Ave Maria Care Ltd

Ave Maria Care Services

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

This announced inspection took place on 11 October 2016. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides domiciliary care and support to people living in their own homes and we wanted to make sure staff would be available to talk with us about the service. This was the provider's first inspection since their registration in February 2015.

Ave Maria Care Services is registered to provide personal care and support for adults living in their own homes. At the time of this inspection visit, the service provided care and support to 55 adults.

There was a registered manager in post at the time of the inspection. 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 registered manager demonstrated an understanding of the importance of effective governance processes. There was a quality monitoring system to enable checks of the service provided to people and to ensure they were able to express their views so improvements could be made. However the planning and scheduling of visits required some improvement as people who used the service regularly experienced late calls.

The service reduced the risk of people being harmed and from potential abuse because the safety of people who used the service was taken seriously. Managers and staff were aware of their responsibility to protect people's health and wellbeing. There were systems in place to ensure that risks to people's safety and wellbeing were identified and addressed. Staff understood the various types of abuse, what signs to look for and knew how and who to report any concerns to. Staff also knew what action they needed to take to minimise any potential risk of harm caused through an injury or accident to keep people safe. There were appropriate arrangements in place to ensure peoples' medicines were obtained and, where appropriate, people were supported to take their medicines safely.

Although people told us they did not always receive consistent support from the same staff, they felt staff had the skills and knowledge to meet their individual needs. Staff were recruited in a safe way and employment checks were completed before they started to work for the service. There were sufficient staff numbers on duty to meet the support needs of people who used the service. Agency staff were not used as it was recognised this could have a negative impact upon people who received the service. Staff received training and supervision and there were support processes in place to monitor their practice. Staff training was monitored and provided when specific individual needs were identified. Staff were happy with the quality of the training and were keen to learn and improve their knowledge base in order to provide effective care.

People had been involved in decisions about their care and received support in line with their care plan.

Relatives were also involved in how their family member's care was planned and delivered. People were encouraged to make choices in the support they received. Staff understood that people have the right to refuse care and that they should not be unlawfully restricted. The provider knew what appropriate action should be taken to protect people's legal rights. Staff supported people to have drinks and, where appropriate, meals that they enjoyed.

Peoples' needs were being met because the service worked in partnership with health and social care professionals to meet those needs. Health professionals we spoke with were happy with the standard of care provided although one professional was concerned with the inconsistency of care staff. Staff were caring, kind and treated people with dignity and respect. People's choices and independence was respected and promoted and staff responded to people's support needs. People, relatives and staff felt they could speak with the provider about their worries or concerns and felt they would be listened to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

People felt safe with the staff that provided them with support. People were safeguarded from the risk of harm because staff was able to recognise abuse and knew the appropriate action to take.

Risks to people's health and safety had been identified and were known to the staff. This ensured people received safe care and support.

People were supported by sufficient numbers of staff that was effectively recruited to ensure they were suitable to work with people in their own homes.

People were supported by staff to take their medicines as prescribed by their GP.

Is the service effective?

Good

The service was effective

People were supported by staff that had the skills and knowledge to assist them.

People's consent was sought by staff before they received care and support.

People were supported by staff with healthy meals where appropriate.

People received additional medical support when it was required.

Is the service caring?

Good

The service was caring

People were supported by staff that was kind and respectful.

People's independence was promoted as much as possible and staff supported people to make choices about the care they received.

People's privacy and dignity was maintained.

Is the service responsive?

Good

The service was responsive

People received care and support that was individualised to their needs, because staff was aware of people's individual needs.

People knew how to raise concerns about the service they had received.

Is the service well-led?

Requires Improvement

The service was not consistently well-led

Quality assurance and audit processes were in place to monitor the service to ensure people received a good quality service. However there was some improvement required in the planning and scheduling of visits.

People were encouraged to provide feedback on the quality of the service they received.

People were happy with the service provided by the care staff.

