

# Avon Support Limited

# Crown Buildings

## Inspection report

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Date of inspection visit:  
31 July 2019

Date of publication:  
29 August 2019

## 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

### About the service

Crown Buildings is registered to provide personal care to people living in their own homes, including younger people who have a learning disability or autistic spectrum disorder and or a physical disability.

At the time of our visit the agency supported 15 people. 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. Six people received support with personal care. Some people who received personal care required support 24 hours a day while other people received support at pre- arranged times.

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

People felt safe with care staff who supported them and those staff knew what they would do if they had any concerns about people's safety and welfare. Care staff were trained in safeguarding adults and staff understood how to protect people from abuse and poor practice.

Staff were recruited safely, and there were enough staff to provide the care and support people needed it at the times they preferred.

Safe procedures to manage people's medicines and to prevent the risk of infection were understood and followed by staff. Regular checks made sure risks or errors were kept to a minimum.

People and their relatives made decisions about their care and were supported by staff who understood and followed the principles of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were caring and respected people's right to privacy and dignity and staff encouraged people to remain as independent as possible, as well as supporting people to maintain and improve their daily living skills. Care plans were personalised to support the person centred care the management team told us people received.

Call schedules, staff and people told us care was provided by a consistent care team, at the times people preferred. People were involved in how their care was delivered and ongoing reviews ensured it remained what people needed. This meant staff got to know people well, especially their individual routines and preferences. Staff encouraged people to remain as independent as possible by supporting people to do things they could do for themselves.

The provider's governance systems were operated and managed effectively to ensure good care outcomes for people that continued to meet their needs.

There was an experienced registered manager and management team who provided good leadership and were committed to providing a good quality service to people. It was evident that their commitment and passion to provide people with good care outcomes was central to the delivery of its service. People and staff found the management team open, approachable and responsive. Staff said it was a pleasure to work at this service and staff showed us a strong responsibility to support people in their care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was Good (published 2 February 2017)

#### Why we inspected

This was a planned and announced inspection based on the rating at the last inspection. The previous 'good' service provided to people had remained consistent.

#### Follow up

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

# Crown Buildings

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

On 31 July 2019, one inspector carried out this inspection.

#### Service and service type

Crown Buildings provides a domiciliary care service to people in their own homes. CQC regulates the personal care provided.

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. The registered manager was one of two directors who owned the service.

#### Notice of inspection

The inspection visit was announced. The registered manager, who was one of two directors, was given 48 hours' notice because they provide care and support to people in their own homes. We needed to be sure that someone would be available at the office to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

Inspection site visit activity started on 31 July 2019 and was concluded on 31 July 2019. On 31 July 2019 we visited the office location to speak with the registered manager and to review care records and policies and procedures. We spoke with the registered manager, a director, a team leader (who also provided care to people) and one care staff member. We spoke with two people to ask them to tell us about their experiences of using this service. Other people who received a service, were unable to talk with us.

We reviewed a range of records. This included examples of three people's care records and multiple medication records. A variety of records relating to the management of the service, audits, complaints, compliments and evidence of activities people were involved and people's overall feedback about the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People's individual risks were assessed prior to starting the service and care plans described the actions staff should take to minimise the identified risks. Staff read people's care plans to make sure they continued to keep people safe, in the event people's health needs changed.
- Risks around people's mobility, eating and drinking, behaviours and health conditions were recorded and updated. For one person who needed to be hoisted, there was clear information about the type of equipment, the right slings and how to transfer safely or to reduce the person's anxieties. Staff knowledge showed they knew how to manage all these risks safely.
- Staff said their training and working with colleagues helped them to manage risks to people's health and wellbeing. This included, hoisting with two care staff to help people to transfer safely.

### Systems and processes to safeguard people from the risk of abuse

- Staff knew how to protect people from abuse. One staff member said, "I would tell you (CQC) and the managers." Staff remained confident to raise any concerns with the management team or the provider knowing actions and investigations would happen.
- The registered manager knew the procedure for reporting safeguarding concerns to the local authority and to us (CQC). However, we found one example where the provider had referred a safeguarding concern to the local authority but had not referred to us. The registered manager explained this was an oversight but they were confident risks were being managed. On the day of our inspection visit, the registered manager submitted a retrospective notification. They explained to us, in future, they will not hesitate to send a notification.

### Staffing and recruitment

- There was enough staff to ensure people received their care calls when needed. People said staff arrived on time and stayed for the right amount of time.
- Staff had a fixed call schedule. Any additions or changes were agreed with staff and confirmed on a weekly rota. Rotas showed people received the same staff teams. Where two staff were needed, the same staff were usually paired together to ensure consistency.
- The provider's recruitment process included checks to ensure staff who worked for the service were of a suitable character. A director told us their recruitment checks were robust, which included quarterly checks on staff through the Disclosure and Barring Service (DBS) once staff were in post. The director said this continued to protect people from unnecessary risks.

