

AVH Care

# AVH Care

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We inspected AVH Care on 7 December 2017; this was the first inspection since the service registered in December 2016. We gave the provider 72 hours' notice of our inspection visit. This was because AVH Care is a small service and we wanted to be sure someone would be available to meet with us.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, people with a physical and/or sensory disability and people who misuse drugs or alcohol. At the time of the inspection six people were receiving a service from AVH Care. Not everyone using AVH Care receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in post. 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 2008 and associated Regulations about how the service is run. AVH Care is registered as a partnership. One of the partners had left the organisation at the end of July. CQC had not received a new application to replace the partner or an application to change the registration to a single provider. This meant they were not acting in line with the conditions of their registration. We have taken this into account in the well-led section.

People had care plans in place which outlined their needs. The quality and depth of information in the care plans was inconsistent. One clearly outlined the care needed and described the person's routines. Others were brief and information was contradictory. Systems for identifying risks were also inconsistent. Risk assessments had been completed in some cases and these highlighted when people were at risk. There was a lack of guidance for staff on the actions they could take to protect people from the risk. We found some people were at risk due to their specific behaviour or health condition. There were no risk assessments in place documenting this and no guidance for staff to follow.

Staff were not supported by a robust system of induction, training and supervision. No staff had completed safeguarding training since starting work at the service. There was no planned programme of supervisions in place. Staff meetings were not organised. Recruitment processes were not robust.

AVH Care is a small service and both the registered manager and deputy manager were involved in the delivery of care on a daily basis. The management team and staff knew people well and had an in-depth understanding of their needs. Care was person-centred and was focused on people's emotional well-being as well as their health needs.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service supported this practice.

Relatives and a healthcare professional were unanimously positive about the way in which care and support was delivered. Relatives told us staff had never missed a visit and were rarely late. Staff spent time ensuring people were comfortable and had their needs met.

We identified breaches of the Regulations. You can see what action we have asked the provider to take at the back of the full report.

## 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 not entirely safe. Risk assessments did not give clear guidance to inform staff on the actions they could take to minimise identified risks.

Recruitment practices were not established or operated effectively.

People were supported to have their medicines as prescribed.

**Requires Improvement** ●

### Is the service effective?

The service was not entirely effective. Staff did not receive the appropriate training and supervision.

People's needs were holistically assessed before they started to receive a service from AVH Care.

The registered manager had a good understanding of the principles underlying the Mental Capacity Act.

**Requires Improvement** ●

### Is the service caring?

The service was caring. People's preferences regarding their care were known to staff.

Staff valued the importance of building trusting relationships with people.

People were supported in a way which protected their privacy and dignity.

**Good** ●

### Is the service responsive?

The service was not entirely responsive. Care plans were inconsistent in format and content.

Daily records gave a comprehensive picture of the care people had received.

There was a satisfactory complaints policy in place.

**Requires Improvement** ●

### Is the service well-led?

The service was not entirely well-led. There were no effective auditing systems in place.

Systems to gather the views of people using the service had not been established.

The registered manager had clear visions and values which were at the heart of the service.

**Requires Improvement** 

# AVH 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.

This inspection took place on 7 December 2017 and was announced. We gave the service 72 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure someone would be available to support the inspection process. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed information we kept about the service and the Provider Information Record (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plans to make.

On the day of the inspection visit we met with the registered and deputy managers. We looked at three care plans, two staff recruitment files and other records relating to the running of the service. Following the inspection we spoke with a member of staff and four relatives. We also contacted an external healthcare professional for their views of the service.

# Is the service safe?

## Our findings

Staff had not received any safeguarding training since starting work with the service. The registered manager had not updated their training in this area. There was a safeguarding policy in place which had been provided by a national organisation. This had not been updated to include the local authorities contact details. We highlighted this to the registered manager who immediately updated the policy.

There were some risk assessments in place to highlight if people were at any risk due to poor health. We identified gaps in these records. Where risks had been identified there was limited or no guidance for staff on how they could minimise the risk. In discussion with the registered manager we were told some people were at risk due to their specific needs. Risk assessments had not been completed to accurately reflect these people's individual needs.