Ave Maria Care Services

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 took place on the 11 October 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their own homes and we needed to be sure that the registered manager and staff would be available to meet with us. The inspection team comprised one inspector and an expert by experience. An expert by experience is someone, or is caring for someone, with experience of using this type of service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asked the provider to give us some key information about the service, what the service does well and improvements they plan to make. We sent out 11 questionnaires to people who used the service and three were returned. 11 questionnaires were sent to relatives and three were returned and 11 questionnaires were sent to staff where five were returned. Also as part of the inspection process we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences which put people at risk of harm. We refer to these as notifications. We reviewed the notifications that the provider had sent us and any other information we had about the service to plan the areas we wanted to focus our inspection on. We reviewed regular quality reports sent to us by the local authority to see what information they held about the service. These are reports that tell us if the local authority has concerns about the service they purchase on behalf of people.

We spoke with seven people that used the service, two relatives, two health and social care professionals, three care staff, the commercial manager and the registered manager. We looked at records that included five people's care records and the recruitment and training records for three staff. This was to check staff was suitably recruited, trained and supported to deliver care to meet each person's individual needs. We also looked at records relating to the management of the service and a selection of policies and procedures including complaints and audits carried out to monitor and improve the service provided.

Good

Is the service safe?

Our findings

From the surveys we received 100% of respondents reported the service provided was safe. People we spoke with told us they felt safe when staff came into their homes. One person said, "I feel fine and safe with the girls." Another person told us, "They [staff] always leave my phone beside me. They [staff] also call out when they come in so I know who it is." A third person said, "They make sure I am wearing my alarm on my wrist before they leave" A healthcare professional said, "Even though there are timing issues with care staff, I do feel that [person's name] is safe with the carers." Staff explained their responsibilities to protect people and how they would report concerns. Staff we spoke with confirmed they had received safeguarding training and were able to explain to us the different types of abuse and how they would identify if someone was at risk of being harmed. For example, one staff member said, "If a person suddenly started to act differently with me for example, if they are usually chatty and they suddenly become very quiet and withdrawn, that can usually mean something's not quite right." Another staff member told us, "If someone didn't want me to touch them or pulled away, if they were uncomfortable or over agitated I'd guess there was a problem so I'd let the manager know straight away." We saw the registered manager had raised a safeguarding with the appropriate local authority, which demonstrated there were safeguarding processes in place to keep people safe and protect them from the risk of harm.

We saw that people had received an initial assessment before receiving support from the service, to determine if the provider was able to meet the person's care needs safely. This ensured that the service only provided support to people whom they were able to meet their needs safely. We saw the care plans that we looked at contained risk assessments to reduce individual risks to people. They included information about the person's home and living environment, identifying potential risks for staff to be aware of. We saw the plans were reviewed and discussions with staff demonstrated they had read the plans because they knew how to support people safely.

People and relatives we spoke with confirmed they were involved in planning their care and also discussed how to manage any risk elements involved in supporting people. For example, one person required support to get in and out of bed safely. Staff explained how they would use specialist equipment that ensured the person was supported safely. We asked staff what they would do if they found a person unconscious. One staff member explained how they would check the person was breathing, if appropriate move them to a recovery position, contact the emergency services and the office. Another staff member told us, "I'd keep talking to reassure them until help arrived; they might be unconscious but could still hear me." The provider had processes in place to keep people safe in the event of an emergency. Staff had received training in first aid and knew what action they would need to take should an emergency arise.

The registered manager and staff told us they thought there were sufficient staff members working within the service. One staff member said, "We've just taken on more staff as the service has grown so I think we have enough at the moment." Another staff member told us, "I think we have enough staff." The registered manager explained they had an ongoing recruitment drive as this allowed the service to retain bank staff as well as full and part time staff. Bank staff provided cover for planned and unplanned shortfalls in staffing, covering vacancies and staff absences. We reviewed the processes in place for staff recruitment. The

provider had a recruitment process in place. This included ensuring that all staff employed had a Disclosure and Barring Service (DBS) check prior to working with people using the service. This ensured that staff employed was suitable to work with people. People spoken with also felt there was sufficient staff numbers because, although late, calls were attended by a staff member. This suggested the lateness was a result of the planning of the call runs and not the number of staff employed.

