Mr & Mrs D Evely

Averlea Domiciliary Care

Inspection report

Fore Street
Polgooth
St Austell
Cornwall
PL26 7BP

Tel: 0172666892
Website: www.averlea.co.uk

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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

Averlea Domiciliary Care is a community service that provides care and support to adults of all ages, in their own homes. The service provides help with people's personal care needs in St Austell and surrounding areas. This includes people with physical disabilities and dementia care needs. The service mainly provides personal care for people in short visits at key times of the day to help people get up in the morning, go to bed at night and support with meals. At the time of our inspection 29 people were receiving a personal care service. These services were funded either privately or through Cornwall Council.

We carried out this announced inspection on 6 and 7 September 2017. We announced this inspection in line with our methodology for inspecting domiciliary care services. At the last inspection, in August 2015, the service was rated Good. At this inspection we found the service remained Good.

People, and their relatives, told us they were happy with the care they received and believed it was a safe service. People and their relatives commented, "Quite satisfied", "Brilliant service" and "I have not had any problems since using the service."

People had a team of regular, reliable staff, they had agreed the times of their visits and were kept informed of any changes. No one reported ever having had any missed visits. People told us, "Always turn up on time, if not they ring me to let me know" and "They always come."

Staff treated people respectfully and asked people how they wanted their care and support to be provided. People and their relatives spoke positively about staff, commenting, "They are very kind to me", "I can have a laugh with them", "Staff don't rush me", "They all make me feel very comfortable" and "They are extremely kind and considerate."

Staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed. Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. People who needed help taking their medicines were appropriately supported by staff.

People had a care plan that provided staff with direction and guidance about how to meet people's individual needs and wishes. These care plans were regularly reviewed and any changes in people's needs were communicated to staff. There was an effective system in place for staff to feedback any changes to people's needs. Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person.

Staff were recruited safely, which meant they were suitable to work with vulnerable people. Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected.

Management provided staff with appropriate training and supervision. There were sufficient numbers of suitably qualified staff available to meet the needs of people who used the service. Rotas were well managed and the registered manager knew the location and times where new packages could be accepted.

The service acted within the legal framework of the Mental Capacity Act 2005(MCA). Management and staff understood how to ensure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

There was a positive culture within the staff team and staff spoke passionately about their work. Staff were complimentary about the management team and how they were supported to carry out their work. The registered manager was clearly committed to providing a good service for people. Comments from staff included, "I would not work for anyone else", "They [management] really value us", "They are a good company to work for" and "[Registered manager] talks to us every week when we pick up our rotas. She makes sure you are OK and not too stressed."

There were effective quality assurance systems in place to help ensure any areas for improvement were identified and action taken to continuously improve the quality of the service provided. People told us they were regularly asked for their views about the quality of the service they received.
People had details of how to raise a complaint and told us they would be happy to make a complaint if they needed to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Averlea Domiciliary Care

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.

The inspection of Averlea Domiciliary Care took place on 6 and 7 September 2017. We announced this inspection in line with our methodology for inspecting domiciliary care services. The inspection was carried out by one adult social care inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we went to the provider's office and spoke with the registered manager and the supervisor. We looked at five records relating to the care of individuals, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

We visited four people in their own homes and met two relatives. Following the visit to the provider's office we spoke with three people who used the service, one relative and three care staff.

Good

Is the service safe?

Our findings

People, and their relatives, told us they were happy with the care they received and believed it was a safe service. People and their relatives commented, "Quite satisfied", "Brilliant service" and "I have not had any problems since using the service."

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and understand what action to take. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures inside and outside of the organisation. If staff had any concerns they were confident the registered manager would take the appropriate action.

There were enough staff employed by the service to ensure people were safe and received their agreed visits. Staffing levels were determined by the total number of hours provided to people using the service. The registered manager recruited staff to match the needs of people using the service and new care packages were only accepted if suitable staff were available. Staff mostly had regular 'runs' of visits in specific geographical areas and when gaps in 'runs' occurred these were identified. This meant the service knew the location and times where new packages could be accepted.

There were suitable arrangements in place to cover any staff absence. A mostly community based supervisor was employed to work full-time hours. They were not allocated any regular work and were therefore available to cover for staff sickness and annual leave.

A staff rota was produced each week to record details of the times people required their visits and which staff were allocated to go to each visit. Staff told us their rotas allowed for realistic travel time, which meant they arrived at people's homes as close to the agreed times as possible. If staff were delayed, because of traffic or needing to stay longer at their previous visit, management would always let people know or find a replacement care worker if necessary.

People told us they had a team of regular, reliable staff, they had agreed the times of their visits and were kept informed of any changes. No one reported ever having had any missed visits. People told us, "Always turn up on time, if not they ring me to let me know" and "They always come."

