Care Quality Commission

Ave Maria Care Ltd

Ave Maria Care Services (Burntwood)

Inspection report

6A Chase Road
Burntwood
Staffordshire
WS7 0DP

Date of inspection visit:
02 November 2018
05 November 2018
07 November 2018

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection site visit activity started on 2 November 2018 and ended on 7 November 2018. It included calls to people and their relatives to seek their views about the care and calls to staff to seek their views about working at the service. We visited the office location on 5 and 7 November 2018 to see the manager and office staff; and to review care records and policies and procedures. This was the first rating inspection for the location following registration.

We gave the service 48 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 that they would be in.

Ave Maria (Burntwood) 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 and those living with dementia, younger disabled adults and those living with a physical disability. At the time of the inspection 28 people were using the service.

There was not a registered manager in post at the time of our inspection. They had recently left the service. A new manager had been recruited and was waiting for a start date. 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.

The provider had systems in place to check on the quality of the service people received, however these were not consistently effective. These issues meant the provider was not meeting the regulations and you can see what action we asked the provider to take at the end of this report.

People were not always supported to have their needs met at the time of their choosing which meant people were left without the support they needed. People's medicines were administered safely, however not always at the time prescribed.

Risks to people were assessed and planned for to keep people safe. People were supported by safely recruited staff. People were protected from the risk of cross infection. People were safeguarded from abuse. The provider learned when things went wrong.

People had their needs assessed and plan were in place to meet them. Staff were supported in their role and had access to an induction program and ongoing training. People had support which was consistent. People could choose their meals and were supported to eat and drink. People were supported to maintain their health and well-being.

People had choice and control of their lives and staff were aware of how to support them in the least restrictive way possible; the policies and systems in the service were supportive of this practice.

People were supported by staff that were caring. People were supported to make choices and staff promoted people's independence. Peoples communication needs were assessed and planned for. People had their privacy and dignity protected.

People's preferences were understood by staff. People had access to a range of activities. People were clear about how to make a complaint and these were responded to. People were supported to consider their preferences for care at the end of their life. Whilst the service was not supporting people with end of life care at the time of our inspection, there were systems in place to consider peoples wishes.

Notifications were submitted to CQC as required. People and their relatives told us they had noted improvements since the new management team had been in place and felt they were approachable. Staff also felt the new management team offered them support in their role. Quality checks were in place and an action plan was used to identify areas for improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People were not supported by staff that were effectively deployed.

People had their medicines administered safely, however sometimes medicines were late due to the call times.

People were safeguarded from potential abuse.

People's risks were assessed and plans were followed by staff.

People were protected from the spread of infection.

There were systems in place to learn when things went wrong.

Is the service effective?

Good

The service was effective.

Peoples needs were assessed and planned for.

People were supported by staff that had received training in their role.

People were supported to have their needs and preferences for food and drinks met.

People had support to monitor their health.

People's rights were protected by staff that worked within the principles of the MCA.

Is the service caring?

Good

The service was caring.

People were supported by caring staff.

People could make choices about their care.

Independence was encouraged and people's individual communication needs met.

People had their privacy protected and were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People's needs and preferences were understood by staff.

People understood how to make a complaint.

People were supported to consider their preferences for care at the end of their lives.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The systems in place to check the quality of care people received were not consistently effective

People could share their views about the quality of the service and these were used to drive improvement.

Staff told us they were supported by the management team.

The provider notified us of incidents.

Care Quality Commission

Ave Maria Care Services (Burntwood)

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.

The inspection site visit activity started on 2 November 2018 and ended on 7 November 2018. It included calls to people and their relatives to seek their views about the care and calls to staff to seek their views about working at the service. We visited the office location on 5 and 7 November 2018 to see the manager and office staff; and to review care records and policies and procedures. This was the first ratings inspection for the location following registration.

We gave the service 48 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 that they would be in.

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service. On this occasion, the provider had not been asked to send us a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We spoke to the provider about these areas during the inspection.

During the inspection, we spoke with five people who used the service and five relatives. We also spoke with

the deputy manager, the finance director, the office manager, the care mentor, and five care staff.

We reviewed the care records of four people and looked at three more to check things. We looked at five staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including rotas, complaint logs, accident reports, monthly audits, and medicine administration records.

Requires Improvement

Is the service safe?