People told us they received appropriate support with their medicines. One person said, "My tablets are in one of those packs and the girls give me the tablets to take. There has never been a problem." Another person told us, "I take my own medication but they know my memory isn't great and so they usually check to make sure that I've taken it." A relative explained, "The staff always checks that [person's name] has taken their tablets as their memory is not that good." Staff we spoke with confirmed to us that they supported people with their medicines and had received training on how to support people safely. The Provider's Information Return (PIR) stated there had been 13 medicine errors in the last 12 months. However, we saw that systems were adequate to record what medicines staff had supported people with and the errors were recording issues, not medicine errors. The recording errors had been identified and addressed by the provider with relevant staff members in supervision. The registered manager informed us that spot checks of staff administering medicines were carried out. Staff confirmed observed practices were completed on their induction training. Checking staff competency is another way of making sure staff had the skills and knowledge required to support people safely. Staff we spoke with was able to describe how they supported people with their medicines including appropriate action to take if someone refused their medicines.

Good

Is the service effective?

Our findings

From the surveys we received 100% of respondents said the staff had the right skills and knowledge needed to deliver effective care and support. One person told us, "I've had two new carers recently but both were shadowing more experienced carers and both seemed very capable." Another person relative said, "I have had to lead some staff by the hand and tell them what to do but recently there are more regular carers since I spoke to the office and they have more experience." Staff we spoke with was able to explain to us about the individual needs of the people they supported. One staff member said, "We always check the daily records because things may have changed since you were last there. We pick up on anything new or if there is anything we need to be made aware of and let the manager know."

The Provider's Information Return (PIR) stated that staff are 'given a thorough induction and training to highlight the company ethos.' We saw that new staff members had completed induction training which included working alongside an experienced member of staff. One staff member told us, "I shadowed a colleague for a week which helped my confidence because I knew what I was expected to do." The registered manager confirmed new staff completed training in line with the Care Certificate whilst existing staff, when their training was due to be renewed, would also complete the Care Certificate. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and effective care. We saw that staff completed regular training that was monitored and updated throughout the year. Staff told us they felt they had the necessary training and they were supported by the provider to carry out their role. One staff member we spoke with said, "I think the training provided is very good, I find it helpful." Another staff member said, "The training is good."

Staff we spoke with told us they were supported in their role and received supervision and confirmed the registered manager or senior care staff would complete spot checks and observations of their work. Staff continued to tell us the registered manager was 'very approachable'. Records we looked at confirmed that staff did have supervisions and spot checks. A spot check is where a member of the management team would assess the capabilities of a staff member in the workplace environment.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) 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.

Staff told us they had completed training in the MCA and gained consent from people they provided support to. Staff confirmed in their conversations with us they knew the people they supported well. Staff explained how they involved people in their day to day choices. One staff member said, "[Person's name] doesn't speak but I can tell from their demeanour, their facial expressions and their mood how they are feeling and what they want."

People we spoke with confirmed staff would seek their permission before supporting them. One person

said, "They [staff] always check with me that I feel ok and well enough before they start helping me wash." Another person told us, "In the morning they [staff] ask me if I want to have a wash before they do it." We saw from people's care plans that they were supported to make decisions about the care they received.

DoLS are part of the MCA and aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. 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. The application procedures where personal care is being provided must be made to the Court of Protection. The registered manager and staff we spoke with knew of their responsibilities regarding DoLS and told us that no applications had been made.

Staff we spoke with told us 'a lot' of the people they supported lived with a family member or their relatives visited regularly, so they did not 'always' become involved in people's nutritional choices. Where staff did support people, the PIR stated that nutritional risk assessments for weight loss and diet management were in place to monitor food and fluid intake for people. One relative told us, "They [staff] give [person's name] a choice and prepare their meals and sit with them to make sure they eat it. [Person's name] had lost lots of weight before we started this care package but they [provider] are now maintaining [person's name] weight and it has increased." The care plans contained guidance for staff for the people that required support to cook prepared meals. This ensured people received food they enjoyed and prepared in a way that they preferred.