Either the registered manager or supervisor were on call outside of office hours. They had details of the rota and telephone numbers of people using the service and staff. This meant they could answer any queries if people phoned to check details of their visits or if duties needed to be re-arranged due to staff sickness. The service provided people with information packs containing details of their agreed care and telephone numbers for the service so they could ring at any time should they have a query. People told us telephones were always answered, inside and outside of the hours the office was open.

The registered manager visited people, before the service started. Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. Individual risk

assessments detailed the action staff should take to minimise the chance of harm occurring to people or staff. For example, staff were given guidance about environmental risks in the person's home, directions of how to find people's homes and entry instructions. Staff told us information about any potential risks, associated with the environment or the tasks to be undertaken, were given to them before they completed their first visit to people.

Staff were aware of the reporting process for any accidents or incidents that occurred and there was a system in place to record incidents. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence of the incident.

Care plans detailed whether people needed assistance with their medicines or if they wished to take responsibility for taking their medicines. Where people needed assistance to take their medicines their care plans detailed the medicines they had been prescribed. The service had a medicine policy which gave staff clear instructions about how to assist people who needed help. Staff recorded details of the medicines given to people in daily record sheets, as part of the general report of the tasks staff had completed during the visit. This meant it might be difficult to clearly see when, and what medicines, had been given. We discussed with the registered manager that current best practice was for a medicines administration record (MAR) to be completed when staff gave people their medicines. This is because if staff record the medicines they give separately the risk of mistakes being made are reduced. We were assured by the registered manager that this way of recording would be implemented.

Staff had completed a thorough recruitment process to ensure they had appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Good

Is the service effective?

Our findings

People received effective care because they were supported by a staff team who received regular training and had a good understanding of people's needs. Staff told us they were provided with relevant training which gave them the skills and knowledge to support people effectively. There was a programme to make sure staff received appropriate training and refresher training was kept up to date.

There was a system in place to support staff working at Averlea Domiciliary Care. This included regular support through one-to-one supervision, work based supervision and annual appraisals. This gave staff the opportunity to discuss working practices and identify any training or support needs. The registered manager or supervisor met with staff regularly for either an office based one-to-one meeting or an observation of their working practices. Yearly appraisals were completed with staff. This gave staff an opportunity to discuss their performance and identify any further training they required. Staff told us they felt supported by the management. They confirmed they had regular one-to-one meetings and an annual appraisal to discuss their work and training needs.

Newly employed staff were required to complete an induction which included training in areas identified as necessary for the service such as first aid, infection control, health and safety, mental capacity and safeguarding. They also spent time familiarising themselves with the service's policies and procedures and working practices. The induction was in line with the Care Certificate, which is an industry recognised induction to give care staff, that are new to working in care, an understanding of good working practice within the care sector.

Care plans recorded the times and duration of people's visits. People and their relatives told us they had agreed to the times of their visits. They also told us staff always stayed the full time of their agreed visits. Care records in people's homes showed that staff stayed for the agreed length of the visit.

Staff supported some people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. This included healthcare professionals such as GPs, occupational therapists, dentists and district nurses to provide additional support when required. Care records showed staff shared information effectively with professionals and involved them appropriately.

The management had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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. We checked whether the service was working within the principles of the MCA.

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. As the service is not a care home any applications to deprive people of their liberty must be made to the Court of Protection by the local authority. At the time of the inspection no one using the service had any restrictions in place that might be depriving people of their liberty.

Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity to make their own decisions. Staff told us they asked people for their consent before delivering care or treatment and they respected people's choice to refuse support. People told us they were able to control how their care was provided and that staff always asked for permission before providing care or support. Care records showed that people, or their legal representative, signed to give their consent to the care and support provided.

Good

Is the service caring?

Our findings

Staff treated people respectfully and asked people how they wanted their care and support to be provided. People and their relatives spoke positively about staff, commenting, "They are very kind to me", "I can have a laugh with them", "Staff don't rush me", "They all make me feel very comfortable" and "They are extremely kind and considerate."

Staff had a good knowledge and understanding of people. There was a stable staff team with several staff having worked for the service for many years. Staff were motivated and clearly passionate about making a difference to people's lives. Comments from staff included, "I really like the job" and "We all work together well."

People received care, as much as possible, from the same care worker or team of care workers. People and their relatives told us they were very happy with all of the staff and got on well with them. New staff were introduced to people before they started to work with them and because the supervisor covered for sickness and absences they knew everyone who used the service. This meant people always received care from staff they had previously met. People told us, "We have regular staff" and "I have a group of four staff who always help me with my shower."

Care plans contained enough detailed information so staff were able to understand people's needs, likes and dislikes. Staff had a good knowledge and understanding of people, respected their wishes and provided care and support in line with those wishes.

People told us they knew about their care plans and the registered manager or supervisor regularly asked them for their views on the service provided. Care plans detailed how people wished to be addressed and people told us staff spoke to them by their preferred name. For example, some people were happy for staff to call them by their first name and other people preferred to be addressed by their title and surname.

