

Avalon Enterprise (Uk) Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 26 October 2016 and was announced.

Avalon Enterprises Ltd UK provides domiciliary care and support services to people with a learning disability living in their own homes. The service is based in an office in the basement of one of the homes, but has a separate entrance. The office is open during office hours and an on call system is in place outside of these times. The service currently provides support to 12 people with personal care, they also support another 35 people with independent living skills, in Thanet, Ashford, Canterbury and Faversham. Some people have their own flats and others share a house.

The service has a registered manager in place and they have been in this role since 2012.

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.

There were two locality managers who supported the registered manager at different locations; they were supported by staff known as 'senior lifestyle mentors' and 'lifestyle mentors'.

People were safe and were supported to try new things and take risks. They were able to plan their own support and chose their staff. People knew about safeguarding and who to talk to if they were worried. They could contact the registered manager or director directly and did so.

Staff were recruited safely and people were involved in the interview process. Staff had an induction and were introduced to people by established staff before supporting them. Staff were offered training to meet the needs of people they supported. Staff were in regular contact with the management team and had regular one to one meetings. There were enough staff to meet people's needs and they told us they felt supported.

Medicines were managed safely and people were encouraged to be as involved as possible with their medicines. Staff worked closely with local health and social care professionals to manage people's health and develop new opportunities for them. When people's needs changed advice was sought and followed to make sure the service could still meet people's needs safely.

People had good relationships with staff who supported them. Staff knew people well and treated them with dignity and respect. People were encouraged to express their opinions and be involved in planning their care.

The care plans reflected people's preferences and how they liked to be supported. People's hobbies and interests were supported and many did voluntary work which the staff had supported them to find. People

had support to eat healthily and planned their own menus.

When complaints were received they were investigated and responded to. People's confidentiality was respected and records were stored securely. Staff had some understanding of the Mental Capacity Act (MCA), the registered manager said this was an area for further training. The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). For people who live in their own homes this is managed by the Court of Protection (COP). No applications had been made for people as no one needed one.

There was an open and person centred culture, people and staff could contact or visit the office whenever they wanted to. The registered manager visited people regularly to check they were happy with the service and was accessible to people, professionals and staff. Views were sought from people, relatives and professionals and were acted on.

The CQC had been informed of any important events that occurred at the service, in line with current legislation.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff understood how to keep people safe from abuse. There was enough staff to meet people's needs; they were recruited safely and with the involvement of people.

Risks to people were recognised, assessed and managed safely. People were supported to understand and manage their own risks where appropriate.

People received their medicines safely, by suitably trained staff and were supported to take an active role in managing their medicines.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that knew them well and had suitable skills and training to meet their needs. Staff had an induction and felt well supported.

People were supported to make choices and decisions about their care. Not all staff had a clear understanding of the Mental Capacity Act (MCA).

People were supported to plan their meals and to cook them.

People were supported to maintain good health physically and mentally. Staff supported people to access health services when needed.

Is the service caring?

Good ●

The service was caring.

Staff supported people in a kind, caring way. People were supported to get to know new staff.

Most people were supported to be independent and to make decisions about their own care. People were supported to build

and maintain relationships.

People told us staff listened to them and treated them with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People were supported when and how they wanted to be. Staff knew people well.

When people's needs changed their care plans were updated to reflect this.

People were encouraged to take part in hobbies they liked and to try new things. People were encouraged to be part of their community and to feel valued.

If people had a complaint they knew who to talk to, complaints were dealt with and responded to.

Is the service well-led?

Good ●

The service was well-led.

There was an open and person centred culture. Staff understood the values of the service and told us they felt valued and listened to.

People could contact the registered manager or director at any time.

Audits were carried out on the quality of the service and actions taken as needed. People's opinions were sought and listened to.

Avalon Enterprise (UK) Limited

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 26 October 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be there. We wanted to let people know when we were coming to give them the opportunity to meet and talk with us. The inspection was carried out by two inspectors.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service. We looked at notifications received by the Care Quality Commission (CQC). A notification is information about important events which the provider is required to send us by law, such as a serious injury. We looked at previous inspection reports.

During the inspection we spoke with four people, the registered manager, director and three staff. We also received feedback from health and social care professionals who had worked with people who used the service. We visited people in their homes and observed staff supporting people.

