

WilsonParker Limited

# Avail (Bury St Edmunds)

## Inspection report

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## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

Availl (Bury St Edmunds) is a domiciliary care agency providing personal care to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our visit 35 people were receiving personal care from the service.

### People's experience of using this service and what we found

We received information raising concerns how people using the service and staff were being kept safe. This related to medicines management and reporting safeguarding concerns. We had received feedback from the provider about some concerns prior to our visit to the premises.

We found some concerns relating to the safety of medicines being administered to people. These concerns were not identified by the registered manager because auditing was lacking. Action to resolve this was being taken from the day of our inspection.

People liked that they were given information about who was coming to support them and when. People said they would like more consistency of staff. Despite the challenges of the COVID-19 pandemic the consistency of staff had increased of late. People said that they trusted staff and felt safe with them in their homes.

People liked the staff supplied and said communication with the office was good. Staff said that communication from the office was good. However, we found that not all staff communicated effectively with the office about events that placed people at risk.

### Rating at last inspection

This service has yet to be formally rated.

### Why we inspected

We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in response to concerns received about medicines and safeguarding matters. A decision was made for us to inspect and examine those risks.

Please see the safe section of this full report.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?**

We have not rated this key question, as we have only looked at the part of the key question, we had specific concerns about.

**Inspected but not rated**

# Avail (Bury St Edmunds)

## Detailed findings

### Background to this inspection

#### The inspection

This was a targeted inspection to check whether the provider had met the requirements of the specific concern we had about safety relating to medicines and safeguarding. We will assess all of the key question at the next comprehensive inspection of the service.

#### Inspection team

This inspection was undertaken by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short notice announcement of this inspection on the morning of our visit. This was to ensure someone would be available in the office to assist the inspection and assess for COVID 19 risks.

#### What we did before inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection. We had requested information from the provider prior to the inspection and this information was used as part of the inspection plan.

#### During the inspection

We spoke with the registered manager, the owner and a member of staff in the office. We examined a number of records relating to safeguarding, complaints and recruitment records for three staff that included their induction and training provided.

After the inspection

We spoke to six care staff by email and telephone and we spoke with four people in receipt of the service. We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

We have not rated this key question, as we have only looked at the part of the key question, we had specific concerns about.

The purpose of this inspection was to explore the specific concerns we had about Avaiil (Bury St Edmunds). We will assess all of the key question at the next comprehensive inspection of the service.

### Using medicines safely

- Staff told us that they had received training in medication administration. There was a policy and procedure in place that was up to date.
- We found an example of a medication administration records (MAR) that was not completed in sufficient detail to understand how much medicine had been administered and when. Where MAR charts had been handwritten and altered to increase medicines, there was no information to show who had made this alteration and on who's authority. One person had medicine prescribed for anxiety when needed, however there was no guidance for staff on what symptoms the person would display to guide them when to administer the medicine.
- MAR charts had been returned to the office and had been examined by the registered manager, but the above information was not found. The audit in place was not robust enough. We received assurances from the provider that this would be addressed immediately, and an audit tool put in place to monitor MAR charts upon their return to the office.

### Systems and processes to safeguard people from the risk of abuse and learning lessons when things go wrong

- We found that staff required further clarification to ensure escalation processes were clear to all staff. During the inspection we found a potentially serious incident that had not been reported to the office by a carer. This coupled with a previous safeguarding incident that was not reported in a timely way, could place both people and staff at risk of avoidable harm. This included clarity on how staff should escalate concerns and also to raise concerns directly with safeguarding agencies if needed.

We recommend the provider seek advice and guidance from a reputable source, about strengthening staff knowledge about their responsibility to escalate and report concerns in relation to safeguarding people from abuse and escalation of safety events.

- Staff were keen to tell us that they had received safeguarding training and records showed that this was covered on induction. People who used the service told us that they felt safe with staff and trusted them. One relative said, "I have no worries and cannot fault the girls who come to me."

### Staffing and recruitment

- Enough staff were available to provide care to meet people's needs. People consistently told us that staff arrived on time and stayed the length of time expected. One person told us, "They come and go at the right

time."

- Two people told us that they would like to see more consistent staff as they had seen a turnover of staff come to them. One relative described how they had support to give them respite from their caring duties, but they had so many new staff that each time they had to 'induct' them into the specific support required and where everything was in their kitchen and home to provide the support. This they told us would eat into the time they had away from their responsibilities of caring.
- Going forward the provider intends to have more consistent staff available to people. Testing and PPE was in place from the government thus reducing risks and promoting consistency of staff. More staff had been recruited. Whilst at the office a new staff member was completing their induction and collecting their uniform and identity card.
- Staff recruitment records were complete and had all the checks in place that is required in regulation.

#### Preventing and controlling infection

- Staff told us that they felt safe working during COVID-19. They had received training and received regular updates that were emailed to them.
- Staff had access to personal protective equipment. This stock was monitored to ensure it did not run low. One staff member explained, "Over the COVID I have always had PPE as there is a supply in any house we go to and I always have supplies with me".