Environmental risks associated with people's homes were assessed to identify any risks for staff when working in someone's home. There was no guidance for staff on the action they could take to keep themselves safe.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at staff files and found recruitment practices were not robust. One person had no record of a background criminal check (DBS) on file. The registered manager assured us this had been completed but they did not have the evidence on file. There were no references for either member of staff. The registered manager told us they had known both members of staff in a professional capacity before they employed them. However, it is important that independent references are requested and followed up to help ensure employees are suitable to work with people who may be vulnerable. Other documents were missing from the staff files including an application form for one person and declarations of health.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives told us they were confident their family members were safe and well cared for. Comments included; "[Person] is safe in their hands" and "They [staff] are really good, kind, trustworthy people."

The registered manager was aware of their responsibilities under safeguarding. In conversation with us they described the action they would take to raise any concerns. Staff told us they would be confident raising any concerns if they thought people might be at risk.

Any accidents or incidents were recorded in people's daily logs and incident and accident forms. This meant any patterns or trends could be highlighted.

Staffing levels were determined by the number of people using the service and their needs. Staff were

recruited to match the needs of people using the service and new care packages were only accepted if suitable staff were available. The staff team was small, consisting of the registered and deputy manager and two care workers. One of the care workers did not deliver any personal care but worked providing 'sit in' services. The small team meant people received continuity of care. Staff were able to build positive working relationships with people over time. Relatives confirmed the same group of people provided support to their family members. The service did not use any bank or agency staff as they were able to cover all the required care visits from their existing pool of staff. Relatives told us they had never experienced a missed visit and visit times were adhered to. One commented; "They might get held up by something but they've never been more than a few minutes out. I don't expect them to be dead on time."

People were supported with their medicines if required. Medicine administration records (MAR) were kept as necessary to record when some people took their medicines and what those medicines were. We saw these were completed appropriately and copies kept on file. The service had a medicines policy which was accessible to staff. Relatives told us people received their medicines on time and as prescribed.

Staff were provided with PPE (personal protective equipment) such as gloves, hand gel and aprons. The registered manager told us supplies of PPE were kept at people's homes. This meant staff were not required to carry PPE around with them in cars thereby decreasing the risk of cross contamination. A relative told us; "They always leave everything very clean."



## Is the service effective?

### Our findings

We identified deficiencies in systems to support staff and help them develop their skills and knowledge. There was an induction process in place but this was limited and the process was not clearly laid out. New staff had spent time with the registered manager who had spoken with them about the values of the organisation. This included working practices and what was expected from staff. There had been no face to face practical training supplied for staff before they started work. For example, safeguarding and moving and handling training had not been provided. There had been no discussions regarding safeguarding practices. This was a concern as the week following the inspection interviews had been arranged for two potential new employees. We discussed this with the registered manager who assured us they would address this gap.

Both members of staff were new employees and there was no training matrix in place. There was no record of either the deputy or registered manager completing any training. There were no records to indicate what training staff had received prior to working at AVH Care or when this was due to be refreshed. No training had been booked for any staff. The registered manager told us new staff had shadowed them before starting working independently. However, there was no evidence any competency checks had been completed to demonstrate staff were confident and capable to work alone.

Formal supervision meetings were not being held. These give staff an opportunity to raise any concerns in face to face meetings with their manager. There were no appraisals planned. A supervision policy was in place which stated staff would receive regular supervision but this was not being followed. The registered manager told us they intended to provide supervision every three months. As staff had started work in September this was only just due. However, it is particularly important new staff have an opportunity to raise any issues and there was no evidence this was provided.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the registered manager sent us evidence to show one of the two care workers had completed the Care Certificate. This is nationally recognised training for staff starting work in the care sector. They told us any new employees at AVH Care would also be expected to complete this in the future. They informed us the member of staff providing personal care had completed moving and handling training with a different organisation and they would be adding their certificate to evidence this to their staff file.

Some training had been provided by an external health care professional to help ensure an individual's needs could be met. This had involved training staff to use specific equipment to help with moving and handling procedures. Relatives told us staff were competent and "professional."

Staff felt supported in their roles and were able to raise any concerns they had. They told us they worked closely with the registered manager and saw them regularly. This meant they had opportunities to discuss issues as they arose.

The service had suitable processes to holistically assess people's needs and choices. Before, or soon after, they started using the service, the registered manager met with people and their relatives to check the service could meet the person's needs. There were copies of pre admission assessments on people's files.

