

***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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08 January 2014

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Requirements relating to workers	✓ 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. 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

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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'.

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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 announced 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 8 January 2014 and 16 January 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 people who use the service, talked with carers and / or family members, talked with staff and talked with commissioners of services.

What people told us and what we found

As part of our inspection we visited two of the nine people who received a service. We also spoke with three relatives, two members of staff and a community health professional.

Each person had a care file which provided comprehensive information about their assessed needs as well as their preferences, interests, and any risks associated with their care. The people we spoke with said they were happy with the care and support provided, and staff helped them to be independent. One person said, "I like to clean the kitchen and do things for myself. I make sure things are switched off before we leave the house, so it's safe." A relative told us, "My son receives the support he needs, it's tailored to him."

People were provided with a choice of suitable and nutritious food and drink. The care plans we looked at recorded people's nutritional needs in good detail so staff had all the information they needed to support the person appropriately and monitor their wellbeing. One person told us, "I help choose meals, the food is nice."

Robust background checks had been carried out on staff before they started to work for the organisation to make sure they were suitable to work with vulnerable people. One person said, "The staff are friendly and nice."

We found the provider assessed and monitored the quality of the service. One person's relative told us, "I'm very happy with the service and care, I see the manager regularly and everything is going well at present."

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We found people were involved as much as possible in decisions about care and treatment. People were supported in promoting their independence and community involvement.

We looked at two people's assessments and care plans. We found people's choices and preferences were reflected in the care plans. The plans were written in a way which promoted the person's independence and reflected their diverse needs.

The care files contained instructions from health professionals and discussions held with GPs and family regarding care. These showed us that people were involved in decisions about their care and treatment as much as possible. However, the provider may find it useful to note plans were not always signed by the person concerned and/or their representative where possible to acknowledge their agreement in the planned care.

People we spoke with told us that staff were kind and helped them make decisions. Comments included, "I like the staff, they talk nicely to me. They help me with my meals and activities and things." One person's relative told us, "He is very sociable and likes to be busy. The staff involve him in all the decisions about his care to the best of his ability."

We spoke to two members of the care staff, they described how they maintained people's dignity, privacy, independence and how they offered choices to people on a daily basis. They described the increase in frequency and variety of activities one person had accessed in recent months and how they were continuing to support the person with this programme. Activities such as trips to the cinema had been positive and outings to visit Beverly were being planned.

Records and staff discussions showed people had support from advocacy services when necessary. One person had recently accessed this support. One care worker confirmed how the advocacy services had found the person's needs were being met and they were

making positive progress.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Discussions with staff, our observations and the records we saw showed people's needs were assessed and care and treatment had been planned and delivered as they preferred.

We looked at the records and care plans for two people who used the service. The information in the care plans was detailed and up to date. We found the care plans were meaningful and person centred. They identified individual issues that were important for people in relation to their care. One person told us, "Staff help me look after my rabbit and my cat. I like living in my house."

The files we checked contained details about the risks the person concerned might be vulnerable to or may present. The files told staff how people should be supported to minimise any identified risks.

For people who presented with challenging behaviours, we found support plans were in place. The plans were personalised to meet the needs of the individual. They recorded personal feelings and triggers for their behaviour and the support required. Staff maintained records of any incidents. Care plans had been reviewed regularly to make sure they reflected any changes in people's needs.

Records showed health professionals such as the community mental health nurse, had regular involvement with the service and provided training and support to the staff and people who received a service. Sessions on bi-polar disorder and epilepsy management had been provided to staff in recent months. We spoke to one of the community health team who told us that the staff at the service were good at discussing concerns about patients and accessing support. Any guidance received was incorporated into the care plans. They also said the staff had good knowledge of their patient's individual's needs and care was more consistent. They explained how staff understood when to involve the specialist teams and were able to 'drive' the contact and support needed.

People we spoke with said they were happy with the care and support they received. They told us the staff helped them to be independent. One person told us, "I like to clean the kitchen and do things for myself. I make sure things are switched off before we leave the house, so it's safe."

The majority of relatives expressed high satisfaction with the services provided. Comments included, "The staff make sure he looks very nice and take him shopping for clothes", "I'm pleased with all the care, we go to all the reviews and I can speak with any of the staff or the manager if there are any issues" and "My son receives the support he needs, its tailored to him." We did receive some more negative comments from a relative about communication and continuity of care which we passed on to the manager.

The staff demonstrated good knowledge about the needs and preferences of the people they supported and cared for. We observed positive engagement and interaction between staff and the people who used the service.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were provided with a choice of suitable and nutritious food and drink. People we spoke with told us they enjoyed their meals. Comments included, "I really like the meals, we are having take-away fish and chips tonight" and "I help choose meals, the food is nice."