Our findings

People were not consistently supported by suitably deployed staff. People told us they had experienced late and in some cases missed calls. One person told us, "I have had conversations with them about what I would expect and we have got less than we expected but it's what the management ask of them. I expect the time [for staff to arrive] means the time but they allow half an hour but there are occasions when this has been over this." A relative told us, "Initially they were good at the start [person's name] liked the staff then we had issues with missed calls and very late calls. On one occasion there was just an hour between some calls and this was too short." The person explained the gap should have been more like four hours. This meant people had experienced delays in receiving the support they needed.

Staff told us there had been some issues with how calls were scheduled which had meant calls were not delivered at the times people needed them. One staff member told us, "We have had to have a lot more calls put on to staff to cover calls. It has been quite stressful on some staff." Another staff member said, "The complete length of time has not always been possible but we always make sure that people are safe."

Records looked at during our inspection showed a number of calls were later or earlier than planned, and that one call had been missed completely. This meant people had in some cases not had their personal care needs met and had their meals and medicines given late. The director confirmed this was investigated as soon as it was identified and reported to the local authority as a safeguarding concern. The director told us these issues had been experienced over a three to four-week period and had now been addressed. We spoke to the provider about this and they told us and we could confirm action had been taken to prevent any further missed calls and improve the timing of the calls people received.

However, people confirmed the call times had improved and they had noticed the change. One person told us, "Its ok now. The management has all changed; the main one who owns it is there and since the previous manager left it's got better, they left nearly a month ago, it has done much better since." Staff also confirmed this had improved and the scheduling now gave them time to get between calls and were structured for the times people wanted. We saw there was now a live monitoring system in place and checks were done daily to ensure people did not experience missed calls and late calls were fewer than had previously been experienced. People told us they needed to have their confidence renewed but were hopeful this could be achieved. One relative told us, "The visit at night can still be a bit too late." Another relative told us, "I can't rely on it at present I've lost my confidence with them." The deputy manager told us and the director confirmed there were visits planned to speak with people and relatives about their experiences and offer reassurance that things were going to continue to improve. There were also plans to send out questionnaires to see if people were happy with their call times following the improvements.

Some people received support to have their medicines administered. One person told us, "They [staff] do the tablets from a measured dosage system and they've had no mishaps." Staff told us there were up to date assessments in place which told them the support people needed with medicines. They said records were made of the medicines administered on the electronic recording system. One staff member said, "New medicines such as antibiotics can be recorded on a form on the system which means the records are

instantly updated on the person's care plan and MAR and this works well." Staff had received training in administering medicines and could describe how they would report any incidents regarding medicine administration. We saw there were detailed instructions in place for staff about how medicines should be administered. However, where people had experienced delays in their care calls medicine administration had been delayed and they had not received it at the prescribed time. We saw adjustments had been made to subsequent doses and checks had been carried out to ensure the person was safe. We found this had now improved along with the improved call times.

People received support from staff who had been safely recruited. Staff told us checks were carried out to ensure they were suitable to work with people and the records we looked at confirmed this. The provider checked to ensure staff were safe and suitable to work in the home. A Disclosure and Barring Service (DBS) check was carried out. The DBS helps employers make safer recruitment decisions. This meant safe recruitment procedures were being followed.

People were safeguarded from abuse. People told us they felt safe with the staff who offered them support. One person said, "Yes, I feel safe and at ease with the staff. The staff are reliable and I can't fault them." Relatives confirmed they felt people were safe with the staff and had no concerns. Safeguarding procedures were understood and followed by staff, we saw where incidents occurred these were reported immediately by staff using the electronic system. Staff understood the different types of abuse and could describe how they had taken actions when they had concerns. We found any incidents or concerns were raised with the local safeguarding authority as required.

People and relatives confirmed there were systems in place to manage risks to their safety. One relative told us, "[Person's name] is helped to turn in bed and the staff check the pads are ok. There are no bed sores and they use a pressure mat." Another relative told us, "They help [person's name] have a shower and they have had no falls with them so it's safe." Risk assessments were in place to guide staff with providing safe care and support. For example, one person used a slide sheet to help them move in bed. There was detailed guidance in place for staff about how to position and use the equipment. When we spoke to staff they confirmed they used the guidance to ensure the person was moved safely. In another example, staff told us about one person that was at risk of their skin breaking down. They described the steps they took to keep the person safe, and we saw this was documented in the persons care plan. However, we did find one person was at risk due to a health condition, whilst staff demonstrated knowledge of how to support the person safely the record could have benefited from more detail.

