

# Adult Placement Services Limited

# Avalon York Services

## 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

Avalon York Services provides people with care and support to live as independently as possible in a variety of settings in the community. The service is managed from an office based in Clifton Moor on the outskirts of the City of York where visitor parking is available.

This service is a domiciliary care agency and at the time of our inspection 84 people received a service. It provides a service to children aged 13-18 years, people living with dementia, learning disabilities or autistic spectrum disorder, mental health, and to older people and younger adults.

The service provides care and support to 28 people living in their own houses as part of a community service and at the time of our inspection two of those people were in receipt of the regulated activity of personal care.

The service also provides care and support to four people living in 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. The care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of this inspection there were two people living in supported living and receiving personal care.

The service also provided care and support to 56 people living as part of a shared lives scheme. Shared lives schemes are designed to support adults with learning disabilities, mental health problems, or other needs that make it harder for them to live on their own. The schemes match an adult who has care needs with an approved shared lives carer. These carers share their family and community life, and give care and support to the adult with care needs. At the time of this inspection 34 people were on a long term shared lives service, 14 were on short breaks and seven people received a day break with a shared lives carer. 23 of the people who received a shared lives service received support with the regulated activity of personal care. CQC does not regulate premises used for shared lives; this inspection looked at people's personal care and support service.

Not everyone using Avalon York services receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Systems and processes were maintained to record, evaluate and action any outcomes where safeguarding concerns had been raised which helped to keep people safe from avoidable harm and abuse.

Assessments of risks associated with people's care and support and for their environment had been completed. People who used the service were safe in respect of staffing levels, recruitment, management of

medicines and infection control.

The service continued to provide effective care to people who used the service because care workers were supported to have the skills, knowledge and supervision they needed to carry out their roles.

People were supported to have maximum choice and control of their lives and care workers supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Care workers continued to be caring, paying attention to people's well-being, privacy, dignity and independence.

Care workers upheld principles of equality and diversity and championed people's rights when out in the community or receiving healthcare and other services.

People's support plans continued to be person-centred and people continued to undertake activities, education and employment wherever possible.

People followed the complaint procedures to have their views listened to and their needs met.

The service continued to operate an open and inclusive management style where people fully participated in the running of their care provision.

A quality assurance system remained effective with oversight at provider and director level. People and their carer workers were consulted and action plans formulated that aimed to improve the quality and delivery of the service.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Avalon York Services

## 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 was a comprehensive inspection that took place on the 9 and 17 November 2017 and was announced.

We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service. We needed to be sure that they would be in.

The inspection team consisted of one inspector.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider and information we had received from the local authority who commissioned a service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we visited and spent time with three people receiving a service in their own homes. We spoke with the location manager and a manager for the shared lives service. We spoke with two carers who provided a shared lives service and two further care workers who provided people with support in the community.

We looked at records which related to people's individual care, this included the care planning documentation for five people and other records associated with running a community care service. We also looked at four care workers recruitment and training records, records of audits, policies and procedures and records of meetings.

## Is the service safe?

### Our findings

People confirmed to us that they felt safe in their own homes and with the care workers who supported them. One person said, "Yes, I feel safe and I can trust everyone." Another told us, "I feel safe here and when I go out I have friends who I meet up with." A health professional told us, "I have never had any significant safety issues raised to me because of the care of Avalon for clients I have worked with over the years. This would appear to indicate the safety issues are well met within the York service."

The registered provider had developed and trained care workers to understand and correctly apply appropriate safeguarding policies and procedures. The location manager showed us how safeguarding was at the front of everything they do. We saw posters that promoted the reporting of hate crimes, and safeguarding information was available along with an abuse line for everybody to use to report their concerns. The registered manager discussed a situation where a person had informed them they had been bullied in the work place. With the person's consent the registered provider had followed local safeguarding protocols and referrals had been made to the local authority for further investigation. Investigations had been completed and these included outcomes and actions taken to help improve the person's safety. This meant the person was able to remain at work and free from further abusive situations.

The registered provider had completed assessments of people's individual needs and for people's home environments. Where any risks had been identified for example, travel and access, meals, fire safety, infection control, behaviours that may challenge and using sharp objects, we saw these were recorded and associated support plans were in place to help mitigate the risks. These records helped to ensure people were positively supported with minimal restrictions in place. The registered provider worked with the local fire service and had introduced a training programme for people to raise awareness of the associated fire risks and inform them of preventative measures.