Nobody we spoke with (for example relatives and staff) said they felt they had been subject to any discriminatory practice for example on the grounds of their gender, race, sexuality, disability or age. The registered manager told us how they protected people's diverse needs. They told us; "It's not for us to judge people."

All of the people receiving personal care either lived with their families, or had very close contact with them. In most cases family members would be the primary contact to raise any concerns with the GP or other health professionals. Staff supported families in this aspect. Where necessary they worked successfully with healthcare services to ensure people's health care needs were met.

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.

No-one receiving care from the service lacked capacity to make decisions. The registered manager demonstrated an understanding of the principles underpinning the legislation. They talked with us about people's rights to make choices, even when others might consider these to be unwise choices. No-one was having their liberty restricted. Staff told us they asked people for their consent before delivering care or support. They demonstrated an understanding of the principles underpinning the legislation.

Staff supported some people with meal preparation. They told us they were aware of people's likes and dislikes. Relatives confirmed people were supported in this area.

# Is the service caring?

## Our findings

Relatives and an external health care professional were unanimously complimentary about the caring approach of staff. Comments included; "It reassures me there are still good people", "I consider it the best, nothing is too much trouble" and, "AVH staff treat [person] with compassion and care."

The registered manager had a clear vision of the way in which they wished to deliver care. They told us they considered it particularly important to make sure people got the care they wanted, at a time they wanted and delivered by a care worker they liked and trusted. They told us they would not accept any care packages if they were unable to provide care in this way. They said; "If someone wants their care visit at 8.00 and we can't get there until 10.00 then I won't put us up for it [the contract]." Similarly they were aware of the restrictions on the service due to them being the only female staff providing personal care.

The registered manager clearly knew people well and had an understanding of their needs and preferences. They were able to tell us how people wanted to be supported and give us information about their personal histories. Staff told us they were able to get to know people well. One commented; "It's better to know and understand people."

One person had recently been referred to the service. The registered manager told us they were slowly building a relationship with the person in order to gain their trust. They told us the person had started to accept a greater level of support over a period of weeks. This demonstrated staff worked with people to help ensure they were comfortable with the support provided.

The registered manager and staff took a flexible approach to supporting people to help ensure they were supported in a way which suited them. For example, one person's needs often changed due to their health condition. The registered manager told us; "[Person's name] needs can vary from visit to visit, you never know what you're going to find when you get there. We just have to support them accordingly." An external healthcare professional told us; "They look for solutions to problems, and reasons for the patient's behaviour. It is a pleasure to work with them."

The registered manager talked with us about the importance of supporting people with their emotional well-being as well as their physical health. They commented; "With [person's name], staff will sit and read to them and talk with them." They told us they gave people an opportunity to share any worries they might have.

People were supported in a way which protected their privacy and dignity. The registered manager told us of occasions when people's dignity had been compromised due to their personal situation. They told us how they had identified this and the steps they had taken to protect people. In our conversations with them it was clear this was an aspect of care they valued and prioritised.

## Is the service responsive?

### Our findings

We looked at care files kept at the office. Copies of the files were also kept at people's homes. We found the care plans were inconsistent in both format and content. For example, one care plan contained a bullet point list of the tasks care workers needed to complete at each visit. The others did not have as much detail and gave little guidance to staff on how people should be supported. There was no information about people's background or personal histories. One care plan stated the staff needed to prepare meals for the person but gave no information about their preferences. In discussions with the registered manager they were able to give us a lot of information about one person and their specific needs. None of the information was included in their care plan.

There was limited information about people's communication needs recorded in care plans. We did not see any evidence action had been taken to follow the Accessible Information Standard as required. This requires providers to identify, record, flag, share and meet the information and communication needs relating to people with a disability, impairment or sensory loss.

Some of the information was confused or contradictory. For example, in one care plan it stated; "All meals, snacks and drinks to be prepared for [person]." And; "[Person] has a snack at lunchtime and cooked meal in the evening prepared by [relative]." This meant staff may have been unclear if they needed to prepare a meal or not. There was no supporting information on the kind of food the person liked to eat.

