Care Avenues Limited

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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

This inspection took place on 13 December 2016 and was announced. At our last inspection in June 2016 the service was compliant with all the regulations we looked at. We found however that further improvement was required to improve how the provider managed risks to people, assessed people's mental capacity and reviewed the quality of the service. At this latest inspection we found the provider had taken action to address these concerns.

Care Avenues provides personal care to people in their own homes. At the time of our inspection the service was supporting 103 people.

There was a registered manager in place who was present during our inspection. 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.

The provider had taken effective action to address the concerns form our last inspection. This included improving recruitment processes, risk assessments, mental capacity assessments and quality monitoring.

People told us that they felt safe. Staff knew how to report allegations or suspicions of poor practice and recognise when people were becoming unwell.

People who needed prompting with their medicines were supported appropriately. Staff knew how to dispense medicines safely and there was regular training to make sure this was done properly.

People were supported by staff who had the appropriate skills and knowledge they needed to meet their care needs. Staff knew and respected people's cultural needs and heritage.

People received care in line with their care plans. People were supported to eat and drink enough to stay well and staff assisted people to eat meals safely. The registered manager sought and took advice from relevant health professionals when necessary.

People were supported by regular staff with whom they had developed meaningful relationships. Staff knew how to treat people with dignity and respect.

Staff were knowledgeable about people's preferences and provided care in line with their wishes. People were involved in deciding how they wanted their care to be delivered in line with the Mental Capacity Act 2005.

The registered manger took effective action when people's conditions changed to ensure they continued to

receive the appropriate support. People had access to a complaints system and the registered manager responded appropriately to concerns.

People who used the service and staff expressed confidence in the leadership of the senior team. The registered manager had a clear vision of the service which they shared with staff and they understood their responsibilities to the Commission.

The registered manager assessed and monitored the quality of care and operated a robust system to ensure people received their calls on time.

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 was safe.

People received care and treatment from staff that understood how to keep them safe from the risk of potential abuse.

People and care staff told us they felt there were enough staff to meet people's care needs and manage risks.

The systems in place for the administration of medicines ensured people received their medicines safely.

Is the service effective?

Good

The service was effective.

People's needs and preferences were supported by trained staff that understood their care needs.

Staff offered people choices and respected their decisions. People were supported in line with the Mental Capacity Act 2005.

The registered manager had supported people to access other health providers and local agencies to improve their health and wellbeing when necessary.

Is the service caring?

Good

The service was caring.

People felt cared for and were supported by staff who had got to know them well.

People were able to say how they wanted to be cared for.

Is the service responsive?

Good

The service was responsive.

People were supported to make choices and be involved in planning their care.

People who used the service and their relatives were confident to raise any concerns. These were responded to and action taken if required.

Is the service well-led?

Good

The service was well-led.

People were happy to be supported by the service and felt it was well-led.

Staff spoke confidently about the management and leadership they received.

There were robust plans in place to improve the quality of the service.

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.

We conducted a comprehensive announced inspection of this service on 13 December 2016. The registered provider was given 48 hours' notice because the location provides personal care to people in their own homes and we needed to ensure care records were available for review had we required them. The inspection team consisted of one inspector. We were also supported by an expert by experience who spoke on the telephone to some people who used the service and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

As part of planning the inspection we reviewed information we held about the service, including the notifications we received from the provider. 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 also asked a local authority who commissions packages of care from the service for their views. We used this information to plan areas to focus on during our inspection visit.

We visited the registered provider's office and spoke with the provider's nominated individual, registered manager, operations manager, two care co-ordinators, human resources manager and four care staff. We sampled the records, including five people's care plans, two staffing records, medication, training, complaints and quality monitoring. We reviewed the registered provider's system for monitoring that calls times were in line with people's care needs and wishes.

After our visit we spoke with seven people who use the service and the relatives of six other people using the service to obtain their views of the quality of support people received. We also spoke to a social worker who was investigating some concerns a person had raised about the service.

Good

Is the service safe?

Our findings

All of the people we spoke with told us that they felt safe using the service.

Staff we spoke with could demonstrate that they were aware of the types of abuse that people could experience and the actions to take should they suspect that someone was being abused. One member of staff said, "I would tell the manager, I can also tell social services." We noted that the registered manager had informed the appropriate local authorities when they felt a person was at risk however they had not shared this information with the Commission. This meant we were not always able to confirm if the provider was taking prompt action. The registered manager told us and staff confirmed that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions as part of their induction and at regular refresher training.