We looked at documents including four care plans, medicines records, three staff files, risk assessments, audits, minutes of meetings for people and staff, training records and staff rotas.

We last inspected this service on 23 August 2013 when there were no concerns.

Is the service safe?

Our findings

One person told us "I feel safe, staff keep an eye on me." Another person said "I can always call staff if I am worried." People were relaxed with staff and told us they could talk to them about anything.

Staff had a good understanding of keeping people safe from abuse or harm and could say what they would do if there were any concerns. When concerns were raised the registered manager had spoken with the local safeguarding team. When incidents occurred risk assessments were updated and guidance was put in place for staff to minimise the risk of the incident being repeated.

When people had issues with those they lived with or staff they were encouraged to talk about it and find a resolution. The registered manager or locality managers would mediate these conversations if people wanted them to and helped both sides to express themselves.

Some people could get anxious or angry at times. Staff worked with people and gave the right support when this happened so people were calmer.

People were supported to be as independent as possible with their money. If people could not manage large amounts of money there was an arrangement for them to access smaller amounts through the week. There were systems and checks in place to keep the money safe. Where people's money was managed by someone else staff supported people to request extra money if they needed it.

When people went out on their own they knew how to call for help and how to keep safe. People who lived on their own could call the registered manager, locality managers or director for support outside of the hours they had staff with them.

People were supported to try new things and to take risks. People had goals that they worked towards in steps, taking risks into account. People were encouraged to be involved in assessing risks and planning how to minimise them. We observed that occasionally staff were reluctant to encourage people to do tasks in the house which could be a risk, such as cooking. Some staff cooked for people rather than with people. The registered manager said this was an area for improvement and was limited to some newer staff. Mentors were in place for new staff members and risk was being discussed at team meetings to increase staff confidence in this area.

Any accidents were recorded. The registered manager checked accident reports to look for any patterns. There were contingency plans in place in case of emergencies and each house had contact details for the landlord.

There were enough trained staff to keep people safe and meet their needs. Staffing was planned around people's needs and the activities they had planned. People could say when they wanted their support and would let the office or the registered manager know if they wanted to cancel or change the time of the support.

Recruitment procedures were thorough to make sure that staff were suitable to work with people. Written references were obtained and checks were carried out to make sure staff were of good character. People were involved in recruiting staff, and they took part in interviews. People who did not want to take part in the interviews had given questions about what was important to them and they were told the answers the interviewees gave. People had chosen the job titles for staff as they did not like the term support worker, staff were now known as 'lifestyle mentors'.

Sickness and holidays were covered by the staff team and if needed the locality managers and registered manager stepped in. Staff had information so they knew the plans of the person they were supporting on that day.

People could have a say about which staff supported them, one person told us, "I like my keyworker, I chose them, I have the rota so I know who is coming." A keyworker is a named member of staff who takes a lead role in communicating with the person and the staff team. Rotas were supported by photographs of staff to make them more meaningful. The registered manager told us this is something they are looking to use more if needed.

People were supported to have their medicines in a safe way, and were as involved as much as they wanted to be. Some people ordered their own medicines but required prompts to take them and some people required full support with their medicines. If staff were concerned about a person's ability to manage their own medicines staff gave them more support. The registered manager told us, "This is usually all that is needed, we have never had to stop anyone doing their own medication."

Some people had medicines to take 'as required.' There was guidance in place about the amount of medicine they should have, what it was for and how often it should be taken. If people chose to buy 'over the counter' medicines staff supported them to check that they did not affect people's prescribed medicine.

Staff who administered insulin to people living with diabetes were trained and signed off as competent by community nurses. If there were no trained staff available, community nurses were organised to support people. Senior staff and locality managers completed audits of medicines and records on a regular basis. The registered manager also completed audits of medicines on a quarterly basis. The pharmacy completed an additional audit every 6 months. Advice from the pharmacist was followed. For example, people were given thermometers to make sure their medicines were stored at the right temperature.

Is the service effective?

Our findings

One person told us, "My carers are fantastic they support me in a way I've never been supported before." Staff told us, "People tell us what they want to do and we help them to arrange it."

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. One person told us, "The staff know me, they look after me well."

When new staff started working for the service they were given a staff handbook and a health and safety handbook. They shadowed established staff for six to twelve weeks while they completed the care certificate; this is a set of standards care staff can achieve. New staff had a mentor allocated to them; they were supported to work alongside the mentor gradually taking on more responsibility. This way people were able to get to know new staff and establish a relationship before they were supported by them alone.