People were protected from the risk of cross infection. One relative told us, "The staff use gloves and they use an apron. They change the catheter bag and this is disposed of properly." Staff were trained to minimise the risk of cross infection. Staff told us they had a supply of personal protective clothing when offering personal care and followed safe hand washing procedures.

There was a system in place to learn when things went wrong. We could see that following the incidents with the timing of call delivery, the concerns had been investigated and solutions put in place to make immediate improvements. Staff told us they had the opportunity to discuss the concerns with the provider at a meeting. We saw there were plans in place to ensure these issues did not happen again and to seek peoples feedback to look for continued improvement. This showed action was taken to make changes when people had not received the care they needed.

Good

Is the service effective?

Our findings

People had their needs assessed and plans put in place to meet them. People and relatives told us they were involved in completing the assessments and agreeing what was in the care plan. One relative told us, "They came and saw us and went through all what was needed and the times were all agreed with [person's name]. [Person's name] has been benefitting from the visits." Staff told us people had an initial assessment carried out and a care plan was put in place. One staff member said, "I can access the full care plan on the system and have access to a summary of the tasks, it is quite good, person centred and tells us about people. The plan can be updated quickly if things change." We confirmed in people's care records assessments were carried out and gave guidance to staff. The guidance included what a good and bad day would look like for people. This meant staff understood how to offer effective support to people.

People were supported by suitably trained staff. One person said, "Yes, the staff are well trained. This firm is much better than others." A relative told us, "Staff are well enough trained." Staff told us they received an induction which included on line and face to face training, and opportunities to shadow staff. The deputy manager told us staff had their competency assessed and would complete the care certificate as part of their induction. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life based on 15 standards to ensure staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe, high quality care and support. There was a training schedule in place which allowed the provider to monitor when training was due to be refreshed. Staff we spoke with demonstrated they had a knowledge of people's care needs and how these could be effectively met.

People were supported to choose their meals and have their nutrition and hydration needs met by staff. People told us staff helped people to prepare their meals and gave them a choice. One person told us, "Yes, they do meals. They are done ok and they are nicely presented." Staff told us they understood people's needs and preferences for meals and drinks. One staff member told us, "One person has a preference to follow a specific diet, the family do the shopping and we offer a choice of what is available." We found people's needs were assessed and plans were put in place to meet these. For example, one person had to have a low sugar diet as they were living with diabetes. There was clear guidance in place for staff and they were able to describe this for us when we spoke to them about the persons care needs.

People received consistent care. The deputy manager told us staff were able to see an up to date position with the persons care needs from the electronic system. We saw staff had access to detailed information from previous calls and any updates to care plans were done live. Staff told us they checked what had happened in previous calls and this helped with consistency. One staff member said, "[Person's name] is very anxious about new people so they try and give them the same staff." The staff member went on to say that this was not always possible due to sickness or holidays but it was mostly achieved.

People were supported to maintain their health and wellbeing. People and their relatives consistently told us staff helped to protect their health and wellbeing by alerting them of medical or other health issues and would get them a doctor or other service if needed. One relative said, "They alert us if [person's name] has

any skin issues for example, they got the doctor to prescribe some cream for [person's name] skin." Another relative told us, "[Person's name] had a fall and when the staff arrived they got an ambulance and will do so if [person's name] is not well." Staff were aware of people's individual health needs and could describe how to support people to manage their health. For example, one staff member said, "[Persons name] care plan tells us what to look for with changes as they are diabetic we know the signs that something is wrong and what actions to take." We confirmed this was detailed in the persons care plan.

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 with appropriate legal authority. 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 found they were. For example, records showed people had given their consent to their care. The service was not supporting anyone that lacked capacity to make decisions, but conversations with the deputy manager and staff showed that staff understood the principles of MCA and the systems in place meant should this occur in the future the provider would be working in line with the MCA.

Good

Is the service caring?

Our findings

People and their relatives told us staff were caring and made positive comments about staff. For example, one person told us, "The one [staff] in the morning is lovely." Another person told us, "I think they are absolutely wonderful, the staff are absolutely marvellous." Another person told us, "It's nice to have them calling. They're polite and respectful and we have a nice laugh together." One relative said, "It's been excellent for [person's name]. They are polite and pleasant staff and [person's name] has some banter with them." Another relative said, "The staff are nice enough and [person's name] likes them. They are professional and pleasant and are kind to [person's name]." Staff told us they had good relationships with people. One staff member said, "We get to know people by having a chat, there is a care plan with information on the phones we use and we can refer to this in the property, but we do have a chance to get to know people well during the calls." The director told us the ethos of the company was to treat people as you would like to be treated and they used a mission statement to communicate this. They told us they actively used the recruitment process to ensure staff were caring and this was checked by a care mentor when new staff commenced employment.

