

Gurmej And Associates Limited

Avail - Bradford

Inspection report

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Date of inspection visit:
19 December 2016
20 December 2016
21 December 2016
22 December 2016
23 December 2016

Date of publication:
25 January 2017

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?	Good ●

Summary of findings

Overall summary

Availl - Bradford provides personal care to people living in their own homes in the Bradford area. This was an announced inspection which took between 19 and 23 December 2016. At the time of the inspection, the service was delivering personal care to 18 people.

At the last inspection in December 2015 we were unable to provide the service with a rating as it had only been operating for 6 weeks and there was insufficient evidence of sustained good practice. However we did not identify any breaches of regulation.

A registered manager was in place. 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.

People and relatives spoke positively about the service. They said a high quality, personalised and reliable service was provided which met people's care needs.

People said they felt safe in the company of staff. Staff had received training in safeguarding and understood how to identify and act on allegations of abuse.

Risks to people's health and safety were assessed and clear and personalised plans of care put in place to help keep people safe. Following incidents, action was taken to learn from them and reduce the risk of a re-occurrence.

There were suitable quantities of staff deployed to ensure people received a reliable and timely care service. Robust recruitment procedures were in place to help ensure staff were suitable to work with vulnerable people.

Medicines were managed in a safe and proper way. The details of the medicines people took was clearly recorded and consistent records were kept of the support provided.

People told us staff had the right skills and knowledge to care for them. They said they received care and support from a consistent group of staff. Staff received regular training which was kept up-to-date and told us they were well supported.

The service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

Where required, people were supported appropriately to eat and drink.

People and relatives all said staff had a kind and caring attitude and treated them with a respectful and dignified manner. People received care from familiar faces and this had allowed people to develop good positive relationships with care staff.

People told us they felt listened to and had their comments or concerns acted on.

People's care needs were assessed and clear and person centred care plans put in place which were subject to regular review. People told us care needs were met by the service.

People told us how staff took the time to chat with them and provide companionship as well as delivering more task based care and support.

Overall, people told us staff arrived on time and stayed for the correct amount of time, this was confirmed by the records we reviewed.

Complaints were logged and investigated and used as an opportunity to improve the service.

We found a positive, open and person centred culture existed within the service with management and staff committed to meeting the needs of people who used the service.

Systems were in place to assess, monitor and improve the service. People's feedback was regularly sought and used to make further improvements to the service.

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.

Medicines were managed in a safe and proper way.

People told us they felt safe in the company of staff. Safeguarding procedures were in place which were understood by staff. Risks to people's health and safety were assessed and clear plans put in place to help keep people safe.

There were sufficient staff deployed to ensure a reliable and consistent service. New staff were subject to robust recruitment procedures to help ensure they were suitable to work with vulnerable people.

Is the service effective?

Good ●

The service was effective.

People praised staff and said they had the right skills and knowledge to care for them. Staff received a range of training which was kept up-to-date.

People were supported to maintain good nutrition and hydration.

The service was acting within the legal framework of the Mental Capacity Act (MCA).

Is the service caring?

Good ●

The service was caring.

People told us staff had a caring and kind attitude and treated them with dignity and respect.

People received care and support from a consistent group of carers which helped the development of positive and caring relationships.

People told us they felt listened to and had any concerns acted on.

Is the service responsive?

Good 

The service was responsive.

People's care needs were assessed prior to using the service.
People told us care needs were met by the service.

Overall people said the service was reliable and timely and they received care and support at the times they needed it.

Complaints were logged, investigated and measures put in place to learn from them.

Is the service well-led?

Good 

The service was well led.

We found a positive and person centred culture existed within the service. People were all satisfied with the service and said it was reliable.

Systems were in place to assess and monitor the quality of the service and were sufficient for the size of the organisation.

People's feedback was used to continuously improve the service provided.