We saw from care plans there was input from health and social care professionals, for example, GPs, district nurses, occupational and speech and language therapists and social workers. We found that family members were usually responsible for arranging people's routine healthcare appointments. However, the registered manager told us they had referred people to the relevant healthcare professionals to seek specialist advice when they were concerned about people's health care needs. For example, we saw referrals had been made to the appropriate specialist to support people who had difficulty with eating. Staff were aware of their responsibility to report changes in a person's health. A health care professional told us the provider would always contact them if there were any changes in a person's healthcare needs. We saw the provider worked well with healthcare agencies to ensure people's health and support needs were continually met.

Good

Is the service caring?

Our findings

From the surveys we received 100% of respondents were happy with the care they received from staff. One person told us, "They [staff] sit and chat with me and are always very kind. They talk to me with interest and ask me questions about myself." Another person said, "I'm very satisfied with the carers. They [staff] all seem very efficient. I have a keysafe and they always shout to me when they come in so I am not surprised or frightened. They do have a chat as they are doing things and ask me about myself as well as telling me about their life which I enjoy. I find them all very friendly and caring." A relative said, "They [staff] seem really good. I have only seen a couple of the carers but one particularly is spot on with [person's name]. She is not patronising at all but does gently remind [person's name] of things which they need as their memory is not good. [Person's name] also panics a lot and the girl I saw was really good with her, she calmed and reassured her which worked really well. [Person's name] loves the carers."

People and relatives we spoke with told us they felt listened to and were involved in planning the care and support received from staff. One person told us, "The manager came out when I was in hospital and discussed what I thought I needed and she has phoned a few times since then to see how I am getting on." A relative said, "We have a copy of the plan in the house that staff completes each time they visit." The registered manager explained they discussed the care plan in detail with the person and relatives at the time of the initial assessment and this was regularly reviewed. We saw that there was some information available about people's life histories. This provided staff with background information on matters that were important to people. It gave staff insight into what the person's life was like before they required support. For example, one staff member explained, "It helps to know what people were like before so you can talk about things they like." Staff we spoke with was positive about their role and the relationships they had developed with the people they supported. Staff were able to tell us about things that were important to the people they supported. A staff member told us, "I've been supporting [person's name] for a long time now and we get on very well."

Staff told us that people's independence was promoted as much as possible and gave us examples of how they did this. One staff member explained, "[Person's name] has limited mobility but I always try to encourage them to do what they can." People we spoke with told us staff supported them to make day to day decisions about their care and support. One person we spoke with said, "I can do quite a bit for myself and the carers encourage me to do this but they help me when I need it." Another person said, "They [staff] support me when I try to be independent although warn me not to overdo it."

The Provider's Information Return (PIR) stated that all care staff were reminded to promote the privacy and maintain the dignity of people using the service with regard to personal care, bathing and dressing. From the surveys we received 100% of respondents confirmed they were always treated with respect and dignity. People we spoke with also told us that staff treated them with dignity and respect. One person told us, "All the girls are nice and helpful. I can always have a nice chat and they make me feel very comfortable. They always make sure I am covered up after my bath." Another person said, "I prefer the experienced carers to shower me rather than the young ones, they [staff] help preserve my privacy, pulling the curtain over and looking away as I get dressed." Staff gave us examples of how they ensured a person's dignity and privacy

was maintained. For example, making sure doors and windows were closed and people were appropriately dressed in clean clothes. A staff member told us, "Some people do get embarrassed when you are supporting them but I just keep talking and it seems to distract them and helps them feel more comfortable."

Good

Is the service responsive?