There was a training programme in place for all staff, with additional courses for senior staff in leadership roles. After staff completed training their knowledge and competency was assessed during one to one meetings and through observations by the registered manager and senior staff. The majority of staff employed by the service had a nationally recognised social care qualification.

Staff had team meetings and regular one to one meetings with their supervisor to talk about any issues, and their own development. Staff could contact the locality managers, registered manager or director at any time for support. Staff said they felt supported by the registered manager.

People were given choices and staff communicated these in a way people understood. One person told us, "I've got lots of choices, I can do whatever I want if I've got the money." When people made joint decisions about communal areas in their home or joint activities, they were supported to bring their own ideas and discussed them as a group before making a choice.

Staff supported people to understand the possible consequences of their choices. If people were disappointed by the result of their choices staff supported them and helped them learn from the experience.

The 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.

Some staff understood the key requirements of the Mental Capacity Act 2005 (MCA) and how it impacted on the people they supported. Staff had completed MCA training and most put this into practice effectively, and ensured that people's human and legal rights were protected. Some newer staff did not completely understand the MCA and the registered manager told us they had planned some additional training and mentoring.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. When people live in their own homes Deprivation of Liberty Safeguards (DoLS) must be applied for via the Court of Protection. No one on the service needed a DoLS application currently.

Some people, in shared housing, chose to pool their money and picked a menu together; other people chose and purchased their own food. People were supported to have a balanced diet; they were given information about healthy eating and exercise.

When people had issues with swallowing advice was sought and followed from the local speech and language team. Staff supported some people living with diabetes to prepare their food so they could monitor how much they ate. Staff supported people if they wanted to lose weight. People were weighed, if they agreed, and if there was a concern about weight loss the person's GP was contacted.

Everyone had a kitchen they could use and staff supported people to prepare and cook their meals. People would ask staff to support them if they wanted to prepare food or drinks. Some people had plans in place to develop skills in this area, others did not and this was an area for improvement.

People had health action plans in place, which detailed what support they needed in managing their health. The majority of people needed support to attend health appointments and to understand any information given by health professionals. People were given information to enable them to make decisions about their own health and any treatment they may need. Staff made records of any consultations or decisions made so that everyone was aware of the outcomes.

People had access to yearly health checks, flu jabs and other health screening programmes. Staff explained what these appointments were for and people were able to choose to attend or not. One person attended an appointment, and chose not to have the screening check. Staff supported them to express their change of mind and reassured them it was ok. Referrals were made to health professionals when needed.

Staff contacted health professionals quickly if there was deterioration in people's mental or physical health. Staff worked with the local mental health team to monitor people and keep people safe.

People who were living with diabetes had clear guidance for staff telling them what to do in case of high or low blood sugar levels. Blood sugar levels were recorded and when they were outside of the acceptable range, staff took action and this was recorded. When people attended day activities, staff communicated with the staff there about the person's health needs.

Is the service caring?

Our findings

One person told us, "Staff are friendly, they listen and provide help when needed." Another person said, "They respect us for who we are and treat us well."

Staff usually worked with the same people so they got to know them well. People approached staff if they needed anything and were listened to. One person was nervous of new people and looked to staff for reassurance, staff smiled and encouraged them to give their views.

Staff knew people well and talked about what people liked and what they had achieved. There was lots of laughing and smiling. People told us about a recent group holiday that they had taken with staff and other people supported by Avalon. One person had collected holiday brochures and the group chose to go to a holiday park close to a safari park. People and staff laughed when talking about monkeys climbing on the car at the safari park. They chatted about the places they had been and what they had done. People said staff were supporting them to choose a new holiday location for next year.

People had keyworkers, who supported them to be involved in their care plans and to choose goals to work towards. People could choose their own keyworker. A keyworker is a named member of staff who takes a lead role in communicating with the person and the staff team. People were offered a meeting with their keyworker monthly. Some people chose not to have keyworker meetings or to be involved with their care plan; staff recorded this choice and found other ways to identify what people would like to do or learn.

People had goals around developing their daily living skills, these were broken into 12 steps and progression was recorded and celebrated. For some people this had led to a reduction in the amount of support they needed from staff.

People had access to advocates if they needed support to speak out. An advocate is someone who supports a person to make sure their views are heard and rights upheld.