Staff we spoke with confirmed that there were always senior staff available for advice and recently they had refresher training about the provider's whistle blowing policy. Staff members could promptly report and discuss any safeguarding concerns they may have. After our inspection we spoke with a social worker who confirmed that the provider was co-operating them appropriately to investigate recent concerns a person had raised about the service. People were protected from the risk of abuse.

People were supported by staff who knew how to minimise the risks presented by their specific conditions and their environment. People told us that they had discussed their care needs and conditions with senior staff before they started to use the service to identify how staff could minimise any risks presented by their specific conditions. Staff we spoke with told us how they followed people's care plans in order to reduce risks and records showed and staff confirmed that risk assessments were regularly reviewed.

Since our last inspection the registered manager had taken action to improve the quality of risk assessments. Records sampled contained clear details of the nature of the risk and any measures which may have been needed in order to minimise the danger to people. They had also introduced quick reference guides for staff and other health professionals who may not be familiar with the person's care needs. Staff we spoke with were aware of the risks to the people they supported. One member of staff told us about the action they were required to take to prevent a person from falling. Another staff member said how they followed specific instructions in a person's care plan to reduce the risk of them hurting themselves or others. It was recorded that the person's behaviour had improved. New guidance and instructions about how people were to be kept safe were shared with the staff.

The human resources manager confirmed and we saw that they had improved their processes to check that staff were suitable to support the people who used the service. New staff were required to provide a variety of references to demonstrate their employment history and personal integrity. Additional checks were undertaken through the Disclosure and Barring Service (DBS) prior to staff starting work. This identified when staff had any criminal convictions and prompted the registered provider to request further information and assess any potential risks. 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. Our review of two

staff recruitment records confirmed this and we noted that when necessary staff were approached to provide additional information to demonstrate they were suitable to work with people who used the service.

People who used the service told us that there were enough staff to meet their needs. Several people told us that staff did not always attend their calls on time but this did not impact on their general welfare. People told us they were usually supported by the same care staff. One person told us, "The best thing is staff are reliable." All the staff we spoke with said there was enough staff to support them when people were assessed as needing support from two care staff. One member of staff told us, ""We are not allowed to go in on your own. We always go in together."

The provider operated an electronic call system which identified how many staff were required at any specific time to ensure people would receive their calls as planned. Care staff had been divided up into area teams to reduce travel time and the risk of late calls. A member of staff told us, ""I have enough time and calls are near where I live." Since our last inspection the provider had made arrangements for staff to receive their call rotas earlier which gave the provider more time to arrange alternative cover when staff said they would be unable to make any calls assigned to them. There were enough staff to support people in line with their care plan and reduce the risk of harm.

Not all the people who used the service required support with their medicines. Those who did so said they were happy with how they were supported. One person told us, "I do medication myself but I do have my carer present." The relative of another person told us, "Carers know her medication to take morning and evening." We saw that records contained details of people's medication so that staff were aware of the medication people were prescribed and how to identify if people were not taking their medications as prescribed. This protected people from the specific risks associated with their medicines. One member of staff told us," I picked up she was using the insulin wrongly. I spoke to their daughter and we had a safe put in [to stop her accessing medication at incorrect times]."

When people required support to take their medication, they were administered and prompted by staff who were trained and assessed as competent to do so. One member of staff who helped a person to take their medication told us, "I've had training in medication." Records confirmed that staff received regular medication refresher training and senior staff undertook spot checks to check members of staff had the required skills to support people to take their medication appropriately.
Where medicines were prescribed 'as required', there were instructions and information for staff about the person's symptoms and conditions to identify when they should be administered. The registered manager completed regular medication audits to ensure people had received their medication as prescribed. People received their medicines safely and when they needed them.

Good

Is the service effective?

Our findings

All the people we spoke with said the service and staff were good at meeting their needs. One person told us, "[Care staff] turns up on time and she knows what she's got to do and doesn't hang about". The registered manager told us that several people who had used the service in the past had requested to use the service again. One person told us, "My carers know and understand my needs especially in these 14/15 months. Things have changed definitely for the better."

Staff had the skills and knowledge they required to meet people's specific needs. Staff we spoke with could explain the care needs of the people they supported. Staff told us that people's care records contained sufficient informational and guidance for them to fulfil their roles. One member of staff told us, "I check the care plan every time I go [To see what they should do]."

Staff confirmed they shadowed more experienced staff when they first started working at the service to learn how to support people's specific care needs. One member of staff told us, "When I started I was really nervous but I shadowed someone and I was fine." One person who used the service told us, "People came to check that everything was fine and see how things are going with the staff." Records confirmed that all staff had received induction training when they first started to work at the service. This was based on a nationally recognised training programme and covered the necessary areas of basic skills and good practice.