Our findings

From the surveys we received 100% of respondents confirmed they were consulted as part of the process of making decisions relating to their care and support. Relatives we spoke with told us they felt people's needs were being met. People and relatives confirmed they had been involved in the initial assessment process with how care and support needs would be delivered. One person told us, "I was having four calls a day but now my support needs have changed I asked for calls to be dropped to three day. They [the provider] have been very flexible. I think that's good." Another person said, "[Staff name] has been out and asked me if everything is ok." The Provider Information Return (PIR) stated people using the service 'have busy lives to facilitate, cancellation of calls up to a few hours before the scheduled call' are accepted. The registered manager described how the service was responsive and flexible. They confirmed how people's needs were reviewed and changes were made to people's care and support by either increasing the number of calls or reducing the support as required. We found the provider responded to the changing needs of people. One relative told us, "They [the provider] have had to change the care when [person's name] has an appointment or has been in hospital and they are good at that."

We saw from the care plans that we looked at they were written to reflect people's individual care and support needs. Staff we spoke with confirmed their knowledge of the people they supported; including an understanding of people's likes and dislikes. One person said, "They [staff] always seem to use the time efficiently and always ask if there is anything else I need before they go." Another person told us, "I am satisfied with Ave Maria. All the staff are nice and helpful." From the surveys we received 67% said they received care and support from familiar and consistent care staff. People and relatives we spoke with confirmed that although staff were sometimes late, that 'generally' they saw the same staff members. We saw from records that overall people had received support from the same staff members. Staff we spoke with knew what was expected of them and gave us examples of how they delivered individualised care and support to people.

The PIR stated 'any concerns, suggestions or complaints were dealt with swiftly' and there had been no 'formal' complaints. We found people were 'generally' happy with the service received from the provider, however, there had been complaints raised about a number of issues. For example, the lateness of calls, one missed call, a male carer arriving to deliver personal care when people had specifically requested female staff and the inconsistency of some care workers. We reviewed the provider's complaints record and found that although some of the complaints had been recorded this was not consistent. One complaint we were told about made reference to a person that we were not aware was in receipt of the service. The registered manager apologised for the error but could not offer an explanation how the omission had occurred. They continued to explain they had previously spoken with family members at length about their concerns. Following our inspection visit the registered manager informed us arrangements had been made to hold a review.

Although there was a copy of the complaints process contained within people's care files, not everyone we spoke with knew about the process. However, everyone we spoke with confirmed if they did want to complain they would contact the registered manager. One person said, "I have never had to complain but

there is a number you can phone, there is also a senior that I could speak to but I have never had to." Another person told us, "I complained about the lack of regular carers and too many people having my keycode but I think it has improved a bit." Another person explained, "I did say that I didn't want male carers. They sent a male carer. I phoned the office to complain but he continued to come for another four mornings that week." The registered manager explained she had apologised to the person who had received a male carer. The registered manager told us what action had been taken for each of the complaints and we could see, where appropriate, staff had also been spoken with.

Requires Improvement

Is the service well-led?

Our findings

We looked at systems the service had in place to monitor the quality and safety of the service. We found that the systems reviewed care plans, risk assessments, medicine recording sheets and attendance to calls. Where any issues had been identified, for example, staff not accurately signing the medicine records, this had been picked up and addressed either at the staff meetings or individual supervision.

The Provider's Information Return (PIR) stated there was an 'electronic call monitoring system in place to monitor call times effectively'. We saw the timing of individual calls completed by staff were electronically recorded. All the people and relatives we spoke with had experienced late calls. Staff spoken with explained if they were going to be late, they would contact the office so the person could be informed. We found this was not consistently practiced. One person said, "Once at one of my night visits they were very late, eventually she did arrive but I wish they would phone me if they are going to be late." Another person told us, "I expect them to be late now. Sometimes they [staff] will say they have another call to make which is down for the same time as my visit - how are they [staff] supposed to do that." A relative explained, "They [staff] come at all different times and that can unsettle [person's name] as when they are late she gets quite anxious worrying where they are." Staff we spoke with told us that they 'sometimes' felt the planning left limited time between calls particularly if they needed to travel between local areas. A health care professional told us they had discussed the 'timings' of staff arriving with the registered manager on a number of occasions. One staff member told us, "The travel time between calls sometimes is difficult to manage. One call will finish at 10am and your next call is due to start at 10am I know we have the half hour window but in the mornings, particularly when traffic is very busy or your previous call has overrun, you are constantly playing catch up."