Feedback from people confirmed there was sufficient regular care workers available to meet their individual needs. One person said, "I see the same people, some more than others because some care workers only visit when the regulars are on holiday." The location manager told us that staffing was controlled electronically with rotas completed up to four weeks in advance. A care worker said, "People do get consistency of care workers most of the time; we don't use agency staff which means they [people] will see a familiar face."

Recruitment practices were recorded in staff files that we looked at. We saw this included obtaining references from previous employers and a Disclosure and Barring Service (DBS) check that had been completed. The DBS is a national agency that holds information about criminal records. This helped ensure people using the service were protected from individuals who had been identified as unsuitable to work with vulnerable people.

Assessments had been completed and recorded where people required assistance to take their medicines. Care workers told us they received training in medicines management and administration and records confirmed this. The registered manager showed us a policy and procedure to ensure best practice protocols.

were followed. Managers completed medicine training and followed best practice advice from the National Institute for Health and Care Excellence (NICE). NICE provides national guidance and advice to improve health and social care. Medication Administration Records (MAR) were completed and monthly audits ensured any errors were picked up with additional support provided when necessary to ensure people received their medicines safely and as prescribed.

## Is the service effective?

### Our findings

It was clear from our observations and talking to people they were supported by caring staff who had a clear understanding of their needs and how to support them with their independence. Care workers we spoke with told us they received the training and support they required to carry out their roles. They said they completed an induction programme and received regular supervisions and appraisals. We saw evidence of this in the staff records we reviewed. The provider told us on the PIR, 'On joining the organisation, care workers attend full six day classroom based induction training and complete the care certificate. Care workers have full responsibility to keep mandatory training refreshed, this is monitored by service managers through compliance tracking spreadsheets.'

Training the provider considered mandatory (safeguarding, health and safety, first aid, moving and handling and safe medicines) was managed electronically but did not include all areas of training based on individual needs. The registered provider employed a 'dementia and complex needs lead person' to link in with, for specialist advice and support. Care workers also completed positive behaviour support (NAPPI) training which is a minimum of one day's training to understand the principles around supporting positive behaviour and actions with people.

The location manager told us they were taking more referrals for young people leaving care services to live in the community. To ensure care workers were skilled in supporting the increase in referrals they told us they were seeking 'attachment disorder training' for as recommended by the transition team who commissioned this. This meant care workers would have the required skills and knowledge to support people with their individual needs and to remain competent in their role.

The location manager told us, "We meet with customers on their own so we can really listen to what the customer wants. We have a robust matching policy in place and many successful long term working relationships are in place by carefully matching the customers' needs and wants to the carers' skills and personality." One person confirmed they would raise their concerns should an appropriate match not be found.

Care workers regularly consulted with people on what type of food they preferred and ensured foods were available to meet peoples' diverse needs. People using the service were supported by care workers to shop and cook for themselves. Care workers we spoke with said that this was done in line with the level of support the person required.. Each person had a support plan in place for eating, drinking and nutrition. A care worker said, "[Person's name] is a diabetic, so I have completed in depth training that has helped me to support the person's independence. They monitor their own bloods with only prompts and we discuss healthy eating and the implications of their choices of food on their blood sugar levels."

The Mental Capacity Act 2005 (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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in



their best interests and legally authorised under the MCA. We saw best interest decisions were recorded clearly in people's files and where the provider had concerns regarding people's capacity, notifications had been submitted to the local authority for further assessment. The location manager was implementing a tracking sheet to ensure all submissions were followed up and progressed in a timely manner.

One person had joined the service with restrictions in place for the use of sharp instruments. This had been reviewed by the provider and other health professionals as part of a best interest decision and the restrictions had been removed with safe protocols of support implemented.

The location manager showed us that where they worked alongside other health professionals, services and organisation to deliver effective care and support. We saw an example where a person had raised allegations of abuse that had been referred to a partner agency. The registered provider ensured the allegation was submitted to safeguarding and reviewed. Other examples included email communications between organisations that identified areas of concern that required further investigation. This ensured people received safe holistic support that effectively met their needs.

