Care Avenues Limited

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Inspection report

Hagley House
93-95 Hagley Road
Birmingham
West Midlands
B16 8LA

Tel: 01214558008

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 29 June 2016 and was announced. We conducted this inspection in response to concerns from our last inspection in February 2016. These included failing to conduct adequate checks to ensure people were supported by suitable staff and how the manager monitored the quality of the service. After our inspection we met with the registered manager and issued a section 64 letter. This required the registered manager to provide prompt reassurance about how they would ensure the service operated within the scope of its registration. They also sent us an action plan about how they intended to respond to our concerns.

At our latest inspection we found the registered manager had taken action to address our concerns however further improvement was still required.

Care Avenues Ltd provides domiciliary care to 110 people in their own homes. At the time of our visit the nominated individual was also a registered manager for the service. A care coordinator had also recently become a registered manager for the service and shared the responsibilities of this role jointly with the nominated individual. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt the service kept them safe. Staff were aware of the need to keep people safe and they knew how to report allegations or suspicions of poor practice. Care records however did not always contained detailed information for staff about how to protect people from the risks presented by their specific conditions.

Those people who required assistance to take their medications told us they were happy with how they were supported. Staff knew how to help people take their medications however it was not possible from people's records to identify if people had received their medication as prescribed.

People told us that they were very happy with the support they received. People gave us examples of how the service had improved the quality of their lives and specific acts of kindness from the staff who supported them.

People and, where appropriate, their relatives, were consulted about their preferences and people were treated with dignity and respect. It was not always clear from records however if people had been supported in line with the Mental Capacity Act 2005.

Staff could explain the specific needs of the people they supported and how they met them. Staff were appropriately trained, skilled and supervised and they received opportunities to further develop their skills. New members of the senior management team had the skills, knowledge and experience they required to

lead the service.

Although people told us there were enough staff and they were happy with the times they received support, we noted that calls were not always on time. Additional senior staff had been recruited to help deliver the service's improvement programme.

People who required assistance to eat and drink told us that they were supported by staff who understood and met their nutritional needs and preferences. The manager sought and took advice from relevant health professionals when needed.

There was effective leadership from the nominated individual. Senior staff had a clear understanding of their roles and those areas of the service which they were responsible for managing and improving. Although senior staff were committed to improving the service there was no clear plan in place which could be used to reviewed and evaluate the provider's improvement programme. Senior staff monitored the quality of care through observation and regular audits of events and practice although some of the systems to monitor and improve the service were still to be implemented. Some people told us that their complaints had not been handled promptly.

The nominated individual had taken action to ensure the service complied with the requirements of its registration. The nominated individual was in the process of applying to register another office in a different region so that people could be supported by a care team closer to their homes.

People in their homes and their relatives were consulted to find out their views on the care provided. This information was used this information to make improvements, where possible.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There were no clear guidance for staff about how to protect people from the risks associated with people's specific conditions.

Staff could demonstrate that they knew how to keep people safe and report any signs of abuse.

People told us that they felt safe and they trusted the staff.

Is the service effective?

Requires Improvement

This service was not always effective.

There was no clear process to follow if a person was thought to lack mental capacity.

People received care from members of staff who were well trained and supported to meet people's individual care needs. However there was no clear guidance how staff were to support people to receive appropriate nutrition.

Is the service caring?

Good

This service was caring.

People and their relatives told us that staff were kind and treated people with dignity and respect.

Staff sought people's views about their care and took these into account when planning the care and support.

Is the service responsive?

Requires Improvement

This service was responsive.

The provider had responded to concerns raised at our last inspection.

People had access to a formal complaints process if they wanted

which had recently been reviewed and improved.

Is the service well-led?

Requires Improvement

This service was not always well-led.

There was no clear system to monitor and evaluate the provider's improvement plan.

Review processes had not always identified errors or omissions in records.

The registered manager provided staff with appropriate leadership and support.

There was a new senior staff team who knew and understood their specific responsibilities.