We spoke with the registered manager about the lateness of calls. They acknowledged that lateness had been an issue identified from monitoring systems, feedback surveys and calls to the office and that they were actively trying to address the situation. They explained their terms and conditions did allow for a 'half hour window' either side of the allocated time. The registered manager continued to tell us they had also recruited additional staff and had assigned staff to specific care calls to reduce the need for staff to travel longer distances between areas. They confirmed care staff should telephone the office and notify office staff if they were running late. The provider said they would re-emphasise with care staff, during staff meetings and individual supervision, the importance of communication with the office in the event of care staff being late so people and their relatives could be informed as quickly as possible. Although the provider had an electronic monitoring system, it had not effectively reduced the number of late calls people were experiencing. The scheduling and planning of calls required improvement.

People we spoke with told us that they were 'generally happy' with the quality of service they received from the provider irrespective of the lateness of their calls. One person told us, "All the carers seem to enjoy their work and they seem to get on with each other. They all seem happy enough with the managers and senior people." Another person told us, "They [the provider] are the only care agency I know so it's hard to compare with others but they seem to have a good name and reputation amongst the people I know." A relative we spoke with told us, "I think overall we are very happy with Ave Maria, the communication is pretty

good although sometimes I struggle to get hold of them but I leave a message and they always come back to me and that's good."

We saw from the provider's website it was up to date and information was available about the services provided. The registered manager explained how they kept up to date with current care practice. The provider issued a quarterly newsletter and sought regular feedback from people who used the service and their relatives. One person told us, "I have had a questionnaire asking for my opinions." Another person said, "I have had a questionnaire." We saw the results of surveys which had been completed by people using the service. Comments included, 'Whatever I ask, carers do it,' 'So very happy with care dad receiving, he can stay at home now,' and 'I get on well with carers, always reliable and I am well looked after.' The information collated made it clear the areas that required some improvement and where appropriate, this was recorded and monitored for trends to ensure people's experiences were improved.

Staff told us the registered manager had provided continuity and leadership and felt supported in their role by the management team. Staff explained the registered manager or senior care staff member completed spot checks on the care they delivered. We saw from records that spot checks had been completed. One staff member told us, "Personally, I think more spot checks should be done, they are a good thing."

Staff we spoke with and records we look at confirmed staff meetings had taken place. One staff member said, "I enjoy our staff meetings, we can share good practice, I find them very useful." Staff confirmed if they were unable to attend the staff meetings they did receive minutes which kept them informed of the matters discussed. Staff spoken with all confirmed with us the manager was 'approachable' 'helpful' and they would have 'no hesitation' in requesting support or assistance. One staff member told us, "I like them [management team] very much, they don't put any pressure on you." Another staff member said, "I do feel valued, they [management team] motivate us, it's a good company." The registered manager explained how they presented awards to staff for 'going above and beyond.' Staff we spoke with told us they had received awards and were pleased their commitment and hard work was being recognised by the provider.

Staff told us if they were worried or concerned about anything they would speak with the registered manager or senior. One staff member said, "I would go straight to the manager if I was worried about anything." Another staff member said "If I reported something and nothing was done about it I'd go to CQC." We saw the provider had a whistleblowing policy. Whistleblowing is the term used when an employee passes on information concerning poor practice.

We were told by the registered manager of one safeguarding referral they had made to protect a person from the potential risk of harm. However, the provider had not informed CQC as they were required to do so by law. The provider apologised for their oversight and assured us any future notifiable incidents would be alerted to CQC. We found the provider had acted accordingly and worked with the local authority during the investigations.