

Care Avenues Limited

# Care Avenues Limited

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Care Avenues Limited is a domiciliary care service registered to provide personal care. At the time of the inspection the service was providing care to 60 people in their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Nine months after our last inspection, a new manager was appointed at the service. The new manager had identified a number of areas for action and was working to address the issues raised at our last inspection. Action plans and audits were in place to drive improvement in the service and provide the registered manager with oversight of the service. However, this remained a work in progress and was continually being re-assessed. Audits to log books were not completed in a timely manner resulting in a delay in action being taken when errors were highlighted. Audits to staff recruitment files had failed to highlight missing information which was identified during inspection.

People were happy with the service they received and told us they would recommend it. Staff felt supported in their role and were on board with the registered manager's vision for the service, which was to provide people with person centred care. People's views of the service were sought and acted on where appropriate.

People were supported by staff who were aware of the risks to them and how to support them safely in line with their care needs. Staff had received training in how to recognise signs of abuse and were aware of their responsibilities to report and act on any concerns that came to their attention. People were supported to receive their medication as prescribed. Staff had been recruited safely. There was a system in place to monitor calls to people and alert management to any potential late or missed calls.

Staff received an induction that provided them with the training, information and support they required to effectively and safely meet people's needs. Staff felt supported and well trained. Staff practice was observed to ensure people were supported safely and in-line with their care needs.

People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by a consistent group of care staff who were aware of people's healthcare needs and supported them to access healthcare services, where appropriate. People were supported where

appropriate at mealtimes.

Staff treated people with dignity and respect and routinely encouraged people to be involved in decisions regarding their care. Staff were described as kind and caring and people received care and support based on their individual assessment, needs and preferences.

There were systems in place to respond to and act on any complaints received. People were confident that if they raised a complaint they would be listened to and it would be acted on.

#### Rating at last inspection

The last rating for this service was Requires Improvement (published 25 October 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvement had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

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.

<b>Is the service safe?</b> The service was safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service was effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service was caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service was responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service was not consistently well led.	<b>Requires Improvement</b> ●

# Care Avenues Limited

## 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

The inspection was carried out by one inspector, an assistant inspector 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.

#### Service and service type

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

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

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us. The inspection started on 22 October 2019 and ended on 23 October 2019. We visited the office location on both dates.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete 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 took this into account when we inspected the service and made the judgements in this report.

During the inspection

During our visit to the office, we spoke with the registered manager, the deputy manager, a care co-ordinator and seven members of care staff. Following the inspection, an Expert by Experience also spoke with five relatives of people who used the service and the inspector spoke with three service users and two relatives.

We reviewed a range of records. This included six people's care records. We also looked at a variety of records in relation to staff training, staff supervision, complaints, safeguarding concerns, minutes of meetings, action plans and numerous audits that provided the registered manager with oversight of 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At our last inspection, we noted risk assessments in place were not sufficiently robust to keep people safe. This was a breach of Regulation 12 of the Health and social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment. Improvements had been made at this inspection and the provider was no longer in breach of Regulation 12 in relation to the concerns raised at the previous inspection.

### Assessing risk, safety monitoring and management

- Systems and processes were now in place to keep people safe from avoidable harm. New risk assessment paperwork had been introduced and shared with staff to ensure they were provided with information on how to support people safely and in line with their care needs. However, there were some inconsistencies seen in the level of detail recorded in some risk assessments. For example, one person's care plan regarding their manual handling needs gave staff detailed guidance on how to support the person safely, whereas a risk assessment for another individual held less detail. We discussed this with the registered manager. We saw that as new risk assessments and care plans had been drawn up by members of her team, she had commenced her own audits of the files and had begun to identify where more information was required.
- People were supported by staff who were aware of the risks to them. For example, staff were able to describe how they supported a person who was at risk of falling, using the correct manual handling techniques. A relative told us, "Staff stand behind [person] when they use their walking frame."
- Prior to offering support, a variety of risk assessments took place, including environmental risk assessments in peoples own homes. Where areas for action had been identified, this had been followed up. For example, where one person had been assessed in hospital, it was recognised they would need additional equipment to help support their independence in their own home and actions were taken to obtain the equipment on behalf of the service user.