Care Avenues 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 29 June 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that care records were available for review had we required them. The inspection team consisted of one inspector and an expert by experience who spoke to people who used the service on the telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We checked if the provider had sent us any notifications since our last inspection. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We reviewed the information the provider sent us after our last inspection. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection visit we spoke with the nominated individual for the service, the care coordinator, regional manager, operations manager, human resources manager and three members of care staff. We sampled some records, including six people's care plans, staffing records, complaints and quality monitoring. After the visit we spoke with four people who used the service and five relatives of people on the telephone. We also spoke with an additional four care staff and a person who had contacted us with concerns about the service. We also reviewed further information we received from the nominated individual.

Requires Improvement

Is the service safe?

Our findings

All of the people we spoke with told us that they felt the service kept them safe. One person told us, "I feel safe when the carers help me because they go at my pace." Another person said, "I feel safe because they walk alongside me when we are doing things to make sure I don't fall." A relative told us, "We know our relative is safe and it always seems to be the same carers which is good for our relative."

Staff told us and records confirmed that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions. One member of staff told us that senior staff encouraged them to raise any concerns they might have a about a person's welfare or how they were being supported. Staff demonstrated that they were aware of the action to take should they suspect that someone was being abused. When an incident had occurred we saw the provider had informed the appropriate authorities and took prompt action to protect the person from the risk of further harm.

Staff were knowledgeable about how to keep people safe from the risks associated with their specific conditions. One member of staff told us how they would support a person who was at risk of breathing difficulties and another member of staff explained in detail how they supported a person who was at risk of experiencing blackouts if not supported properly. The provider had assessed and recorded the risks associated with people's environment and any activities which may have posed a risk to staff or people using the service. The records sampled contained clear details of the nature of the risk and any action required to minimise the risk of harm. There were details of when the measures had been put in place. We noted however that although these conditions and risks were identified in people's records there was no specific guidance for staff about how to minimise the danger to people or what to do if they became unwell. This put people at risk of receiving inappropriate or unsafe support.

The provider had introduced an effective system to check that staff were suitable to support people who used the service. Staff told us that the registered manager had taken up references on them and they had been interviewed as part of the recruitment and selection process. Records confirmed that checks had been carried out through the Disclosure and Barring Service (DBS) prior to staff starting work. There was a process to assess the risk of staff who had a disclosure and clear guidance for how senior staff should proceed. A review of two staff records showed this process had been followed. The human resources manager usually sought further information when necessary, such as explanations of gaps in employment history. We noted on two occasions however that ambiguous information about an applicant's former employment was not followed up. The human resources manager was currently reviewing and evaluating the recruitment process each staff member had to ensure robust recruitment practices had been followed in the past. They had conducted a risk assessment in order to prioritise the order of the reviews.

There were enough staff to meet people's care needs and keep them safe from the risk of harm. People told us they were supported by the number of staff identified as necessary in their care plans. However several people told us that staff did not always attend their calls on time. One person told us, "They come and see me every day and they have never missed calling on me, on a rare occasion they may have been delayed but they call me and tell me how long they are going to be." A person's relative said, "They are often late but

never miss the call." Another person's relative told us, "The times the carers arrive varies from day to day they should be no later than 9-30 am as my relative has medical appointments but carers sometimes don't arrive until 11-00 am" . People told us and staff confirmed that they were supported by regular staff who had got to know people's specific needs and preferences. One member of staff told us, "I get offered extra shifts, but there is no pressure to take them. It's okay to say 'No'." Two members of staff we spoke with told us that it had been necessary on some occasions to still attend their planned calls when they felt unwell. They told us that this was due to a lack of suitable replacement staff being available at short notice. The provider had introduced a new electronic call monitoring system which identified promptly if care staff were running late or a call was at risk of being missed. A review of the provider's 'on call records' showed that senior staff took prompt action when necessary to ensure calls were completed as planned.

