Ave Maria Care Ltd

Ave Maria Care (Edgbaston)

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?	Requires Improvement

Summary of findings

Overall summary

About the service:
Ave Maria Care (Edgbaston) is a small domiciliary care agency registered to provide personal care to people living in their own homes. At the time of the inspection the service supported 25 people.

The service did not have a manager presently registered with the Care Quality Commission (CQC), however, the current manager had submitted their application to CQC and was waiting for the outcome of their interview. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

People's experience of using this service:
The service had not had a permanent registered manager since its registration, which meant there had been a lack of clear and consistent oversight of operations. The provider's governance systems to check the quality of the service provided for people were not consistently effective and required some improvement. A new manager had been recruited and at the time of this inspection, they were waiting for the outcome of their registration fit and proper person's interview with CQC.

People and relatives told us they felt the service was safe and there were sufficient numbers of staff that were safely recruited to support people. Staff had completed their induction training that included safeguarding, medication, health and safety and moving and handling. Staff had access to equipment and clothing that protected people from cross infection.

People were protected from potential risk of harm; risk assessments were in place and staff knew how to support people's individual needs to ensure they provided a consistent level of care. People's care and support needs were assessed.

Staff received ongoing training they required to meet people's needs. People accessed healthcare services to ensure they received ongoing healthcare support. People, as much as practicably possible, had choice and control of their lives and staff were aware of how to support them in the least restrictive way.

People were supported by kind and caring staff that knew them well. Staff encouraged people's independence, protected their privacy and treated them with dignity.

People were supported by staff that knew their preferences. Complaints made since the service started had been investigated and resolved. People and their families knew who to contact if they had any complaints.

People and their relatives' views were sought about the quality of the care being provided. Staff felt supported by the management team.

People, their relatives and staff were happy with the way the service was managed and the provider worked

well with partner organisations to ensure people's needs were met.

The service did not meet some of the characteristics of Good in one area and more information is in the detailed findings below.

Rating at last inspection:
This was the service's first inspection since their registration in February 2018.

Why we inspected:
This was a planned inspection that took place on the 30 January 2019.

Enforcement:
No enforcement action was required.

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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 was safe Details are in our Safe findings below.	**Good**
Is the service effective? The service was effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always well-led Details are in our Well-Led findings below.	**Requires Improvement**

Ave Maria Care (Edgbaston)

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:
One inspector and an expert by experience carried out this inspection. An expert by experience is someone who has had experience of working with this type of service.

Service and service type:
Ave Maria Care (Edgbaston) Healthcare is a small domiciliary care agency registered to provide personal care to people living in their own homes.

Notice of inspection:
We gave the service 48 hours' notice of the inspection visit because it is small and the management team is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:
We reviewed information we had received about the service since they were registered with us. This included details about incidents the provider must notify us about, such as allegations of abuse and we sought feedback from the local authority and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We contacted people and/or their relatives by telephone on 30 January 2019 and spoke with five people and two relatives to gather their views on the service being delivered. We also spoke with the provider, the business manager, the branch manager and three care staff. We used this information to form part of our judgement.

We looked at four people's care records to see how their care and treatment was planned and delivered. Other records looked at included three recruitment files to check suitable staff members were recruited and received appropriate training. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service. Details are in the 'Key Questions' below.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding systems in place and all the staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse. One staff member said, "I would take steps to involve the police or CQC if nothing was done, I have read the safeguarding policy so I know what we should do."
- People and relatives we spoke with told us that they felt safe in the presence of care staff. One person said, "I feel safe because I have regular carers."

Assessing risk, safety monitoring and management

- Risk assessments were in place to reduce the risks to people and guidance was provided for staff to help them reduce these risks. Risk assessments were reviewed following any accidents or when peoples' needs had changed.
- Staff spoken with knew how to support people safely.
- Staff told us any changes in people's needs that could increase a risk of avoidable harm, were promptly referred to the appropriate healthcare professionals to ensure people's support needs would continue to be met.

Staffing and recruitment

- There was enough staff to support people's needs. People and relatives were happy with the level of staffing provided.
- People and relatives told us staff generally arrived on time and would call if they were running late. One person said, "It's (the service) usually pretty good at the moment and if they [staff] are going to be late, they usually let me know."
- Staff had been recruited safely to ensure they were suitable to work with people.

Using medicines safely

- Staff had completed training on how to administer medicines.
- People that required support with taking their medicines were satisfied with the assistance provided by staff.
- Records we looked at demonstrated staff gave medication safely and in line with people's care plans.

Preventing and controlling infection

- Staff spoken with told us they had received infection control training and were given a plentiful supply of protective equipment such as gloves and aprons that they used when delivering personal care. This ensured people were protected from cross contamination and infection.

Learning lessons when things go wrong

● Incidents and accidents were monitored and analysed so that changes could be made to reduce the risk of further harm. The manager told us, "Things do go wrong and if I can change things I do and share the learning with the staff."

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and relative's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People and relatives told us people's care and support needs were assessed prior to joining the service to ensure their needs could be met.
- The manager and provider had conducted reviews of people's needs as required.