Avail - Bradford

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 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 between 19 and 23 December 2016. The inspection team consisted of one inspector. On 20 December 2016 we visited the provider's office where we reviewed documentation and spoke with the registered manager and other office staff. Between 19 and 23 December we made phone calls to people, their relatives and staff.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with five people who used the service, three relatives, eight care workers, the manager and the provider. We looked at care records and other records which related to the management of the service such as training records and policies and procedures.

As part of our inspection planning we reviewed the information we held about the service. This included information from the provider, notifications and contacting the local authority safeguarding and commissioning team. We asked the provider to complete a provider information return (PIR) prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was returned to us in a prompt manner.

We also spoke with a health and social care service that has experience of working with the service.

Is the service safe?

Our findings

Medicines were managed in a safe and proper way. People and relatives said that where medicine support was provided it was done in a safe and timely way. Staff received training in the safe management of medicines. Staff knowledge was checked through competency assessment to help ensure staff knew how to administer medicines safely. Medicine risk assessments were in place which provided information to staff on how to support each person in an appropriate and person centred way. Details of the medicines each person was prescribed was kept on file to help plan appropriate and timely visits and ensure staff were aware of the medicines they were assisting people to take. Medicine administration records (MAR) were well completed and clearly demonstrated the support people had been provided with. This included where people were supported with topical medicines such as creams. This indicated people received their medicines as prescribed. We saw following medicine related incidents, control measures had been put in place to help prevent a re-occurrence and keep people safe.

People told us they felt safe using the service and did not raise any concerns with us about staff. Staff were provided with training on safeguarding vulnerable adults and the staff we spoke with demonstrated a good understanding of safeguarding processes. We saw appropriate referrals had taken place to the local authority safeguarding unit where concerns had been identified. Where money was handled by staff, transaction sheets were in place and receipts kept. These were subject to regular review and audit to reduce the risk of financial abuse.

Risks to people's health and safety were assessed as part of the care planning process. This included risks associated with moving and handling, nutrition, safe environment and skin integrity. Assessments were clear, for example manual handling risk assessments provided detailed instructions to staff on how to undertake each type of transfer. Where elevated risks were identified clear plans of care were put in place for staff to follow to help keep people safe.

People told us the service was reliable and that there had been no missed calls. They said where two staff were required for safe handling, two staff were always provided. Staff we spoke with told us that the on call system operated by the management was reliable and they were able to get advice in an emergency situation if required.

Incidents and accidents were recorded and we saw evidence of preventative action taken to prevent a re-occurrence. This included updating care and support plans and taking disciplinary action where appropriate. We did note that there was a lack of space on the accident form to add preventative actions and although in most cases this information had been added by writing on the back of the form, it increased the potential that these actions would not be robustly recorded.

There were sufficient staff deployed at the right times and places to ensure people received a consistent and high quality service. The service planned carefully and only took on additional care packages if it had enough staff deployed to meet people's needs. The provider and manager told us they had encountered some challenges with staffing in recent months with office based staff having to help out to ensure a reliable

service was maintained. They told us they hoped the need for this would now reduce as a number of new staff were going through the recruitment process. We did not find that these difficulties had an impact on anyone that used the service. The manager showed us the rota system which was carefully planned to ensure people received care at the times that met their individual needs. Clients were divided into red, purple, green or blue rounds, based on their needs. Each round contained travel time between calls and breaks. Staff told us that they were provided with sufficient travel time and they were able to stay with people for the correct amount of time. People we spoke with told us the service was timely and reliable. They said that staff stayed for the correct amount of time and regularly stayed longer if required. This led us to conclude the service had sufficient staff deployed at the right place, at the right time.

Safe recruitment procedures were in place. The provider demonstrated to us that the recruitment procedure was well thought out and time was taken to ensure that candidates were right for the service before they were offered a job. They told us their philosophy was to recruit on personal values rather than previous experience to ensure people with the right attitude and personal attributes were recruited. Applicants were required to complete an application form and attend an interview. Before staff started work, required checks on their backgrounds and character were undertaken to provide assurance they were of suitable character to work with vulnerable people. This included ensuring a Disclosure and Barring Service (DBS) check, identity checks and references were undertaken. Interview records were kept which demonstrated a robust selection process. New staff we spoke with confirmed that the required checks had taken place before they started work.