People were supported to live healthy lives and confirmed they had access to healthcare services when this was required. The registered provider encouraged people to take up the opportunity to have an annual health check. Records included a health action plan that was used to promote good outcomes with this. The location manager showed us how they were working with an organisation to promote use of a 'Message in a Bottle' scheme to enable them to easily transfer up to date information between services for example, in an emergency hospital admission. The registered provider also promoted the identification of an ICE (in case of emergency) number on people's mobile phones.

## Is the service caring?

### Our findings

People we spoke with told us care workers cared about them and it was clear from our observations that care workers had built meaningful relations with them. One person said, "[Care workers name] cares about me but I am okay and I am quite independent." A care worker said, "I have worked with person for a number of years and it has been a pleasure to watch their independence grow; I spend more time with [person's name] than with my own family; I love the work." A health worker said, "I have found the service to be caring and supportive towards individuals' needs and preferences."

People told us they were treated with kindness and had their views and decisions respected. They told us and we saw from care plans they were involved in their care. One person showed us their care plan which they kept in their home. They told us, "I get good support and I have regular reviews with the manager. If there is something I want to do then it's recorded in there and evaluated." They showed us a section called 'What I have achieved and what I want to do.' We saw this recorded they wanted support to pay their own bills and manage their finances. The person said, "I have started to pay my own bills, I just need a few prompts"

The location manager told us how they provided emotional support to people when required. They discussed a situation where they supported a person who was going through bereavement. The person had some mental health concerns but with support of other health professionals they had been supported to attend the funeral service and with further help to remain living independently.

People were consulted and care workers confirmed they supported people with their preferences for personal care. Care plans were written in the person's voice and provided clear guidelines on how to support people to maintain their personal hygiene including bathing and laundry. A care worker told us, "[Person's name] chooses not to have support on one day of the week, this is the day they have set aside when no one is in the house that they can do their laundry; it is very important for their independence." Another care worker discussed how they communicated with people regarding any assistance with bathing. They said, "I would respect their wishes and encourage them to be independent as much as possible, I would allow them privacy and will get warm towels ready and close doors which is common sense really."

The registered provider was responsive to calls for assistance from the local authority. The location manager told us about a call they received from care managers at the local authority who required an emergency placement for a person who's Grandmother could no longer support them. An emergency placement was sourced with a shared lives carer. The location manager told us the emergency placement was a success and had progressed to a long term placement. The success was acknowledged by the council who felt the carer should receive some recognition of their work. As such the registered provider nominated the individual for an award at the Avalon Conference.

The registered provider completed regular visits to people in their own homes. This included the completion of spot checks where a manager would turn up unannounced to check that care workers were following best practice guidelines, arrived on time and wore appropriate clothing. The location manager used these

as an opportunity to actively seek people's views. The location manager told us, "Managers take time to really get to know the people we support; people are advised they can call the office just for a chat, giving a less formal approach to monitoring."

The location manager told us, "If a person is not able to communicate their wishes or does not have an advocate or an appropriate family member, staff will discuss through best interest and make the decision on behalf of the person. We saw the service had arrangements in place for people to be supported by an advocate if this was needed. Advocacy is about enabling people who may have difficulty speaking out, or who need support to make their own, informed decisions about their life."

## Is the service responsive?

### Our findings

The registered provider ensured people received care and support that was responsive to their individual needs. We saw that care records for people included an initial assessment from the local authority which formed the basis of initial consultations with the individual by the provider, to ensure they were able to meet their needs. Support plans were then formulated which included details of everybody involved and where the person had capacity they had signed to confirm their agreement with the information contained.

People's care records showed that people's support was regularly reviewed and any changes which were needed were put in place straight away. This helped to ensure care and support was appropriate to the person's current individual needs. Care workers told us they were informed of any changes without delay. Examples of this included changes to medication and daytime routines. People we spoke with said they felt able to tell care workers if anything needed changing or could be improved. This meant that the provider could be responsive to any changes in people's support needs.

People who used the service were supported to engage in activities and work placements which were meaningful to them. One person had participated in a voluntary placement at a local charity shop once a week as well as attending work at an Organic Nursery each Tuesday and Thursday. The location manager told us, "With support from care workers, [person's name] has gained the confidence to find a work placement in a charity shop. Care workers who know [person's name] well have supported them to make informed choices to find the placement they have the most interest in." Another person discussed a planned trip to Newcastle to attend a country and western event. The person said "It's over a few days and will include line dancing which I really like."