#### Using medicines safely

- Where people were supported to take their medicines, this was recorded on medicines administration records which were regularly checked to limit errors or missed medicines.
- People told us staff made sure they took their medicines as prescribed.
- Staff received medicines training and observational checks on their competency and practice to ensure they were safe to administer medicines.

#### Preventing and controlling infection

- Staff reminded people of the importance of keeping their own homes clean and tidy, as well reminding people of the importance of their own personal hygiene.
- Staff wore personal protective equipment (PPE) such as gloves and aprons when providing personal care or preparing and serving food. PPE was available to staff to encourage them to follow good infection control and hygiene practice.

#### Learning lessons when things go wrong

- The service recorded all accidents and incidents. Information included details of the accident/incident, the immediate actions taken and any follow up actions.
- The registered manager explained that following any incident or accident, a review would be undertaken so that any learning or improvements could be considered to prevent any future re-occurrences.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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. 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). 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 had the appropriate legal authority and were being met.

- Staff followed the principles of the MCA. Staff explained what they were going to do and sought people's consent before carrying out care tasks. Staff understood when they needed to act in people's best interests to maintain their health and wellbeing.
- Where people's decisions although unwise, raised potential risks to their welfare, support was arranged with other health professionals to assess.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider assessed people's needs before they started using the service. These assessments were used to formulate care plans for staff to follow. One relative had written, 'Our review was thorough and encouraging and a positive relationship with us and (person) was established'. This ensured staff would be able to meet people's needs effectively.
- The director told us they would not just admit people to their service, but assessed their needs and whether they had the right staff, with the right skills to provide effective support.

Staff skills, knowledge and experience

- People told us staff knew how to meet their needs.
- Staff had the training they required for their role and they received supervision and appraisal. This meant that staff had opportunity to discuss their learning and development needs and their performance. Staff training remained an ongoing commitment. Training courses had been planned and oversight from the provider checked training was completed.

Supporting people to eat and drink enough to maintain a balanced diet

- Some people were independent so could choose and prepare their own meals and drinks, or, family member helped support them.
- Staff understood the importance of promoting fluids and nutrition and if meal preparation was done, this was recorded. One person had a specific diet and staff prepared their meals in a way that did not put them or others at risk, such as using individual cooking equipment and utensils.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access other healthcare professionals to maintain their health when a need was identified.
- Evidence showed external health professionals had been contacted and involved in supporting people to maintain their overall physical and mental health and welfare.

Adapting service, design, decoration to meet people's needs

- People were supported in their own homes so had the choice to live their lives as they wanted. Staff reminded some people to keep their homes tidy, especially people who did not always discard things. Environmental assessments were completed so staff knew what to do in the event of emergency in people's own home, such as locating fuse boxes and water outlets.

Staff skills, knowledge and experience

- Staff had the training they required for their role and they received regular supervision and appraisal. One staff member was pleased with the training and support they received. They said, "Here, it's excellent training. We have confidence, always someone to help us." They went onto explain, "They (managers) want us to do well...they care about us."

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The provider respected people's choices to receive care from the gender they preferred. This helped people receive care from the gender of care staff which helped to reduce people's anxieties, specifically around personal care. People said they had the gender of staff they wanted and choice was respected.
- People spoke positively about the care provided and described staff as 'lovely'. Staff understood how to treat people well and this was reflected in their practice.
- People said staff were kind, friendly and supportive and the support people received made a positive contribution to their welfare. People said they felt involved in any changes to their package of care and staff listened to and responded positively.
- Staff supported the same people as staff worked in teams. Therefore, people and staff were familiar with each other. Staff said this was helpful as they could identify when a person's mood or behaviours had changed. Good communication helped this be known across the staff team through effective handover.
- Staff told us they had time to sit and talk with people and it was not an issue to stay longer than needed, without it affecting other calls. People and staff also took the opportunity to spend more time with each other at the provider's day service.

Supporting people to express their views and be involved in making decisions about their care

- People could not always remember being involved in planning how they wanted to be cared for but felt able to express their views on a daily basis. Staff respected people's choices and acted on their requests and decisions.
- The registered manager and staff were supporting one person sensitively with a difficult personal situation. A relationship built on trust meant the person would share information with staff, so they could ensure the person was protected.
- Relatives felt involved in how their family members care was delivered. Positive compliments were seen, including, 'Staff really got to know [person] and treat [person] as an individual with much care and respect'.

Respecting and promoting people's privacy, dignity and independence

- Staff described how they respected people's privacy and dignity. For example, one staff member told us, "Even though it is their house, we close doors, curtains and blinds...we cover them as much as possible. I tell them what I am doing." They explained, "I ask if they want to do things for themselves."