One person's relative told us, "He has his favourite meals and enjoys going food shopping with the staff. He makes snacks and light meals with help." They went on to tell us, "The staff are good at encouraging healthy meals and drinks."

We looked at two care files. They showed people who used the service had assessments and plans of care for their nutritional needs. The care plans identified risks such as weight loss/ gain and the actions staff had to take to minimise the risks. The records gave staff guidance in how to meet people's needs which included: preferences, likes, dislikes, texture, any swallowing difficulties and the level of staff support.

Staff told us they monitored people's nutritional status and their weight regularly, and that they used food and fluid intake charts if necessary. The records we sampled confirmed this. We also saw GPs and dieticians had been involved if there were concerns about people's weight. One person's records showed the dietician had been involved to support an appropriate reducing diet. There was evidence in the records that the dietician had reviewed the person's menus and provided direction for staff. The care plan had been updated with guidance from the dietician and daily records showed that staff were providing this support with more positive results. Records of the person's weight showed the person had lost weight in recent weeks.

Another person's records showed how they were receiving support with a fortified diet and a menu had been developed to reflect this. Staff described some of the high calorie meals and snacks they provided for this person.

Staff told us they had completed training courses in food safety. During the visit staff demonstrated a good knowledge of people's food preferences and nutritional needs.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for or supported by suitable qualified, skilled and experienced staff.

Reasons for our judgement

People told us they were happy with the way their care was delivered and made positive comments about the staff who cared for and supported them. One person said, "The staff are friendly and nice."

Appropriate checks had been undertaken before staff began work. We sampled the recruitment files of two new staff and two longer serving staff to check if they had been recruited safely. The files showed a comprehensive process had been followed to make sure new staff were suitable to work with vulnerable people. This included obtaining two written references, a Disclosure and Barring Service (DBS) check and checking their identity.

There were effective recruitment and selection processes in place. As well as making appropriate checks into people's backgrounds, records showed face to face interviews had taken place. We saw prospective staff had attended an interview and been asked set questions which had been scored to help the management team select the best candidates for the job. This process was confirmed by the staff we spoke with. One care worker told us, "The recruitment process was thorough; we didn't start work until all the checks were received."

The manager told us new staff completed a corporate induction which included being introduced to the people they were to support, shadowing an experienced care worker and completing the common induction standards. We saw a training and development plan was also completed to highlight other training staff wanted or needed in the future.

The staff we spoke with confirmed they had undertaken a structured induction when they started to work for the company. They said it had included training days and becoming familiar with company policies and procedures.

Training records showed staff had completed essential training such as moving people safely, infection control, food hygiene and safeguarding people from abuse. We also saw more specialist training had been provided to meet the needs of the people staff were supporting. This included the safe administration of medication and specific conditions such as epilepsy and mental health disorders.

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

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 looked at the quality assurance system the provider used to monitor the quality of care people received. Records showed monthly performance reviews of the service were carried out by a registered manager from one of the organisation's other services in the area. This performance review included checks on care records, staff records, health and safety, medication and the premises. We viewed a sample of the performance reports which showed the service had scored more positively in recent months, since the manager's appointment at the service. For example the overall score for one location within the service had increased from 64% to 88% in five months up to September 2013. The reports showed that issues identified had been addressed.

The manager confirmed that monthly audits of areas such as care records, medicines and supervision would be put in place now the team leaders had been appointed.

The manager explained how accidents and incidents were monitored each month and this information was fed back to the senior management team. Staff spoke with confirmed lessons learnt from any incidents were discussed at the team meetings.

There was a system in place which collated the views of people who used the service, their relatives, staff and visiting health care professionals. This was mainly in the form of surveys and meetings. Surveys were available in different formats according to people's needs; for example the use of pictures and symbols. Records showed surveys had been issued in 2013. We viewed ones the people who used the service had completed with their supporters (usually their key worker). These were positive and did not identify any issues. Discussions with one relative identified they had not received a survey to complete. We passed this on to the manager who confirmed they would check the contact address and ensure the person received a survey.

The manager explained that regular meetings were held with people who used the service

and their relatives or representatives where possible. Meetings were held every three months for some people. We spoke with one relative who confirmed the manager visited them every few months and discussed their relatives care. They described how positive the meetings were and that they could talk about any concerns or issues and these were dealt with. They said, "I'm very happy with the service and care, I see the manager regularly and everything is going well at present."

Systems and processes were in place to record and monitor complaints. We saw staff maintained communication books for relatives, to support visits within the service and when the person who used the service went on leave. Discussions with staff and records showed there had not been any formal complaints received in recent months.

Staff told us they attended regular team meetings where they were encouraged to voice their opinion and were involved in decision making about how the home operated. They said the management team were accessible and listened to their suggestions. One care worker told us, "The manager is very supportive, we can ring her anytime and she is always available."

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.

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