Although most people who used the service did not require assistance from the service to take their medication, those who did so said they were happy with how they were supported. One person told us, "[The carers] give me my tablets they stay with me until I have taken them." Another person said, "They prompt me to take my medication and then put cream on my legs." Staff we spoke to were confident in how to support people to take their medications safely. Records confirmed that staff received training in medication as part of their induction to the service and underwent refresher training. Records did not always provide provided guidance for staff about people's medicines or how they were to be supported to take them effectively. Staff told us they recorded when they had supported people to take their medication however these records were not available during our visit. Therefore it was not possible for the provider to check or demonstrate that staff were supporting people to take their medication as prescribed.

Requires Improvement

Is the service effective?

Our findings

The people and relatives who we spoke with told us that the staff were good at meeting their needs. One person told us, "There's nothing that can be done better as I'm happy with what they do for me. The relative of one person told us, "I'm pleased with all the carers as they care very well for my relative." Another relative told us, "When the two carers are hoisting and moving our relative they are re-assuring and go at our relative's pace."

We saw that a social worker had recently complemented the provider on the care they provider to a person after several other services had been unable to meet their specific needs. A member of staff told us, "Our job is to make a difference to people's lives."

Staff told us, and the records confirmed that all staff had received induction training when they first started to work in the home. This covered the necessary areas of basic skills. Staff then received annual updates in relation to basic areas such as safeguarding, medication, health & safety and first aid. A member of staff who had recently joined the service told us, "We had lots of training, I am still getting it. They ask you what you want training in." We saw there was a matrix in place that listed each member of staff's training. This enabled senior staff to check people were being supported by care staff who had the appropriate skills and knowledge. We noted that staff were up to date with their individual training plans.

Staff demonstrated that they knew and understood the implications of people's mental and physical health conditions on how they needed care and support. The relative of one person said, "The carers are good at their job. So they must have had all the training that they needed." One member of staff told us, "We have to do everything the way he likes it. Otherwise he can become anxious." Staff told us that senior staff were always available to offer advice and guidance. Records of staff meetings and supervisions demonstrated that people's conditions were regularly discussed with care staff. This gave care staff the opportunities to reflect on their practice and agree on plans and activities in order to meet people's current care needs.

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. 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

All the people we spoke with said that staff would seek their consent to provide care. A person who used the service said, "They tell me what they want to do and ask if that was okay with me." A relative of one person told us, "Although lunch time is supposed to be a hot meal, my relative had a sandwich because the carer had asked if he wanted a hot meal or a sandwich."

Staff we spoke with gave example of how they sought permission from people before providing personal care. One member of staff told us it was often important to make people feel that they were in control of the support they received. People were regularly asked for their views of the service and we saw that when necessary action was taken to ensure people were supported in line with their expressed wishes. Although records contain details of people's mental health they had not identified when people were thought to lack mental capacity and how they might need supporting to make decisions or express their views. Staff we spoke to told us they were aware when family members had the legal authority to make decisions on people's behalf although this was not always clear in records. We saw that the provider had worked with other professionals to enable people express their views and receive support which was in their best interest.

People who require assistance from the service to eat and drink said they were happy with how they were supported. Staff we spoke to knew what people liked to eat. One member of staff told us, "For breakfast he likes to eat cornflakes, toast and coffee." Another member of staff told us, "They like their tea promptly at five o'clock." Staff told us they had received training in how to support people to eat healthily if they wanted, and one member of staff told us how they helped a person express what they wanted to eat by presenting them with a selection of meals.

The care coordinator told us how they reviewed people's nutritional needs and involved other professionals such as nutritionists when they were concerned with a person's diet. We noted however that records did not always contain details for staff about how to support people who could be put at risk if they did not eat or drink appropriately. A care plan for a person who was at risk of malnutrition did not identify foods which care staff were to encourage the person to eat or how to monitor if the person was becoming unwell. Although staff we spoke with knew how to prepare people's meals when required, a care plan for a person who was at risk of choking did not identify exactly how staff were to prepare the persons meals in order to minimise this risk. Records showed that staff regularly gave fruit squash to a person who required a low sugar diet. There was no record that the person had been given a low sugar option or guidance for staff about foods and drinks they should support the person to avoid. A lack of detailed records meant that the provider could not check if staff were supporting people in line with their nutritional needs.