- Staff continued to promote people to be as independent as possible, by supporting them to make their own decisions and encouraging them to do as much for themselves as possible.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

- Staff told us working regularly with the same people was the best way to get to know and understand the person's needs.
- The registered manager told us how care was personalised and central to each person's needs. People's care and support was planned with them when they started using the service and developed into an individualised plan of care.
- Care plans provided staff with information about how to support people in a way that met their needs and preferences. Staff's knowledge of people was consistent with their care plans.
- Each person had a call rota prior to receiving care that showed their calls were allocated to consistent staff at regular times, even calls requiring two staff. People knew who was coming to provide their care. People confirmed they received calls from a consistent group of staff. They said staff generally arrived at the times expected, but understood this could vary slightly, depending on the previous call or traffic hold ups.
- The registered manager told us they visited people to provide and discuss their care to ensure it remained responsive to their individual needs. Where changes had occurred, information had been shared with staff to reflect the changes and to offer any training or shadowing.'

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People said they lived their lives as they wanted. People attended the provider's day care centre which they found helped them form relationships with others in a safe environment. The same care staff also took this opportunity to have oversight of how people were feeling and incorporate this into people's daily calls to check they were okay.
- One person was supported to complete a role as a 'care champion' for the local authority. This involves visiting other services as an 'expert by experience' to review the quality of support offered.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The team leader supported people in line with the AIS. The provider used written information in a variety of ways appropriate to the needs of each person, such as using picture, symbols and plain English. Staff

communicated in the best way for each person, giving people time to process information, answering questions or using pictures to support the spoken word.

#### Improving care quality in response to complaints or concerns

- People told us they would share any concerns they had with staff or management.
- The registered manager said they had not had any complaints from people who received personal care. They said because they also supported staff to provide personal care, any concerns were dealt with before they escalated. If concerns did escalate, there was a procedure in place to investigate and respond.

#### End of life care and support

- At the time of our visit, no one received end of life care. During our inspection visit, staff and a director attended a funeral of someone they previously cared for. The director and registered manager had attended another funeral of someone in their care. The registered manager said staff cared for the person and wanted to show their respects. We were told when end of life care was required, appropriate health support would be arranged if it was the person's wishes to remain at home. In addition to this, regular reviews of the person's support plan and increased vigilance of staff around changes to health and wellbeing would be undertaken and monitored.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager and director led a values-based service to people which was, 'local, person centred and small'. New staff completed their training and induction within the day service, which meant managers could assess their skills. This also allowed for better matching of staff skills with people's needs. The registered manager said, 'We had a holistic approach...not just about sending a staff member to support the person.' They said, 'Staff know what to do and we check what they are doing by seeing if people are happy and leading an independent life.'
- Effective audits and checks ensured good care outcomes for people. People's survey results and compliments from relatives showed people were well cared for and standards maintained. Written compliments included, 'We really landed on our feet when you became our care provider' and 'Staff genuinely seem interested.' One relative wrote, 'There is attention to detail and an expectation that all staff maintain the same standards of the company directors'.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us they had regular staff meetings, and these were used as an opportunity to share their thoughts, whilst receiving feedback and updates about the service and people in their care.
- The rating from the provider's last inspection was displayed in their offices so those they supported could see their rating. A link to their report was displayed on our website.
- The provider offered opportunities to people and their relatives to give feedback. This was gained through meetings at care reviews and through annual surveys. Results we saw, showed people were happy with the service they received.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Reflecting the caring approach of the provider and the exceptionally open and positive organisational culture they had created, staff were proud to work for the provider. One staff member said, 'The managers care about us, they are very good.' Staff said they communicated well, worked well as a team which meant people got consistently good care outcomes. People said the care they received was very good. We asked

one person what was good, they said, "The staff." The said staff were kind and cared.

- The registered manager was proud of their staff team. They said they had the right staff who were here for the right reasons. They said, "We run the business, if it gets bigger you lose contact with people and staff." This translated into providing the right staff to the right people. To achieve this, the registered manager said, "We organise like-minded staff with similar interests. They said when they see people supported by staff go off on their holidays, "It warms your heart." The registered manager knew what and how they needed to provide care to give people a good quality service.

Working in partnership with others; Continuous learning and improving care

- The provider forged close links with external agencies to help further develop their knowledge. The director told us they attended a 'Providers forum' organised by the local authority commissioning team of all age disability. The director said they found this useful to be aware of updates and to engage with other providers and managers of similar services.

- The director said they had been working with a student nurse partnership from a local hospital. They said a nurse will spend time at the service so nurses will have a better understanding to contribute to the education of new practitioners and enable them to gain better insight into the needs of disabled adults. The intention aims to improve people's experiences in the future.