Each care plan was in a different format. This could have been confusing for staff when trying to identify particular information. This background information can help staff engage with people and build meaningful relationships. The registered manager acknowledged the care plans needed developing. They told us the staff team knew all the people they supported well and had a good understanding of their needs. This was confirmed by the relatives we spoke with. However, we were concerned new employees would not have access to this information when they needed it. As there was an on-going recruitment drive this was particularly important.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Daily notes were completed following each care visit. We saw copies of one person's daily notes in the office. These were completed appropriately and detailed the care the person had received as well as information about their mood and general well-being. Relatives confirmed the daily notes were completed consistently and were accurate. One told us they were able to use them to describe the care given when talking to other professionals such as their GP. We saw copies of a note left by paramedics after they had attended one person which praised the quality of the daily notes. It stated: "A massive thank you for documenting everything that has led up to our visit tonight. It has given us a very clear picture."

The registered manager told us they were aware of any changes in people's needs and responded accordingly. For example, they had identified when people needed additional visits due to their declining

health. They communicated with the commissioning authority to arrange for this to be put in place. Staff also described occasions when they had identified changes in people's needs. They told us they had highlighted this to the registered manager and an external healthcare professional resulting in changes being made.

There was a complaints procedure in place which outlined the time frame in which any complaints would be responded to. When starting to receive care from the service people were given a service user handbook. This contained details of how to raise a concern. The registered manager told us, as they delivered care, they saw people regularly and encouraged them to raise any concerns as they arose. Relatives told us they had not had reason to make a complaint.

## Is the service well-led?

### Our findings

Care records and recruitment files were not routinely audited to help ensure they contained all the relevant information and were up to date. Systems to give an oversight of staff training, competency and supervision had not been developed. The registered manager told us it was important to them that any new staff supported people according to their wishes and followed the standards they had laid down. However, we were concerned there was not sufficient guidance or written information to enable new staff to do this. The lack of robust records and data management systems meant the service could not ensure a consistent quality of care.

People, their families and other stakeholders were not asked formally for their views of the service. The registered manager told us they continually asked people for their opinions but this was not documented. Staff meetings were not organised to allow staff an opportunity to raise any ideas or suggestions. Not having a comprehensive overview of people's experience of the service could affect the registered manager's ability to improve and develop service delivery.

The registered manager and deputy manager were both involved in delivering care. The registered manager was the only female member of staff who was able to deliver personal care. As some of the people using the service were female and required a female carer this meant they were the only member of staff able to cover these hours. Although people's needs were being met we were concerned about the possible impact on the service if the registered manager was off work for any reason.

AVH Care is registered as a partnership. One of the partners had left the organisation at the end of July. CQC had not received a new application to replace the partner or an application to change the registration to a single provider. This meant the registered manager/provider was not acting in line with the conditions of their registration. The deputy manager told us they would be applying to be a partner on the registration. They told us the background checks necessary had been completed and they just needed to submit the paperwork. We were concerned about the length of time it had taken to start this process although the registered manager had been advised of the need to do this in August 2017.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the registered manager sent us evidence to show the deputy manager had applied to become a partner in the organisation.

This was the first inspection since the service registered with the Care Quality Commission in December 2016. The service had a registered manager and was supported by a deputy manager. The management team had a good knowledge of the people they provided a service to and had regular contact with them and their relatives. There were two other employees, one of whom did not provide personal care. Due to the size of the service all staff knew people well. Feedback from relatives and an external healthcare professional was extremely positive. They told us the registered manager was approachable.

The registered manager told us they wanted to keep the service small to enable them to continue to deliver a person centred service. They told us; "We want to keep it a local service. We want to stay fairly small to make sure carers' and clients' are looked after fairly."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Registered persons had not effectively assessed risks to people's health and safety and done all that was reasonably practicable to mitigate identified risks. (1)(2)(a)(b)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes were not in place to effectively assess, monitor and improve the quality and safety of the services provided. Accurate, complete and contemporaneous records in respect of each service user were not maintained. Feedback from relevant parties was not sought out to enable continual evaluation and drive improvement. (1)(2)(a)(b)(c)(d)(e)
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Recruitment processes were not established or operated effectively. Information specified in Schedule 3 was not available in staff files. (2)(3)(a)
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Employees did not receive appropriate support,



training, professional development, supervision and appraisal. (1)(2)(a)