People were supported to keep in contact with family and friends. One person told us, "I have a girlfriend, sometimes she comes here and sometimes I visit her, as long as I let my housemates know she is coming, she is always welcome." People were offered support and reassurance if they were having difficulties with relationships.

One person liked to call their family but needed staff support to use the phone. Staff tried lots of ways to support them do this independently, when these were unsuccessful, they found a phone to which they could attach photos. The person only had to press the button with the photo of the person they wanted to speak to in order to call them. The person could make calls without staff support which they were excited about.

People in shared houses had meetings to make decisions and talk about any issues. These were used to plan rotas for chores and to update menus. People also planned social events such as BBQs and gave

feedback about the service such as how the new gardener was doing.

Staff treated people with dignity and respect, they worked alongside people to support them with chores and activities. Staff varied the way they offered support to people taking into account people's personalities and different needs. One person told us, "I like a tidy flat and always ask staff to take off their shoes when they come in, they all do, even the manager."

People's care plans had guidelines for staff about how they should enter people's homes and what to do if people refused support or were out. People had a service user guide which told them how to let the service know if they wanted to cancel or change the time of their support.

People's confidentiality was maintained, staff understood the need for this and records were stored securely. Information was given to people in a way they understood. Information was only shared if people agreed.

Is the service responsive?

Our findings

People said that the staff supported them to do what they wanted and to try new things. One person said "I like to go to a shopping centre near my home and buy my clothes, staff come with me and help me chose." A health and social care professional said, "They (the person) have thrived since being supported by Avalon."

People's needs were assessed before they moved into the service. The registered manager met with people at an agreed place, with support from their family or care manager if they chose to invite them.

If the registered manager felt they could meet the person's needs they would establish if the person wanted a shared house or their own flat. When people were going to live with others the needs of everyone were taken into account. The person would be invited to meet the current housemates, if this went well they would be invited back for two or three meals to get to know people. They would then be invited for an overnight stay, if all went well they would move in. Staff talked to everyone involved throughout this process and if at any time it was not working it was discussed and efforts made to resolve any issues.

People were given an 'All about me' document to fill in to let staff know how they like to be supported, what their likes and dislikes are and where they like to go. People were given a service user handbook which explained what they could expect. The registered manager told us "The process can take a long time but we need to do it right."

Some people could get anxious and angry and put their tenancy at risk. The registered manager and staff worked closely with people and their care managers if and when this happened. Staff had supported a person to move to a more suitable property which had reduced their levels of anxiety.

People were encouraged and supported to be part of their local community. Some people volunteered with local scout troops as leaders, some worked in charity shops and others had contacts with local churches. Staff said this had improved people's confidence. One person told us, "I volunteer at a café in the local church, I enjoy it and have made lots of friends, I get to talk to lots of different people. On Sunday I get a free roast dinner for all my work during the week."

The registered manager told us, "It is very hard for the people we support to find paid work, so we work with them to volunteer. It makes them feel valued, a part of something and helps them develop skills that could help them get a job later."

People had completed courses at local colleges, including computer skills and first aid and they told us they had enjoyed them. Others attended day services where they could do activities they enjoyed and had developed new skills. One person said "I like it I get to see my friends there and we are having a Halloween party." The registered manager had linked with a local service who support people with disabilities to find work. One person was supported by staff to join an online dating service to meet new people.

People were supported to increase their communication skills. Staff used role play with people to help them

learn how to manage new situations and reduce anxiety. People also used role play to develop communication skills and learned how to put their point across appropriately.

When people went out on their own the staff talked to them about regular places they went and had built up relationships with the people in those shops or cafes. Staff gave their contact numbers to staff in the shops and cafes in case there were any concerns.

One person wanted to go on holiday abroad independently; staff worked with them to plan the holiday. Staff contacted the hotel that the person had chosen and explained the person may need some help. A staff member who spoke the language worked with the person to learn some useful phrases and made cards in that language explaining the person may need support and giving a contact number. The holiday went well and the person had since returned several times.

People did various activities including archery, swimming, music, football, guitar lessons and going to the gym. One person was supported by staff to put together a business plan to become self-employed. People also planned social events such as BBQs.

People had step by step plans to work towards goals, breaking them in to achievable steps. Some people were working towards independent life skills and for others it was about places they wanted to go. People were supported to do things that interested them, one person said, "I went to Buckingham Palace last year, it was really interesting. Now I am planning a trip to the Houses of Parliament."