People were supported to make choices about how they were supported and to maintain their independence. One person told us, "The staff check my choice with me about things." Another person told us, "They help as I need I'm very independent. They help me get about safely." A relative told us, "The staff help [person's name] get ready. Any care is done with dignity and [person's name] has said the help has made them more confident." The relative went on to say the person was previously just making do with a quick wash but now with the help of staff were able to manage better. Care plans were written to ensure staff offered people a choice and described what people's routines were. The plans indicated the level of support people needed and what staff needed to do to help them maintain their independence. Staff were aware of the different levels of support people needed and told us the care plans guided them. One staff member said, "We offer a choice of meals, drinks and clothing for example, there is specific information on the calls in the system about what people like and dislike, this helps."

People had their communication needs assessed and plans were in place to meet them. Staff could describe people's communication needs and the strategies they used to ensure people understood what was being said to them and could express their wishes. For example, one person was described as having difficulty with verbal communication and staff explained they used pictures and hand gestures to help the person make themselves understood. The care plan we saw supported what staff told us.

People had their privacy and dignity maintained. One person told us, "The care is done with dignity and they respect my privacy." Staff told us they maintained people's privacy and dignity when offering support. They could describe how they always covered people with towels or sheets to preserve their dignity when carrying out personal care and made sure they closed curtains and blinds. One staff member told us, "There are reminders about this in the care plan when someone likes a particular thing, such as where to position yourself when they are having personal care." The director told us there were checks carried out with staff to ensure they were maintaining people's dignity when caring for them and they also sought feedback from people and relatives about this and were confident staff understood how to protect people's privacy.

Good

Is the service responsive?

Our findings

People and relatives were involved in planning their care and support and their preferences were understood. People and relatives told us staff were responsive to their needs. One relative told us, "[Person's name] had a fall the other day, staff found [person's name] on arrival and they ended up staying in hospital overnight, the staff left a note to remind us they would need a coat when returning home and ensured the house was tidy and clean ready for when they got back." Staff confirmed they worked with people and relatives to understand people's needs and preferences. One staff member said, "The care plan tells us everything they prefer, such as meals, any religious needs, everything." Another staff member gave the example of specific requests about how personal care was carried out and where people had preferences for the gender of their support staff. We found assessments and care plans identified people's preferences for how they had their care needs met. We could confirm through conversations with staff they were aware of these preferences and followed them when delivering people's care. People's protected characteristics were considered. For example, assessments and care plans took account of peoples preferred Language, their ethnic origin and religious beliefs.

People told us staff were often doing little extras and were found to be thoughtful about things. People described this as making a big difference in the quality of their experience of using the service. One person described the value of having a chat with staff. Staff could describe people's interests and how they tried to engage them in these. For example, one staff member told us, "One person loves doing jigsaws so while we are there we do some of the jigsaws with them. Another person likes to have music playing during the call." People's interests and history had been considered and this was recorded in the care plan and used to guide staff on people's preferences.

People understood how to make a complaint. One person told us, "I've had no complaints and I can get the office when I ring up." A relative told us, "We have made complaints many times and it seems they have only just got it." This shows there were mixed views about how complaints had been addressed from people and relatives. However most people said they felt the new management team were more responsive to concerns raised and they had more confidence things would be addressed. We saw complaints had been made to the provider about people receiving missed and late calls. The provider had taken immediate action to address these concerns and people's feedback suggested this had started to be effective with many telling us this had now improved. The provider told us they had acted on the complaints they had received, in line with their policy and used the information to learn and make improvements. The records we saw supported what we were told which shows peoples complaints were responded to.

There was nobody receiving end of life care at the time of the inspection. However, we saw where people had health needs which may deteriorate, future plans had been put in place. This was documented in care plans and staff were aware of this. Staff could describe how they would support people at the end of their life and ensure their wishes and preferences were followed.

Requires Improvement

Is the service well-led?