People told us that staff had supported them to access healthcare appointments or they felt confident that staff would support them with this if required. One person told us, "Once when I wasn't feeling well they arranged through the office for my doctor to come and see me." We saw that staff encouraged people to see healthcare professionals and receive appropriate care and treatment when necessary. We saw several examples of the provider contacting people's social workers and other professionals when they were worried about a person's health. Records indicated that staff promptly consulted healthcare professionals and informed people's relatives when people became unwell.

Good

Is the service caring?

Our findings

People who used the service and relatives told us that the registered manager and staff were caring. One person told us, "They are lovely carers, polite, caring and respectful, more like family than carers." Another person said, "I feel they treat me as a person not a client using their service." The relative of one person said, "The carers are polite caring and very helpful." We saw that there were clear records of how people wanted to be addressed by staff and staff we spoke with knew how people liked to be addressed.

People who used the service told us they were supported by regular staff and this had enabled them to develop positive relationships with them. A person who used the service told us, "If carers have finished early they stop and chat with me to make sure everything is okay." Staff we spoke with could explain people's specific needs and how they liked to be supported. Staff spoke fondly and respectfully about the people they supported. One member of staff told us, "He [Service user] is very funny. He talks all the time, he is a nice man." Another member of staff told us, "You bond with your clients, that's why I haven't left."

The provider had a process to support people to be involved in developing their care plans and expressing how they wanted their care to be delivered. A person's relative told us, "There are times when we talk about the care and if it need changing. As a family we feel listened to." The registered manager had approached people for their views of the service which allowed them to express their opinion. The Operations Manager explained the provider's planned strategy for obtaining and reviewing people's views. This involved developing a system of telephone interviews and annual questionnaire to obtain people's views of the care they reviewed. There was evidence that people regularly met with senior staff to ensure they were happy with their proposed care plans. People told us they felt listened to and staff would take their views into account as much as possible when providing care.

The service promoted people's privacy and dignity. One person said, "I feel they treat me with dignity and respect and ensure my privacy is maintained by closing the doors and curtains." A person's relative told us that carers were, "Polite, caring and compassionate, treating our relative with dignity and respect." There was guidance for staff about how to protect a person's dignity when providing personal care. A member of staff we spoke to explained how they supported people in line with this policy. Staff had recorded they had closed people's curtains when assisting people to wash. This helped to respect people's dignity. Staff confirmed and we saw that the provider's privacy and dignity policy was explained when they started working at the service and discussed at regular meetings.

Requires Improvement

Is the service responsive?

Our findings

People who used the service and relatives told us that the senior managers and staff were approachable and they would tell them if they were not happy or had a complaint. They were confident that staff would make any necessary changes. One person told us, "[Office staff] will sort out any new items I might need," and, "If I am worried about something I tell the carers and they sort it out for me." A person's relative told us, "If I needed to talk to someone, I would call the office and I am confident they would help us."

People told us they were supported by consistent staff who knew how to support them in response to their preferences. We saw that the provider had taken prompt action when people requested changes to their call times or had raised concerns about the service they received. This included ensuring people were supported by staff they said they liked. We saw that there was a robust system to share information between shifts and when necessary staff had recorded how they had responded to issues raised. This ensured people received a prompt response and enabled the senior management team to identify if there were any issues which still required attention.

Care plans contained guidance for staff about how people wanted to be supported and the hobbies and interests they wanted to engage with. This enabled staff to identify how to provide support in line with people's views as well as identifying topics people would enjoy discussing. We saw that plans had been updated in response to changes in people's needs and behaviour and on a regular basis. Records identified when people wanted to be supported by staff of a particular gender and people told us their wishes were respected. The care coordinator and care staff told us they would also endeavour to ensure people were supported by staff with the same cultural and religious heritage and language when possible. The care coordinator was reviewing how they supported people to express their views and showed us a new person centred care plan they were introducing. This would be available in a variety of formats to meet people's specific communication styles. They told us that these plans would be reviewed with the people who used the service supported by family members if necessary. Staff could access these plans to identify how to provide care in line with people's expressed wishes.