Some people who used the service lived with a relative who was their unpaid carer. We found staff were respectful of the relative's role as the main carer. Relatives told us that staff always asked how they were coping and supported them with practical and emotional support where they could. The service recognised that supporting the family carer was important in helping people to continue to be cared for in their own home. A relative told us, "Staff always ask how I am and check if there is anything I need before they leave."

People told us staff always checked if they needed any other help before they finished the visit. For people who had limited ability to mobilise around their home staff ensured they had everything they needed within reach before they left. For example, drinks and snacks, telephones and alarms to call for assistance in an emergency.

Good

Is the service responsive?

Our findings

Before people started using the service the registered manager visited them to assess their needs and discuss how the service could meet their wishes and expectations. From these assessments care plans were developed, with the person, to agree how they would like their care and support to be provided. People told us a manager had visited them to give them information about Averlea Domiciliary Care and agree the care and support they needed before their care package started.

Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. Details of people's daily routines were recorded in relation to each individual visit they received or for a specific activity. This helped staff to identify the information that related to the visit or activity they were completing. Each care plan included details of the person's background, life history, likes and interests as well information about their medical history. This information helped staff to understand how people's background effected who they are today and provided useful tips for staff on topics of conversation the person might enjoy.

People told us they were aware of their care plans and the supervisor reviewed their care plan with them to ensure it was up to date. Staff told us care plans contained the information they needed to provide care and support for people. Any changes in people's needs were communicated to staff by phone and text messages or through notes on their weekly rotas.

Staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed. Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff were encouraged to update the management team as people's needs changed. During the inspection we heard staff ringing the office to advise the registered manager of changes to people's needs. These included things such as the need for extra time or that a person was unwell and their doctor had been called. For less urgent updates staff completed weekly feedback sheets, which they took into the office when they collected their rotas. These contained information such as updates on professional visits or routine amendments to care plans. This meant the registered manager could update records in the office and keep an overview of people's needs.

Daily care records, kept in the folders in people's homes, were completed by staff at the end of each care visit. These recorded details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the persons care needs. The records also included details of any advice provided by professionals and information about any observed changes to people's care and support needs.

The service was flexible and responded to people's needs. People told us about how well the service responded if they needed additional help. For example, providing extra visits if people were unwell and needed more support, or responding in an emergency situation.

People said they would not hesitate in speaking with staff if they had any concerns. People knew how to

make a formal complaint if they needed to but felt that issues would usually be resolved informally. People told us they were able to tell the service if they did not want a particular care worker. Management respected these requests and arranged permanent replacements without the person feeling uncomfortable about making the request.

Good

Is the service well-led?

Our findings

There was a registered manager in post who was responsible for the day-to-day running of the service. 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 and associated Regulations about how the service is run.

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager was supported by the owner and a supervisor who worked some days in the office and others in the community. The registered manager worked closely with the registered manager of the provider's care home, as the office for this service was based at the care home premises. The service also provided a lunch service where hot meals were delivered by staff as well as providing cleaning duties. This enabled the registered manager to give staff longer shifts and the hours they wanted, as most staff delivered meals and carried out some cleaning visits.

The registered manager and owner had put an emphasis on valuing staff and providing good working conditions. This had helped the service to have good staff retention and maintain a stable workforce so people received consistent care. Staff were paid for their travel time and were able to go into the care home, during gaps in their work, to have drinks and meals. Staff told us, "If you are working during the day and evening the cook will plate up a meal for you to have later in the afternoon."

There was a positive culture within the staff team and staff spoke passionately about their work. Staff were complimentary about the management team and how they were supported to carry out their work. The registered manager was clearly committed to providing a good service for people. Comments from staff included, "I would not work for anyone else", "They [management] really value us", "They are a good company to work for" and "[Registered manager] talks to us every week when we pick up our rotas. She makes sure you are OK and not too stressed."

Referrals for new packages were made by recommendation or through using the provider's other services. Many people who used the service had started by having meals delivered or cleaning duties. People told us it has been much easier to cope with having help with personal care because the same staff who had been delivering their meals were booked for their personal care. One person told us, "It was great because I already knew the staff."

The registered manager told us they had decided to remain at a size that meant they knew all the people using the service. They always personally interviewed staff and this helped them to match staff skills to people's needs and provide a consistent and reliable service. People told us they felt their staff had been matched to meet their needs and were complimentary about the service's recruitment practices. They also commented that when they had replacement staff they were of the same high standard.

The registered manager and supervisor monitored the quality of the service provided by regularly speaking

with people to ensure they were happy with the service they received. People and their families told us someone from the office rang and visited them regularly to ask about their views of the service and review the care and support provided. The supervisor worked alongside staff to monitor their practice as well as undertaking unannounced spot checks of staff working to review the quality of the service provided. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed.

There were electronic systems that recorded when care plan reviews, staff supervision, appraisals, spot checks and staff training was due. This reminded management when these checks were due to help ensure that the quality monitoring systems were effective and kept up to date. We asked for a variety of records and documents during our inspection. We found these were well maintained, easily accessible and stored securely.