Our findings

The provider had not ensured the system in place to schedule calls was used effectively. The management team had ceased to use the scheduling system and had put in place a manual calls schedule. This meant people had not had their calls at the times they were expecting them. Some people had experienced calls up to three hours later than they needed them and this had meant their needs had not been met at the times they needed. This included support to take medicines, have their personal care needs met and help with meals.

There were systems in place to monitor calls, which should have prevented people from experiencing missed and late calls. However, these were not being used effectively by the management team. The provider had not identified this, despite quality checks being in place to check on how the management team were operating the systems. This meant people had experienced calls which were late and in some cases missed and as a result had not had their needs met at the time of their choosing. The provider has told us they have recognised the checks they had in place to monitor the actions of the management had not been effective and they were putting in place additional measures which included spending one day a week in the branch to ensure this situation could not happen again.

These issues constitute a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider acted to address the concerns raised. When complaints and concerns were raised directly with the provider they acted to address these. For example, the branch stopped taking on new packages of care to allow them to focus on getting the service right for the people already using it. The provider told us they would not recommence taking new packages until they could be assured the branch had sufficiently stabilised.

The systems to schedule calls had been updated and these were now being used effectively. We saw peoples call times had improved, and people told us they had noted the improvements. The provider put systems in place for all calls to be monitored live. We saw the system enabled the manager to know when a call had not been logged into by staff. This enabled the manager to check on the status and alert people if staff were going to be late. This also meant that missed calls could be prevented as if the call showed as not attended another staff member could be deployed to cover the call if needed. We found this had prevented missed calls since being put in place.

Although we had concerns that the provider's call monitoring system was not being used effectively, we found they carried out other checks to ensure the safety of the service. Medicines administration was checked by the provider to ensure this was done effectively and recorded. The provider used an electronic recording system for information about people's medicines and to record when they were administered. The system enabled the deputy manager to receive an alert in real time if the medicine was not administered. The system also allowed for immediate updates to be done when things changed.

Care plans were audited to check they were up to date and accurate. Daily records were also checked to ensure they were detailed and contained information about peoples calls and how their needs had been met. We saw where these audits had taken place they had identified when things needed to be updated.

The provider carried out spot checks and field observations with staff to ensure they were supporting people effectively. The checks looked at how the person was supported, whether staff were knowledgeable and using the correct infection control procedures for example. The system of checks was linked to ongoing supervisions and learning and development. The system also sought feedback from people using the service and their relatives.

People had mixed views about the service and how well the service had responded to feedback. One person told us, "It's a nice service. I would recommend them." Another person told us, "Yes, I would recommend them, it is very good." One relative told us, "It needs to improve. They are just not organised enough but now it's getting better communications with the deputy are good, they ring me and keep in touch better." Another relative told us, "We've had to get in touch with them about the staff arrival times but they don't always call back." The provider told us they sought feedback from people through visits and questionnaires. We saw visits were taking place to discuss the concerns people had about the service and these were being used to drive improvements.

The provider told us they have an ethos which was treat people how you would like to be treated. The provider said they communicate this throughout the induction for all staff. They told us the aim was to have 'Happy clients', 'happy staff', and achieve 'compliance with CQC'. Peoples experiences had been mixed. Most told us initially they had been happy with the service but had recently had concerns. However almost everyone we spoke with told us they felt the provider had made improvements very quickly, although some commented their confidence in the provider needed to be re built.

The provider understood their responsibilities of registration with us. We found notifications were received as required by law, of incidents that had occurred. These may include incidents such as alleged abuse and serious injuries.

The provider sought ways to continuously improve the service. The provider told us they were planning to introduce access to the care planning system for people and their relatives through the system. This would enable people and relatives to see the records which were held. The provider told us they had invested heavily in the system to ensure innovation and maintain quality.

The provider worked in partnership with other agencies. The provider told us about a partnership with a training provider they had in place which enabled them to access government funded training schemes for staff. One staff member had been supported through this scheme to begin working towards a manager qualification.

The overall rating for this service is Requires Improvement. Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'. Good care is the minimum that people receiving services should expect and deserve to receive.

We strongly recommend that you consider what support and guidance is available to you to achieve and sustain an overall rating of 'Good'. This could include the Commissioners of your service, the Care Improvement Works platform (the joint resource of Skills for Care and Social Care Institute for Excellence) and local and national provider or Registered Manager networks.

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 17 HSCA RA Regulations 2014 Good governance The providers system were not effective in preventing late and missed calls. The systems in place to schedule calls had not been used effectively.