One person at the service received support with their daily activities and also to develop their hobby of photography. The location manager told us, "[Person's name] will often take their camera out with their support workers during the shift and will take photos of nature and wildlife. They won their camera in a photography competition a couple years ago and a video showing their successes was used as an advert for a well-known internet travel company."

The registered provider promoted inclusion by encouraging people who used the service to attend a number of events and activities within the local community. This included the Avalink group committee meeting. One person we spoke with told us of their involvement in the meetings and how they travelled to Birmingham to attend the events. Avalink is made up of people from each of the providers' locations and meets every three months to discuss current issues, decide on upcoming policy changes and to ensure best practice is being adhered to across the North of England.

Care plans included references to provide care workers with guidance that ensured people could maintain meaningfully diverse relationships of their choosing. Care workers were provided with specialist training from LGBT ('Free to be me in Care') to raise their awareness in supporting people with any diverse needs or relationships to enable people to live their lives without prejudice or negativity.

The registered provider had a complaints and compliments policy and procedure in place for anyone to follow. People told us they knew how to complain. They said, "I talk to [care workers name] if I'm unhappy about anything" and "I would make a complaint to the manager." Care workers were aware of the complaint procedure and had a positive approach to receiving complaints as they understood that these helped them to improve the care they provided. We saw that the service had not received any complaints since our last inspection. Compliments had been received and were recorded in the form of letters and cards. This demonstrated that the service was responsive to people's needs.

## Is the service well-led?

### Our findings

Everybody we spoke with were happy with the service they provided or received. The local authority praised the care and support provided by the shared lives service. They told us, "Respite services have been good and well received by families and clients. However, there needs to be more 'Shared Lives' family short and longer term respite available to people in York as demand for the service far outstrips supply." They told us, "We have a good working relationship with Avalon York Service staff, which helps in providing an effective service for people."

The service had a registered manager. However we were supported at this inspection by the location manager who was applying to the CQC to take over this role from the registered manager. 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.

Care workers and people receiving a service spoke highly of the way the service was managed and the overall ethos of working for the registered provider. A care worker said, "There is always someone available to speak to in the office and we are encouraged to raise our opinions, to challenge ways of working and have good opportunities to provide feedback." Another care worker said, "I feel well supported and because of this I am able to support people in the best way for them, which is great. There is a real emphasis on transparency, nothing is covered up and we are encouraged to report everything, no matter how small." People told us, "The manager visits and they ask me if I am happy with the service and if they can change or improve anything." "I haven't had a service for long but the manager has visited often to check how I am settling in to my new home."

The registered provider completed quality assurance checks to maintain standards of service and identify any areas for improvement. Audits were completed to ensure management and administration of people's medicines was in line with policy and procedure. These were completed monthly and the most recent audit highlighted the need to complete competency assessments for care workers responsible for people's medicines. This was in line with national guidance. Other audits included checks to ensure people's finances were managed in line with the providers' policy and that records were up to date. A health and safety audit included minuted actions discussed as part of a meeting about this with input and oversight at provider level. This included evaluation of any accidents, incidents and included any medication errors and risks associated with the use of bed rails to keep people safe at night.

The location manager had responsibility for the completion of a locality performance management report. This included analysis of any missed calls, key issues and trends from any accidents and incidents, recruitment, sickness and staffing issues and any other concerns. The service also undertook a quality assurance framework (QAF); this focused on Key Lines of Enquiry (KLOE) used by the CQC. Each service looked at one question identifying how the service met the criteria and put action plans in place to meet any identified short fall. This information was submitted to the operations director for their oversight as part of

quality assurance checks on the service.

All care workers received training in relation to the Equality Act and human rights. The location manager provided us with a copy of a 'Single equality scheme' policy and procedure. The document detailed how the registered provider was committed to promoting equality, inclusiveness and social justice for all people, employees and Shared Lives (SHL) Carers. The location manager showed us an 'Equality and Diversity' training handbook, which they told us they were planning to use to work with care workers to refresh their knowledge in this area. The documents demonstrated as part of their service plan how the provider will build upon this learning to promote best practice.

The service sent out an annual customer and care workers satisfactory survey and the findings were analysed. A locality action plan was put into place based on the responses received. This was reviewed by the location manager. Feedback was provided at team meetings and at house meetings.