

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

Date of Inspection: 12 June 2013

Date of Publication: July 2013

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
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
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

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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 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 12 June 2013, 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 staff, reviewed information sent to us by commissioners of services and talked with commissioners of services.

What people told us and what we found

During this visit we spoke with one person who had recently stayed at the home. We also contacted relatives of people who regularly stayed at the home. We received positive comments from people we spoke with.

We looked at three people's care records which included their care plans, risk assessments and health plans. These were clear, person-centred, detailed and provided up to date information on how their diverse needs should be met. The person we spoke with told us, "Staff treat me well, they help me, they are friendly."

We saw that people who used the service were safeguarded from abuse because staff had received training and there was guidance for staff to follow if they witnessed or became aware of anything.

We saw staff had received adequate training which helped them to care for the people who used the service and to meet their needs. Comments from relatives we spoke with included, "Staff are great, very helpful" and "I have confidence in the staff, they understand my daughter's needs."

People had opportunities to comment on the service through meetings and surveys. The person we spoke with told us they felt comfortable talking with staff about any concerns they had.

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 privacy, dignity and independence were respected.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment.

We looked at the care plans for three people who regularly stayed at the service. Their care plans were personalised. 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.

We observed good relationships between staff and the people who used the service. Staff we spoke with described how they ensured people's privacy and dignity was maintained such as talking to people in private and closing doors when care was being delivered.

Staff told us they had received training on supporting people to make decisions and how to support people with their rights. The records we looked at confirmed this. Records also showed staff were trained on how to meet people's different lifestyle choices to ensure they were treated equally.

The manager confirmed advocacy services were accessed for people when necessary. The manager explained how an advocate had recently supported a person who had stayed at the home to help them make a decision about their future care and moving on.

We spoke with a person who had recently stayed at the service. They told us how the staff had supported them to be independent and to make choices. This included their leisure activities, what they ate and how they spent their time. They also told us staff treated them with respect and promoted their privacy and dignity. Comments included, "Staff treat me well, they help me, they are friendly."

We spoke with the relatives of two people who regularly stayed at the service. They told us they felt staff always treated their relative with dignity and respect. One person said, "Staff are kind and respectful."

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

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

Care files contained assessments and care plans provided by the placing authority. We found the staff at the home had completed assessments in areas such as: nutrition, communication, personal care and mobility. Each care plan was person centred and set out the healthcare, personal and social care needs. A separate plan entitled 'This is about me' was produced in an accessible format for people who stayed at the home.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were supported in taking risks as part of an independent lifestyle, therefore risk assessments were in place to minimise any identified risks or hazards. These plans stated what support was needed for each individual person, and contained approaches and strategies to deal with any issues or concerns. For example one person's file contained risk assessments on areas such as: choking, falling out of bed, bathing and seizures. We found risk assessments were reviewed regularly.

We saw detailed daily notes had been completed. These recorded how people had spent their day and any actions staff had taken in response to changes in their needs. Weekly activity programmes were in place. Staff confirmed these had been developed with the person or their representative; they identified any day care, in- house and community activities.

People's health care needs were documented in their records and contact with health professionals was recorded. One person said, "I make my own appointment to see the doctor. Staff remind me about the dentist and everything like that."

Staff spoken with demonstrated a good understanding of people's individual needs in relation to things like their daily routines and their likes and dislikes. Records showed they were trained in how to support people with specific needs such as communication, behaviour and epilepsy.

The home regularly evaluated the care provided and held reviews with people who lived in the home and their representatives to ensure the care continued to meet their needs and expectations. Relatives we spoke with told us they were happy with the care provided at the home. Comments included, "No problems, happy with everything" and "They look after her really well."

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 abuse from happening.

Reasons for our judgement

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 abuse from happening.

The provider had policies and procedures in place for the protection of vulnerable adults which were accessible to staff.

A log was kept of any safeguarding issues which detailed what the issues were, contact with the local authority safeguarding team, what action was taken and what the outcome was. This ensured that all allegations were investigated and people were protected by any action taken.

From our discussions with staff, they had a good understanding of the safeguarding arrangements in place. Staff told us they had received training in safeguarding vulnerable adult procedures, and the training records we saw confirmed this. They were knowledgeable about the reporting systems within the organisation and to external agencies. This ensured people using the service were safe and protected.

The manager told us that the home was not managing the personal monies for anyone who was currently staying at the service.

Care workers we spoke with told us they had received training in how to support people who were not able to make choices for themselves. Training records we saw supported this. Staff demonstrated they knew about laws that were in place to protect people in that regard. Care files showed meetings had been held to make decisions in the best interest of the person, where they could not make a decision for themselves.

Relatives we spoke with told us people who stayed in the home were safe and properly cared for. One person said, "Residents are treated properly, we always feel it is safe when we leave."

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 professional development.

We spoke with a person who had recently stayed at the service. They told us they liked the staff who worked in the home. Comments included, "The staff here are nice and helped me to be independent" and "My key worker helped me a lot."

We viewed records which showed staff received a variety of training and this was updated regularly. Records showed new staff had completed induction programmes. The provider had identified certain training as essential for all staff which included topics such as: health and safety, manual handling, fire training, food hygiene and first aid. Training specific to the needs of people who used the service was also provided which included courses relating to: epilepsy and managing behaviours which challenged the service. The manager told us some staff had completed training in the Makaton programme which was a communication tool used for people who were unable to communicate verbally.

Staff told us they received a yearly review and regular supervision. Staff confirmed training and development was discussed at supervision sessions, including any care issues they had concerns about. Records showed staff had received appraisals and the supervision programme was being maintained.

Relatives we spoke with considered staff had the skills and competence to look after people in the home. Comments included, "Staff are great, very helpful" and "I have confidence in the staff, they understand my daughter's needs."

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 asked one person what it was like to stay at the home and they told us the home was a nice place to stay. They told us, "I liked the staff and everything. It was good for me to be here."

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 the manager and these reviews were then checked by a senior manager from the organisation. This performance review included checks on care records, staff records, health and safety, medication and the premises. We viewed recent performance reports for January and February 2013. These were generally positive and records showed issues identified with medication errors had been addressed.

There was also 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. Surveys were available in different formats according to people's needs; for example the use of pictures and symbols. Records showed surveys had been sent out in September 2012. We viewed the completed surveys which showed only positive comments had been received. The manager confirmed that if shortfalls in the service were identified then action plans would be put in place to assist improvement.

The manager explained that meetings were held with people who used the service and their relatives or representatives. They described the difficulty in arranging group meetings due to the service providing short and medium length respite stay for people. Records showed one-one discussions were held and these discussions covered all aspects of the service.

The manager told us that risk assessments had been carried out to ensure the premises were safe. We noted during our visit that a stair gate was in use and none of the radiators

in the home were fitted with low temperature surface covers. The care file for one person contained a risk assessment to support the use and provision of the stair gate however this did not identify the risks this may pose to other people staying in the home. The absence of radiator covers had not been supported by risk assessment. The provider may find it useful to note that gaps in the risk management of these areas could pose a risk to the safety of people staying in the home.

Records of equipment servicing were checked and showed these were up to date. We also viewed records of equipment safety checks such as bed rails and hot water temperatures, which showed these areas were safe and well managed.

There was evidence that learning from incidents, accidents and audits took place and appropriate changes were implemented. The provider had regular meetings with staff to reflect on what went well, what didn't go well and how things could have been done differently. This ensured there was a process for continuous learning to improve the quality of the service.

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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