Staff support: induction, training, skills and experience
- People told us they felt the staff had received training which was relevant to their support needs.
- New staff received induction training to the service. One staff member told us, "The training is adequate, most is on line and I have completed the Care Certificate." The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff told us they had received support through supervision and spot checks on their working practices. This enabled them to maintain their skills, knowledge and ongoing development. The manager told us, "I do observations to make sure staff are working in a way they should be."

Supporting people to eat and drink enough to maintain a balanced diet
- Most people had family members support them with their diet. Where staff had provided support to people to eat and drink to maintain a balanced diet, people were satisfied and had not raised any concerns with us.

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live healthier lives, access to healthcare services and support.
- Staff monitored people's health care needs and would inform relatives and healthcare professionals if there was any change in people's health needs. For example, one person at high risk of skin damage had developed redness to their skin. The staff raised an incident sheet promptly which ensured the person received a visit from the community nurse.

Ensuring consent to care and treatment in line with law and guidance
- 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.
- Where people did not have capacity to make decisions, they were supported to have, as much as possible, choice and control of their lives and staff supported them in the least restrictive way possible.

● Staff told us they sought people's consent in line with the MCA and relatives confirmed staff would ask their family member's permission before supporting them. A staff member told us, "There is always a care plan to refer to and when you get to know people, you can tell when they are happy for you to help them if they blink or smile and touch."

Good

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity
- People and relatives confirmed they were treated with kindness and were positive about the staff's caring attitude.
- Staff spoke with kindness about the people they supported and told us they enjoyed their jobs. One member of staff told us, "This job for me is brilliant, I can help them (people using the service) to live a better life."

Supporting people to express their views and be involved in making decisions about their care
- Staff told us they would always do their best to involve people in decisions about their care. One staff member told us, "You have to give people time to respond because it can sometimes take them to think about what they want."
- People and relatives told us they felt staff listened to them.

Respecting and promoting people's privacy, dignity and independence
- Staff told us they tried to encourage people's independence where possible.
- People we spoke with told us staff encouraged them to try and do some tasks for themselves to maintain some level of independence.
- People's dignity and privacy was respected. For example, staff told us they were discreet when supporting people with personal care tasks and gave us examples of how they would preserve people's dignity.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
- Staff were knowledgeable about people and their needs.
- Staff knew how to communicate with people and ensured they used their knowledge about people when giving choices.
- The provider demonstrated to us their electronic system which had a good level of information relating to peoples' assessed support needs. This information could be promptly updated with any changes to those need and circulated to the staff.

Improving care quality in response to complaints or concerns
- People and their relatives we spoke with knew how to complain and felt confident that if they did make a complaint it would be dealt with quickly.
- We saw that since the service had registered there had been a small number of complaints which had been investigated and addressed providing the complainant with a response. We could see what action the provider had taken and where appropriate, action plans had been put into place.

End of life care and support
- There was no-one at the end of their life at the time of this inspection. We saw care plans contained some information in relation to people's individual wishes regarding their end of life care.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were systems in place to monitor calls which prevented people from experiencing missed and late calls. However, when calls fell short of the agreed length of time staff were on site, the system had not recorded the reasons. This meant some people had experienced short calls. The system had not identified that staff had not consistently recorded in the daily notes if people were happy for staff to leave early once they had completed their duties. The provider told us they have taken immediate action to address this and added to the care plans an additional task to remind staff to check with people if there is anything else they require before they leave and to record these conversations in the daily notes.
- The service registered in February 2018 and had not retained a registered manager. The current manager is the third for this service and we shared our concerns with the provider about staff retention. Care staff we spoke with also shared their concerns about staff turnover. One member of staff told us, "I think the service has had its challenges and I've seen a few managers, hopefully with [manager's name] it will start to settle." The provider told us the new manager would bring some stability to the service and reassured us, in the interim, they would continue to support the new manager to review and assess new packages of care. They also confirmed they would not take on care packages until the relevant care staff were also in place and would grow the service gradually.
- Audits had been conducted, which included checks on medication, daily records and care plans. However, checks were not as regular as the provider's policies stated. For example, audits were to be completed on a monthly basis but this had not been consistently practiced because there had not been a permanent manager in place. Since taking up their post, the manager had now started to complete their audits.
- There was an on-call system in place which staff, people and relatives could use to contact the management team during out of hours and for emergencies. However, two people had told us they could not always get through to someone quickly. We shared this feedback with the provider who told us they would review their out of hours processes.
- The provider conducted checks to ensure the quality of care was monitored. These included spot checks on the support provided by staff and calls made by the manager to people and relatives to check they were happy with the quality of the service being delivered.
- The provider understood their responsibilities of registration with us. We found notifications were received as required by law, of incidents that had occurred. These included incidents such as alleged abuse.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People, their relatives and staff told us they felt listened to and that the management team were

approachable.
● The provider and manager had spent time with people in their homes and led by example to demonstrate how people should be supported.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The provider engaged with people and relatives through well-being checks, telephone conversations and visits to people's homes.
● Feedback was sought from people and used to improve the service. One comment read, 'I was happy with your service and thank you for all the help.'
● Not all staff had received regular supervision or attended a team meeting, however, they all said they were able to contact the manager by phone if they had any worries or concerns.

Working in partnership with others; continuous learning and improving care
● The service had worked in partnership with other health care organisations for people's benefit. For example, the staff told us that working relationships were good with the district nurses, the local GP and community health teams.