manager told us, "We have risk assessments and behaviour monitoring charts in place for everyone. We don't stop people doing certain things we just try and minimise the risks."

People took part in a range of activities including, sing-alongs, shopping, baking, table top bowling and trips to the parks. A member of staff we spoke with said, "We do all sorts, you can tell when they like something or when they are bored or not interested. If they are happy it's obvious and when you know you have made their day it's so rewarding."

It was clear that a range of health care professionals were involved in the care and treatment of people who used the service. We saw that advice and guidance in relation to environmental changes had been made following a visit form a district nurse. Psychologists, care co-ordinators, GPs and occupational therapists had input into people's support plans.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

There were effective systems in place to reduce the risk and spread of infection.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. Amongst others the provider had an 'infection prevention and control' policy that covered topics including Personal Protective Equipment (PPE), hand washing and Hepatitis B; for staff to refer to.

The provider's training matrix provided evidence that staff had completed training in relation to infection prevention and control. A member of staff we spoke with said, "I've done infection control training." The registered manager explained, "I deliver food hygiene and infection control training, I've completed the train the trainer course so my staff will always be up to date."

During our tour of the home we noted that bathrooms and toilets had liquid soap, hand sanitizer and paper towels available for use. Appropriate provisions of gloves and aprons were kept on site. A cleaning rota was in place, cleaning activities were allocated for each day and the staff on duty took the responsibility to ensure they were completed. A relative we spoke with said, "It's (the home) always clean."

The registered manager explained the colour coding system in place that identified which mop and buckets were used in designated areas of the home. The provider may find it useful to note that we saw that mops were not stored appropriately to allow the head to 'air dry'.

The area of the home that stored the washing machine and dryer had signs of dampness. The registered manager explained, "The dryer we have has a condensation draw that needs emptying and if it is not done the staff will complain that this rooms feels wet."

After the inspection was completed we confirmed with the registered manager that a new storage area for mops had been produced to ensure the heads could dry in line with best practice guidance. We were also told that an air vent had been installed to ensure the washing and drying area had an effective means of ventilation.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs. A member of staff told us, "We currently have just the one person in the home, one to one funding is provided for them so it's one to one during the day and a waking staff member through the night."

The registered manager explained, "Social services assessments dictate people's support requirements either one to one or supervision" and went on to say, "We never have more than two people to one member of staff, that makes sure people get the attention they need."

We asked the registered manager how the service managed short notice absences and were told, "We have a lot of contracted staff so I check if they can cover first but then Avocet have their own bank staff that help regularly so I can ask people from there. I do my best to make sure the staff have worked with the person before so they know each other and the person is comfortable."

We saw that a number of subjects including; first aid, Non Violent Crisis Intervention (NVCI), The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) were deemed as mandatory by the provider. Person specific training was also completed in autism and Makaton. A member of staff told us, "I have just completed mental health awareness and end of life courses."

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 effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. Monthly compliance audits were completed in relation to health and safety, medication, infection prevention and control and 'client information'.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. Quality assurance surveys were completed annually. A member of staff told us, "It's a good company to work for, they do listen to us."

The registered manager completed weekly quality service audits. We saw that when issues were highlighted such as the non-completion of fire evacuation drills these took place immediately. The registered manager said, "We have the regular checks but I will check the house every day and if anything needs doing I will just ask the staff, they are a really good team."

There was evidence that learning took place after accidents, incidents or visits and that appropriate changes were implemented. Advice from a commissioning compliance officer had been followed and new systems had been introduced to record safeguarding incidents.

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

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk