

WilsonParker Limited

Avail (Bury St Edmunds)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Avaiill [Bury St Edmunds] is a domiciliary care service providing personal care to 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. At the time of this inspection there were 27 people using the service, 13 of which were in receipt of personal care.

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

At our previous inspection we found shortfalls in staffing, safe care and treatment and governance. The provider sent us their action plan telling us what they would do to ensure compliance.

Whilst we found some improvement in the quality of care and risk management plans the service remained in breach of the regulation. Progress to make all necessary improvements to the governance and oversight arrangements was ongoing and due to some changes in management this had impacted on progress and timescales.

Systems in place to ensure staff received appropriate induction, support and training that is necessary for their role continued to be in need of improvement.

The service had been without a registered manager since February 2021. The provider's oversight and governance of the service continued to be ineffective.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right Support, Right Care, Right Culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: The provider had safeguarding processes in place. Staff understood how to ensure people were protected from the spread of infection. However, people told us they experienced constant changes of care staff.

Staff were recruited safely.

Right Care: People told us staff were kind and caring and were treated with respect, however some people told us they did not always have the opportunity to give feedback. Improvements had been made to the provider's systems to assess and manage risks safely for people and were ongoing to support people to have maximum choice and control of their lives and for staff to support them in the least restrictive way possible and in their best interests; the policies and systems in the service to support this practice were also

being reviewed.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services lead confident, inclusive and empowered lives.

Systems for auditing had been introduced but needed further development to consistently evidence and document the actions taken and where applicable lessons learnt.

There were mixed views about the communication from the office, some people said it was good and others said it was not good at all. Staff told us the constant change in management had impacted on morale.

The provider had an electronic call monitoring system in place which for the most part was effective. People told us overall they felt safe with all staff who supported them. Risk management plans were in place, we have made a recommendation about improving risk assessments for people with a diagnoses of epilepsy.

We recommended the provider uses a reliable system to monitor staff care calls to ensure they continued to be delivered according to people's care plans.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 10 December 2021) and there were 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 some improvements had been made but the provider remained in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last two inspections.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Enforcement and Recommendations

We have identified continued breaches in relation to staff training and support, governance and oversight of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when

we next inspect.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Avail (Bury St Edmunds)

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by an 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 houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was no registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 30 March 2023 and ended on 11 April 2023. We visited the location's office on 30 March 2023.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 8 relatives about their experience of the care provided. We also had contact with 10 members of staff including care staff, care coordinator, senior manager and director.

We reviewed a range of records. This included 4 people's care plans, 4 staff records in relation to recruitment, and a variety of other records relating to the management of the service were also considered as part of the inspection.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection we found systems were not in place to ensure staff received appropriate support and training that is necessary for their role. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found there was insufficient improvement. The provider was still in breach of regulation 18.

- At our last inspection we found staff were not routinely provided with induction training and shadow shifts. In response to our findings the provider told us in their action plan they would 'ensure during induction, all staff would undertake a number of shadow shifts and complete a competency assessment before commencing solo working'.
- At this inspection we found staff were not routinely provided with shadow shifts prior to their working with people un-supervised as described in the provider's action plan.
- Other than evidence of spot checks carried out on some staff performance, no records had been maintained of staff inductions which should include evidence of shadowing opportunities and assessment of staff competency prior to working unsupervised in the community. This meant staff were not always provided with opportunities to work alongside more experienced staff and introduced to people where they would be performing their very personal care.
- One member of staff told us, "I had to sit in front of a computer to do on-line training but was not provided with any shadow shifts. I was told because I had experience of care, I didn't need shadowing opportunities. This is all very well but you have to turn up at people's homes where they don't know you. I think you can request shadow shifts if you ask for them but you don't get paid for working them." Another told us, "You don't routinely get offered shadow shifts. No one took me out to meet people, you just get on with the job. If you ask for shadow shifts, I think you can have one or two but you don't get paid for working those shifts. There is no travel time paid and neither any mileage. We also have to pay for our own uniforms."
- All staff we spoke with said they had access to on-line mandatory training which they were expected to do in their own time, unpaid.
- Staff also told us they did not have access to staff meetings. Office staff confirmed the last staff meeting was 2 years ago.
- People told us there was no system in place which would regularly inform them of the timing of their planned calls and the names of staff who would be supporting them.
- Comments from people included, "I have had that many change of carers. They come and they go. You just never know who is going to turn up. When new staff arrive, they don't always know what they need to do

and so I have to tell them." And, "Some carers try to do the bare minimum and leave as soon as they can rather than do the full allocated time making me feel rejected and like a check list rather than a human being." Another person told us, "There have been occasions when staff have not turned up. I call my family who have to come and help me."