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

- People told us they felt safe when staff were in their home supporting them. One person said, "Oh yes, I definitely do." A relative told us, "Definitely, they [care staff] seem to know what they are doing, and they know what [person] can and can't do. They are aware of [person's] limitations and respond to their requirements."
- People were supported by staff who had received training in how to safeguard people from the risk of abuse. A member of staff told us, "Any concerns, I would report it to one of the managers and potentially ring the police."
- Where safeguarding concerns had been raised, they had been investigated and acted on appropriately, including ensuring staff were provided with additional training and had their competencies reassessed. The registered manager understood their legal responsibilities in sharing information with us and the Local Authority when required.

## Staffing and recruitment

- At our last inspection concerns were raised that staff were not provided with travel time between calls. At this inspection, we saw a call monitoring system was in place. Staff used an 'app' on their phone to confirm time of arrival and time they left, which was then monitored in the office. People told us they had not experienced any missed or late calls and staff were usually on time. One person told us, "Very occasionally they have been two minutes late, but it's never been a problem." Staff confirmed they were provided with travel times between calls and we saw evidence of this.
- Staff worked in geographical areas and staff absences were covered by existing staff to ensure people's care needs continued to be met in a timely manner. One relative told us, "They put another carer in place; one [person] has had before."
- Staff confirmed that prior to commencing in post, three references were requested and checks with the Disclosure and Barring Service [DBS] took place. We looked at four staff files and found in two, that checks had not been as robust as they could be. For example, one person had a possible 10-year gap in their employment history that had not been fully interrogated and for another, there were some discrepancies regarding the information recorded and references obtained. We spoke with the registered manager regarding this and on further investigation, found explanations for the gaps, but this information had not been fully recorded on the person's file.

## Using medicines safely

- People were supported to take their medicines by staff who had been trained to give medicines safely and had their competencies regularly assessed. A relative told us, "Carers administer medication; it is vital [person] receives the medication at the allocated time; they have Parkinson's. Staff write down what they have given."
- Care records held information regarding people's medicines, what they were for and the risks to people, should they miss a dose.
- Where people were at risk of developing pressure sores, relatives told us staff ensured topical creams were applied to reduce the risk.

## Preventing and controlling infection

- People told us staff wore protective equipment, such as gloves and aprons, when providing personal care. Staff confirmed they were given access to supplies of this equipment.

## Learning lessons when things go wrong

- Lessons were learnt when things went wrong. For example, a review of care was quickly arranged for a person, when negative feedback was received regarding service delivery. The review was documented, additional staff training was put in place and assurances provided to the person and their loved one.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Prior to offering support, people's needs were assessed to ensure the service could support the person effectively. We found the protected characteristics under the Equality Act had been considered when planning people's care, including who was important in their lives, (including access to relevant healthcare services), their likes and dislikes and how they wished to be supported.

Staff support: induction, training, skills and experience

- People told us they were happy with the support they received and considered staff to be well trained and able to meet their needs. One person told us, "I do think staff are well trained and they are very smart as well." A relative said, "They [care staff] seem well trained, they know how to handle [person], they listen to what I say, and we work through it together, they know how to use the stair lift and rotunda."
- New staff felt supported and were provided with an induction which included completing the Care Certificate [an identified set of induction standards to equip care staff with the knowledge they need to provide safe and compassionate care] and shadowing more experienced members of staff. One member of staff told us, "When it's your first call, they will call you and ask how it went and see if there's anything you need help with."
- Staff felt well trained and supported. There was a training matrix in place which was monitored by the in-house trainer and provided the registered manager with oversight of staffs training needs.
- Staff were provided with regular supervision and an annual appraisal to provide them with the opportunity to discuss any concerns and their learning needs.

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

- For people who required support at mealtimes or their food prepared for them, this was provided. A relative told us, "I leave the food ready and they sit [person] down at the table so that they can eat it" and another relative said, "They are very patient when feeding [person] and try to get them to eat."
- Staff were aware of people's dietary needs and individual preferences and routines. A member of staff said, "If I was to give a person a meal, I'd ask them what they want, even down to 'do you want it on a plate or in a bowl?'"

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

- Staff were aware of people's healthcare needs and the importance of assisting people to obtain medical support if required. Relatives told us they were kept informed if their loved one became or felt unwell. One

relative told us, "They will tell us things like if [person] has a cough."