Staff told us and we saw they received regular training and updates to maintain core skills. Staff confirmed that they received informal and formal supervision from senior staff on a regular basis to provide them with opportunities to reflect on their practice and agree on plans and activities. The registered manager had introduced, 'Target folders,' for each member of staff which identified a personal development plan and objectives to improve their care knowledge and skills. The senior staff conducted observational audits so they could identify that staff were demonstrating they had the knowledge to support people in line with their care plans. People were supported by staff who knew people's latest 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.

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. We found that people were regularly involved in commenting on how their care was to be delivered and choosing what they wanted to do. One person told us, "My carer is very obliging and listens to my requests." The relative of another person said, "She is involved in meetings and we are there to accompany her in the background if needed"

The registered manager had recently improved the processes to assess people's mental capacity when they joined the service. When people needed support to express their views and wishes or where it was felt a

person may lack mental capacity, the registered manager had ensured people were supported by relatives and other health professionals to ensure decisions were made in their best interests. Records documented that people had been approached to consent to how their care was delivered. People had signed their records to express their consent to receive personnel care and for use of their telephones so staff could contact the call monitoring system.

Staff were aware of how to support people in line with the MCA. Staff we spoke with explained how they supported people to exercise their right to choose how they wanted to be supported. Records identified if staff were required to involve others to assist people to make decisions and if people had an advocate appointed to make decisions on their behalf. This meant that decisions about how the person's care was delivered were made by people who had the legal right to do so.

Most of the people we spoke with were supported to eat and drink by their families. However those people who required support said they were happy with the assistance they received from staff. One member of staff told us how they supported people to enjoy meals which reflected their cultural heritage. Care records contained guidance for staff about people's preference and any risks associated with their diet. We sampled the records of two people who were at risk of choking. Both contained detailed information for staff including clear guidance from health professionals about how meals should be prepared to minimise any risks. Staff had recorded in their daily notes that they had prepared the people's meals in accordance with these instructions. People were supported to eat and drink sufficient amounts to maintain their health.

People were supported to make use of the services of a variety of mental and physical health professionals. The registered manager told us they supported people to attend clinical appointments when requested. One person told us, "She [Care staff] is reliable and helpful - for example, I developed [a specific condition] and she took one look at me and said, 'You need to get to the hospital as soon as possible'. I am so glad I did because they caught it early and I'm very content." We saw that the registered manager had involved speech and language therapists and nutritionists when people required support to express themselves and assistance with eating.

Good

Is the service caring?

Our findings

People who used the service told us that the registered manager and staff were caring. One person told us, "The staff at Care Avenues are very good to me." Another person told us, "I've got a very good carer; I couldn't get anyone better than her."

People who used the service and their relatives told us they were generally supported by the same staff who they liked and this had enabled them to build up positive relationships. Staff spoke fondly of the people they supported. One member of staff said, "I love them to bits. If I don't see them, I miss them;" and, "When you leave the service user it makes you happy if you l leave them with a smile." Another member of staff told us, "You go in with a smile and you leave with a smile."
Staff understood people's specific interests and needs and took enjoyment from supporting people to do things they liked. A member of staff told us how they enjoyed supporting a person in line with their cultural heritage and engaging in conversations in their original language.

There were systems which enabled people to comment on how their care was provided and we found that the registered manager respected and acted on people's views. When necessary people were supported by relatives and health professionals to ensure they could express their views about the service. People were approached for their views of the staff who supported them and if they were happy to continue to be supported by current staff. This had resulted in changing people's call times to fit around their specific activities and ensured people were being supported by staff they liked and got on well with. People's care records were also written in easy read formats to meet peoples preferred communication styles. People were supported to understand and be involved in developing their care provision.

Staff were aware of the provider's policy to treat people with dignity and respect. Care records instructed staff to knock and wait before being invited to enter people's homes and one member of staff told us how they would ask relatives to leave a person's bedroom when providing personal care. Two members of staff told us how people they supported would make their own meals but they would assist if required. This helped to promote people's independence.

Good

Is the service responsive?

Our findings

People said the service was responsive to their needs. One person said, "The best thing is Care Avenues come and do the job and go as required." Another person told us, "[Their call] used to be 6:30 AM but then between us I asked, 'Could I make it 730?' The answer was 'yes' so it's now flexible to suit my needs." The registered manager told us and we saw that they had reviewed people's care records to improve how they reflected people's individual choices and wishes and how they may need supporting if their needs changed. They told us, "We've got to think ahead. If families aren't able to support people with medication or food, what would we do?" People would be promptly supported when their conditions or care requirements changed.