People had care plans which showed the support they needed, when and how they preferred it to be given. Some people had easy read versions of their care plan, to help them understand what staff would help them with and when.

The registered manager started the care plan using the information from the assessment with the person. People could make changes or additions before it was shared with staff. Once the person started having support, staff reviewed the care plan monthly with them. Some people chose not to take part, and staff recorded this. When people chose to change the times of their support, this was recorded and the care plan updated. When people declined or cancelled support this was also recorded. If people refused support repeatedly the registered manager contacted them to try and find out why. The registered manager would then talk with people, to find a way to make the support work for them or to assess the risk of people not receiving support. If people were at risk other social or health care professionals were informed, advice was sought and followed.

People were supported to move into their own flats from shared houses if they wanted to. The registered manager told us, "This can take some time because housing is not always easy to find, but we work with people to build skills in the meantime and keep them in the loop."

People were encouraged to express their views about the service and were given clear information about how to make a complaint. There was an easy to understand version of the complaints policy available. Records showed that complaints were taken seriously, investigated and responded to quickly and professionally. When people made complaints their views about how they wanted their complaint to be dealt with was taken into account. They were offered reassurance and were kept informed at all times. The registered manager kept a log so that all complaints could be tracked and used for learning and improving.

When people complained about people they lived with this was handled sensitively and people were encouraged to talk about the issues. When this could not be done or the person was at risk of breaching

their tenancy or support agreement, support was offered and information given about how to resolve issue.

Is the service well-led?

Our findings

One person told us "I can always call the (registered) manager or director, I have their mobile numbers." A staff member said, "I can always get hold of someone if I have worry or need advice. That's important when you are working on your own."

The registered manager told us "The values and visions of the service are to support people to meet their potential, live as independently as possible and live how they want. Expanding horizons is the company slogan." Staff showed these values in how they supported people and the care plans reflected this. People's care plans had details of what skills people wanted to develop and how they were working towards them. Staff talked about individual's goals and the progress people had made.

Staff told us they felt supported and involved. Staff had meetings as a group and one to one with their line manager and they had opportunities to give their opinion. The director told us, "Staff just tell me what they think, I think it's great they feel they can tell me." Staff said 'they felt listened to and supported.'

Lots of staff had been at the service for a number of years, they were supported to have extra training and move into senior roles if they wanted to. When people had applied for promotion unsuccessfully they were supported to develop their skills or to have the training needed to be successful in the future.

Staff and people had access to phone numbers of managers on call and could call at any time. The registered manager and director visited people on a regular basis to see how they were doing or just have a chat. The registered manager spoke to locality managers at least once a week to offer support and get updates.

The registered manager told us, "I feel very supported by the director and feel I am listened to." The registered manager attended local forums for registered managers or providers where they could hear about examples of good practice and share experiences. Any examples of good practice were then shared with the senior team in leadership meetings and passed on to staff.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This meant we could check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way, and had done so.

Audits were carried out monthly at a local level by senior staff and locality managers and quarterly by the registered manager and director. Audits covered care plans, risk assessments, medication records and financial records. If any issues were uncovered they were addressed and fed back to the staff. Locality managers, the registered manager and director all completed spot checks of staff providing people's support. They observed how staff interacted and supported people, on other occasions they spoke to people on the phone about their support. Staff were then given feedback in one to one and team meetings.

Locality managers had clear targets to work towards including ensuring audits were undertaken, and that team and one to one meetings occurred regularly. The registered manager checked progress on these targets both in weekly chats and formal meetings.

Accidents and incidents were reviewed and any learning from them was shared. Changes were made to risk assessments and care plans if needed.

People were asked for their feedback through house meetings, keyworker meetings and surveys. One person raised issues in their responses and the director made an appointment to visit them and resolve the issues. People said that they did not like having visitor's books in their homes as this made it feel like a residential home or hotel, as a result the books are no longer used.

People generally gave positive feedback with one person saying, "They (the staff) talk to me and listen to my views." Some people gave feedback about their day services and they were supported to pass that information to the right people.

The registered manager requested feedback from other people involved with the service such as health and social care professionals, this was recorded and when necessary concerns were addressed. Professionals told us that they had been asked for their views and that they had been acted on.