- Care records held information regarding people's health care needs and the signs to look out for if they became unwell. For example, where people lived with a diagnosis of epilepsy, care plans and risk assessments had been put in place, using a risk assessment from the Epilepsy Society. Care records detailed what seizures looked like for particular individuals, any signs or triggers to be aware of and actions to take if a person experienced a seizure.
- We observed the service worked alongside other health care professionals in order to help people to maintain good health and people were supported, where appropriate, to access healthcare services.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- At our last inspection, we found that some of the key principles of the mental capacity act had not been implemented well and embedded into the service. At this inspection, we found improvements had been made in this area.
- Where people lacked capacity, best interest's decision meetings had taken place to ensure people were supported in the least restrictive way possible. People and relatives told us staff obtained their consent prior to offering support. One person told us, "Staff always get my permission before they do anything, they always ask first."
- Staff had received training in MCA and were aware of the need to obtain people's consent prior to supporting them. One member of staff said, "We have to ask, 'would you like personal care?' People have the freedom to make their own decisions, and if someone does lack mental capacity they would have someone else there [to help make a decision]." However, not all staff had an understanding of the subject. We discussed this with the registered manager who felt this was an area that would be discussed in supervision and at team meetings.

# 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. 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

- People and relatives were complimentary of the care staff who supported their loved ones and described them as kind and caring. One relative told us, "I find them very friendly, they are very caring, they try and chat to [person] even though they won't get much back" and another relative said, "They are nice girls [care staff], they are friendly, they talk to [person], tell them what they are doing, they are polite."
- Staff spoke warmly and with kindness of the people they supported. It was evident they knew people well and the importance of respecting people's wishes and routines. For example, a member of the care staff listed the important items a person needed left by their side before they left the call, including their clean hanky.

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

- People were supported to make their own decisions about their care, for example, their preferences for a male or female carer were respected. One relative told us, "Female carers are preferred and that's what they send" and another said, "[Person] tells them what they want or don't want and the girls are the same religion as us so it isn't a problem."
- Care records reflected people had been involved in the development of their care plans and people's views of the service were regularly sought to ensure they remained happy with the service they received.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect. Staff were mindful of the importance of maintaining people's dignity when providing personal care. A relative said, "It is good, when they wash [person] they make sure the doors and curtains are closed."
- Care Staff were mindful of respecting people's confidentiality and ensuring personal information was not shared inappropriately. A member of the care staff told us, "Whatever the person says, you just listen to them and you don't expose anything about them."
- People were supported by staff who encouraged them to maintain their independence, where possible. One relative told us, "They [care staff] encourage [person] to stand, they say, 'you can do it' and they encourage them to walk." A member of staff told us, "We always ask them if they want us to do something or if they want to do it themselves, so you give them time to do it."

## 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. 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

- People and their relatives were involved in the development of their care plans and regular reviews of their care. One relative told us, "They [care staff] follow what I say to them and I have no complaints." Another relative described the particular needs of their loved one and how staff knew them well enough to respond to these needs.
- Care records held detailed information as to how people wished to be supported, what and who was important to them. One person's morning routine gave staff detailed information as to how to support the person, in what order they should carry out each task and what to be aware of, in particular to the person's healthcare needs. For example, a person who was suffering with arthritis, their care plan alerted staff to this, what it meant to them and how this could impact on care delivery.
- From our conversations with staff, it was evident they knew people well and what they told us, was reflected in people's care records.
- Regular reviews of care took place, including reviews over the telephone, or face to face meetings with family members and social workers.
- People were supported by regular care staff who knew their needs. A relative told us, "I have chosen the calls, I know who is coming and it is the same two staff."

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.

- People's communication needs were identified through the service's assessment process and care plans included information about how to communicate effectively with people. The registered manager confirmed the current staff group were able to support people who communicated in a number of other languages.
- Surveys were sent out to people in a pictorial format, making them simple and easy to complete.

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

- Efforts were made to keep in touch with friends and relatives in order to help people maintain relationships and support networks.

Improving care quality in response to complaints or concerns

- There was a system in place to report, record and act on any complaints received.
- Relatives knew how to raise a complaint and were confident that if they did raise concerns, they would be dealt with appropriately. One relative said, "Yes, I would phone and tell them. I have raised petty ones and yes, I have been satisfied."

#### End of life care and support

- At the time of our inspection, no one was at the end of their life and receiving care from the provider. There were systems in place to address this should anyone need this type of support in the future.