People we spoke with said they were happy with the staff who supported them. They said they were responsive to their needs and being supported by the same staff had meant that staff had developed a detailed knowledge of people's preferences. Staff told us how they supported people in line with their wishes. This had included ensuring people were supported by staff who shared the same cultural heritage and languages. One member of staff told us" "I will speak to the person in Urdu." We saw that people's call times were promptly changed when requested and people were supported by staff of their preferred gender. One person told us, "Staff are polite and kind to all of us, we've only had them for a couple of weeks - all female of course."

People were regularly approached for their views to ensure their care reflected how they wanted to be supported. People told us they had regular contact with the registered manager and senior staff. when necessary the registered manager had involved other health professionals and relatives to express their views. Care records sampled were up to date and reflected people's recent preferences. This enabled staff to support people in line with their wishes.

People told us they felt the registered manager and staff were approachable and they had the opportunity to complain if they felt that something was not right. One person said, "The manager had come to visit me once with my son present. I found this a very polite meeting, we haven't got any problems or concerns - I can assure you of that." Although all the people we spoke with said they were happy with the service they received, some people told us that effective action had not been taken to prevent early or late calls from reoccurring. We saw that since our last inspection the provider had reviewed their call monitoring system and introduced changes to reduce the number of late or early calls. The registered manager told us and we saw that they regularly reviewed their complaints policy and had recently sent their latest version to all the people who used the service. This enabled people to formally complain if they wanted and made them aware of other independent agencies they could raise their concerns with if they wished.

A review of one complaint showed that it had been handled in accordance with the provider's policy. The registered manager told us that their effective response to this complaint had resulted in a local authority lifting a suspension order which had prevented the local authority from considering the service suitable for the commissioning of new care packages. Shortly after our visit however we were made aware that a complaint about missed and late calls had not been handled in accordance with the provider's complaints

policy. The operations manager acknowledged our concerns and told us of the action they were taking to resolve the complaint and improve the complaint process. The registered manager maintained a log of complaints which enabled them to identify any trends such as late or early calls and establish ways to continue to improve the service. This helped to prevent other people experiencing similar concerns.

Good

Is the service well-led?

Our findings

All the people who used the service told us they were pleased with the support they received. Comments included; "Yes we are happy with this care company at the moment.;" "Everything is alright;" "Care Avenues are quite alright with no problems at all," and, "I can't fault Care Avenues one bit, and I'm quite happy and content with all the service." We noted that the provider had taken effective action to address concerns we raised at our last inspection. One member of staff told us, "[The] service is getting better."

Staff we spoke with described a positive and supportive leadership. One member of staff said that the managers, "Do listen, I am happy." The registered manager told us, "I'm there to make [staff] confident and guide them." Staff were encouraged to voice their views at regular staff meetings and supervisions. We noted that the registered manager would hold regular meetings with each care team. This enabled them to meet with as many staff as possible to provide updates about the service and how practices could be improved. There were was a call system available to staff so they could seek support and guidance when necessary. One member of staff told us, "[The registered manager] will answer all the time."

We observed positive interactions amongst the senior staff team and they described a common vision to improve the service and the lives of the people they supported. The registered manager told us they had regular contact with colleagues in another of the provider's locations in order to share experiences and learning opportunities. Office staff had dedicated roles such as quality monitoring, call handling, and personnel management. This gave staff easy access to advice and guidance when necessary.

The registered manager demonstrated their duty of candour by providing open and honest responses to complainants and knew the latest regulations in relation to displaying their inspection ratings on their website and in their office. The registered manager told us they had shared their last inspection report with people who used the service and showed us how they were reviewing their website to improve the prominence of their ratings display. A review of records showed that although the registered manager had taken appropriate action when they received information of concern, they did not always notify the commission promptly in line with their statutory requirement.

There were systems for monitoring the quality of the service and monitoring that call times were in line with people's wishes. Although some people told us they did not always receive calls on time we saw that action was on going to improve this. The quality of their care was regularly discussed with people and action taken when necessary to improve the service they received. The registered manager was developing a log to review comments, incidences and feedback in order to identify how the service could be improved and reduce the occurrence of adverse events. The operations manager discussed the action they were taking to establish set targets to check the quality of the service and monitor improvements.

After our last inspection the registered manager had developed a plan of actions they intended to take to improve the quality of the service. We saw this was regularly reviewed and updated to reflect progress made and any potential risks to the quality of the service in the future. The registered manager told us, ""We've got to consider the 'what ifs'?" This would help the service to deal with unplanned events and minimise any

impact they may have on the people who used the service.