This demonstrated a continued breach of Regulation 18 [Staffing] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- Records showed that relevant pre-employment checks, such as checks with the Disclosure and Barring Service, references and proof of identity had been carried out. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. This ensured staff were suitable to provide safe care to people.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvement and the provider was no longer in breach of regulation 12.

- At our last inspection we found Improvements were needed in the quality of risk management plans to ensure clear guidance was provided for staff in how to reduce risks to people's safety.
- At this inspection we found the quality of care planning and risk assessments had improved.
- People had individual risk assessments in place covering physical and mental health conditions such as, epilepsy, dementia, diabetes, falls, environmental risks, moving and handling and mobility.

We recommend the provider considers further work to ensure care plans in relation to people with a diagnosis of epilepsy describe the type, how this presents and intervention guidance for staff in the event of a seizure.

Using medicines safely

- Policies, procedures, and training was in place to support the safe administration of people's prescribed medicine, where that support was required.
- Staff had received training in administering medicine, training records confirmed this.
- Staff were able to tell us how medicine should be administered safely.
- Some staff confirmed they had their competency to administer medicines checked.

Systems and processes to safeguard people from the risk of abuse

- Staff had received on-line training in how to safeguard people from the risk of abuse.
- Staff understood their responsibilities in regard to reporting incidents to management but not all staff were clear on their responsibilities to escalate any concerns to other external agencies for further investigation if needed.

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 MCA 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.

- We were not made aware of any concerns during this inspection about people not having their consent to care sought.
- People's capacity to make decisions about their care and treatment was assessed. These were individual to the person and documented in their care plans.

Preventing and controlling infection

- The provider supplied staff with personal protective equipment (PPE), such as masks, gloves, and aprons so they could support people safely and avoid the risk of cross contamination.
- People told us this equipment was used during provision of their personal care. One person said, "They [care staff] all wear their PPE." Another said, "I tell them they don't have to wear the masks but they say it is company policy to do so."
- Staff had training in infection and control measures.
- The provider had an infection control policy in place to guide staff on preventing the spread of infections.

Learning lessons when things go wrong

- Accidents and incidents were documented and recorded as they occurred. However, there was no system of management oversight in place to ensure analysis of themes and trends with actions taken to avoid a reoccurrence.

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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. 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.

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

At our last inspection the provider had failed to ensure effective governance and oversight of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found there was insufficient improvement. The provider was still in breach of regulation 17.

- The service was not well led due to several changes of management and had been without a registered manager since February 2021.
- The service was currently being managed by one of the company directors. They told us they were in the process of registering as manager for this service.
- There were mixed views about the communication from the office, some people said it was good and others said it was not good at all. Staff told us the constant change in management had impacted on morale.
- Several staff, people who used the service and their relatives told us they were not aware of who the manager was as they had not been kept informed of management changes.
- Staff told us, "There has been that many managers come and gone, I have lost count." Another said, "I do not know who the manager is. The communication is poor. There are no staff meetings and I've not ever had a supervision."
- There was a system in place for reviewing care plans on a regular basis.
- Management audits were brief in detail consisting of tick box audits in relation to complaints, safeguarding, spot checks and medication errors. Audits did not always identify actions taken in response to shortfalls identified. For example, actions in response to missed and late calls.
- As identified at the last inspection there continued to be a lack of oversight in relation to incidents and accidents with analysis of trends and action plans evidenced.

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

- There was a system in place to record complaints. However, we noted from a review of the complaints log

and discussions with staff, people and their relatives, not all complaints raised with the provider had been recorded.

The lack of governance and oversight continued to place people at risk of harm. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- We received mixed views about the quality service people received. Comments from people included, "Not all staff stay the amount of time they should." And, "Some staff do very little. If they do stay the full amount of time, they just sit on their phones. There have been so many changes in the carers that come to me." Other more positive comments included, "There are staff who do all they can to help you, going above and beyond." And, "I have no concerns, they are all very kind to me."
- There was a lack of systems in use to enable people to give their feedback about the quality of the service they received. The operations manager told us due to changes in management quality surveys had not been carried out. Staff had not been receiving opportunities for supervision and staff meetings. Plans were in place to rectify this.
- There was no call monitoring system which would confirm staff arrival and recorded when they left. Instead, there was a reliance on staff recording their arrival and departure time in the persons' care notes and time sheets to monitor if the care call had taken place or not.

We recommend the provider uses a reliable system to monitor staff care calls to ensure they continued to be delivered according to people's care plans.

Working in partnership with others

- The provider worked with health care professionals and the local authority commissioning and contracts team.
- We observed positive working alongside social work professionals in support of people with complex mental health needs.

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 Management and oversight arrangements continued to be ineffective.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider continued not to ensure staff received appropriate support, training, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.