# 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 Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection, we found the systems used to assess, monitor and improve the quality of the service was not effective. This was a breach of Regulation 17 of the Health and social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance. We served a warning notice that required the provider to be compliant by 30 November 2018. At this inspection we checked the progress made to meet this warning notice and found improvements had been made at this inspection and the provider was no longer in breach of Regulation 17 in relation to the concerns raised at the previous inspection.

### Continuous learning and improving care

- The registered manager had arrived in post in April 2019. They told us, "I read the last report as I knew I needed to get a feel for what was happening. Since April there has been an immense amount of change. I wanted to go back to basics and start again."
- There were a number of audits in place to provide the registered manager with oversight of the service and identify any areas for action. However, the audits of log books [books which recorded daily notes of care and support given and medication administration charts] were not being completed in a timely manner which meant opportunities to identify any areas and act on them quickly were lost. For example, in one log book, signatures were missing to indicate a person had been supported to take their medication. The audit had highlighted this and the member of staff had been spoken to and had their competencies reassessed. However, the length of time it had taken to identify this meant the provider could not be assured further errors had not been made. The registered manager confirmed additional staffing had been identified to help with the backlog of audits and this work was being classed as a priority.
- The provider's audits of staff recruitment files had failed to highlight missing information which was identified during the inspection.
- The registered manager acknowledged there was still work to be done and was working to improve systems and processes to ensure changes taking place were embedded into practice.
- When appointed in post, the registered manager had put in place an action plan to identify immediate and ongoing areas for action. People were reassessed to ensure the service was able to meet their needs. Care plans and risk assessments had been reviewed and re-written in a new format to provide the right level of detail and a more person-centred document.
- There were some inconsistencies in the level of detail recorded in care plans and risk assessments. The registered manager had audited these records and had identified areas for action to improve and personalise the information recorded.
- Call monitoring systems were now in place to alert staff to any late or missed calls.

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

- People who used the service knew who the registered manager was and knew members of her team. One relative said, "Yes, we know a couple of them, they are helpful, no problems" and another said, "[Registered manager's name] is really good, she is very helpful, she tries really hard."
- The registered manager displayed comprehensive knowledge regarding the people the service supported.
- On the whole, people told us there was always someone available if they needed to contact the office, although one relative told us their messages did not always get through. They said, "If I ring and they don't answer I try again. I leave a message, but they don't always get them. I left a message the other week saying not to come to the house and they [care staff] did."
- People told us they considered the service to be well run and were happy to recommend it to others. One relative told us, "I would definitely recommend them I have told all my family about them and they are very pleased." People were happy with the service they received, one relative said, "One of the positives is that I have a good relationship with the deputy manager, that helps to work together."
- People told us they would happily recommend the service, one relative said, "Yes, we are satisfied with what we get, we are happy with their service."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibility to report and act on any concerns that came to their attention. Where safeguarding concerns came to light, they were acted on appropriately.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was clear about their own role and responsibilities and to develop their own learning to ensure they were aware of the latest guidance. They told us, "Birmingham City Council is very good with training and I like to read a lot as well and use Skills for Care. I share as much as I can with staff."
- The registered manager was keen to bring improvements to the service by supporting staff to attend monthly workshops that covered a variety of subjects such as record keeping and person-centred care.
- Staff felt supported and listened to. Monthly meetings with staff took place, to provide them with the opportunity to raise any concerns they may have and discuss any training needs.
- Staff were aware of the registered manager's vision for the service and were kept informed of the changes being introduced, for example, new care plan and risk assessment paperwork was shared with staff, to give them opportunity to provide any feedback on the changes being introduced.

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

- Peoples views of the service were regularly sought through the completion of anonymous questionnaires every six months and regular telephone surveys. One person told us, "They do ring and check everything is ok." And a relative said, "They do contact us, we filled in one not so long ago."
- Following the receipt of 34 completed surveys in May 2019, service users had been written to thanking them for their feedback and provided with a summary of the responses received and actions taken.
- We saw completed questionnaires had recently been received, all providing positive feedback of the service. Where positive feedback was received regarding particular members of staff, staff were written to and informed of this and thanked for their hard work and caring nature.
- The registered manager was keen to obtain staff's thoughts on the service and improvements being introduced through supervision, staff meetings and anonymous surveys.

#### Working in partnership with others

- The registered manager identified local workshops that staff may be interested to take part in the local community.
- The service worked alongside other professionals such as district nurses and social workers to ensure people's needs were met.