Most people told us they had not had any need to complain about the service and felt any concerns would be taken seriously. However some people expressed concerns with how their complaints had been handled. One person however told us, "I have complained, things improve but then it starts all over again." Another relative told us, "I have complained but they say there's little they can do." There were clear policies and procedures for dealing with complaints although these had not been followed consistently and some people had not received a full response to their concerns.

The nominated individual for the service had recently commissioned an external review of the service's complaints process which had identified the same concerns as ourselves. We saw they had made recommendations to improve the complaints system. The operations manager showed us evidence of the action they were taking to address these concerns. These included a checklist to monitor that complaints were handled in line with the provider's policy and a process to review complaints and identify how the service could be improved. This meant that people who used the service would have access to an effective

complaints system which respected their rights to a thorough investigation and response.

Requires Improvement

Is the service well-led?

Our findings

People who use the service and their relatives generally told us that they felt that the service was well run. One person said, "I think it's a very good service that they provide for me." A relative told us, "I think it's a well-run organisation and we are pleased with the service we get from the organisation. Another person's relative said, "I would call the office who in the past have been very good in helping us." Several people we spoke with said they had been frustrated at the time taken to respond to their concerns. One person felt improvements to the service would not be sustained.

People described an open culture where they felt they could raise and safely discuss issues which could impact on people's well-being. One person who used the service told us, "If I needed to talk to anyone the carers would listen." A member of staff told us, "They [senior managers] have to listen to you, or you would be unhappy. Of course they listen to you." A review of records showed that staff regularly spoke to senior managers about people's care needs and we saw that action was taken when necessary.

Staff were aware of the provider's philosophy. One member of staff told us, "We have to work together for the sake of the people we support." The provider's drive to promote their philosophy of person centred care was supported with the introduction of new care plans and staff training to ensure people would receive care which met their specific needs. Staff told us and we saw that they had regular supervisions and meetings to identify how the service could be developed to improve the care people received. Staff told us they felt comfortable at these meetings to challenge how the service could be improved and said that senior managers welcomed their views.

Members of staff told us that the senior manager was supportive and led the staff team well. One member of staff told us, "[The care coordinator] is a friend as well as a manager. I wouldn't hesitate to speak with her if I needed to." They added, "They tell us if you have any problems make sure you let us know." We saw there was guidance for staff about how to escalate concerns and seek advice from senior staff when necessary. Staff told us they could speak to senior staff promptly when they needed to.

The nominated individual and registered manger understood their responsibilities. This included informing the Care Quality Commission of specific events the provider is required, by law, to notify us about and working with other agencies to keep people safe. The nominated individual had taken action in response to concerns raised at our last inspection and had commissioned an external review of their complaints process when people challenged its' effectiveness. This demonstrated they understood their Duty of Candour which requires them to be open and honest.

The provider was reviewing their processes for monitoring and improving the service. We saw audit programmes had been developed to review the quality of the recruitment process and people's care records. The provider had conducted a risk assessment to identify the most vulnerable people's records to review first. We noted however that most records still required reviewing. The provider sent us a schedule after our visit which identified that reviews would be conducted within a timely manner.

We looked at some care records which had been reviewed. The provider's review process had failed to identify that records did not always provide details of how staff were to manage specific risks associated with people's conditions. They had also failed to identify that records did not provide clear guidance about how to support people who may lack mental capacity to make decisions about the care they received. Senior staff we spoke with acknowledged these omissions and explained the action they would take to address these omissions. The operations manager had reviewed the provider's processes for obtain people's views of the service and had a plan to ensure people were was planning to undertake a survey of in the near future. They showed us how information received would be analysed for trends improvement opportunities. Although the provider was taking action to improve the service there was no improvement plan to coordinate their resources or monitor if actions had been taken in a timely manner or review what impact they had on the people who used the service.