Is the service effective?

Our findings

People and relatives we spoke with all said staff were competent and skilled in carrying out care and support tasks. This included where people had complex needs and specific care and support requirements. People told us they received care and support from the same small group of care workers. This was organised through staff working on set rounds. This consistency helped ensure that staff built up a detailed knowledge about the people they were caring for.

Staff received a range of training and support. New staff were required to undertake a period of shadowing as well as induction training. This included learning about the company and local ways of working as well as practical manual handling and medication training. Video based training supported by competency assessment was provided in subjects such as abuse, dementia, fire, first aid, food and health. The care certificate is a government backed training scheme for staff in social care which it is recommended that all staff new to care complete. Although we saw new staff did not currently complete the care certificate, we saw plans were in place to introduce this to new care workers in January 2017.

Staff received regular training updates. We looked at training records which showed all training was up-to-date. Staff were also supported to achieve national qualifications in health and social care. Staff we spoke with praised the training they received and said the provider was knowledgeable and dedicated to supporting staff. Staff received regular supervision and annual appraisal. This allowed any developmental needs to be addressed and provided a support mechanism for staff.

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. In the case of Domiciliary Care, applications must be made to the Court of Protection. We found no people were currently subject to DoLS.

We found the service was acting within the legal framework of the Mental Capacity Act (MCA). People's ability to make decisions relating to their care and support was assessed as part of the care planning process. People we spoke with and records we reviewed showed people were asked for consent before care and support was offered.

However on reviewing one person's care plan who lacked capacity we noted they had no family or person to help represent them. We concluded the service could have been more proactive in arranging an Independent Mental Capacity Advocate (IMCA) to represent the person during the care planning and review process. We raised this with the provider and manager who agreed to ensure this was put in place.

People's culinary likes and dislikes were assessed by the service to ensure staff were aware of people's individual preferences. People we spoke with told us staff supported them appropriately to prepare meals

and drinks where appropriate. Where people were at risk of poor nutrition, this was clearly identified through the risk assessment process and amended plans of care put in place to mitigate any risk.

People's healthcare needs were assessed by the service. Information on any medical conditions people had was recorded within care and support plans. We saw evidence of close liaison with external health professionals where people's healthcare needs deteriorated. Staff we spoke with demonstrated a good understanding of the action to take if people's healthcare needs deteriorated.

Is the service caring?

Our findings

People and relatives all praised the staff that delivered care and said they were kind, compassionate and treated them with dignity and respect. Comments included, "Very respectful and very mindful of the need to provide dignified care.", "They do care, they hand pick caring staff", "Couldn't wish for better carers" and "All lovely girls friendly and lovely."

The service considered the nature and attitude of staff during the recruitment process to help ensure staff had a caring nature. Staff received training in dignity and respect and had their competency in this area assessed during the induction process. People were asked to provide feedback about staff attitude during care plan reviews, spot checks and quality questionnaires which helped ensure dignity and respect was regularly monitored.

Staff demonstrated good caring values and a commitment to providing a personalised service to people. One staff member told us, "We care about what they want and their needs, we establish good relationships with them." Staff praised the way the service was set up and said it allowed good caring relationships to develop. One staff member told us, "It's a lovely company, small and very person centred."

We saw examples of the service providing an individualised and caring service for people. This included interacting socially with people to provide companionship as well as completing care and support tasks. One example of this was that the service had helped make people's birthdays special by providing a birthday cake and helping them to celebrate their special day.

People said they were introduced to new care and support workers prior to the delivery of care and support. They said that most of the time if staff were late, they were informed by telephone. This demonstrated a respectful and caring attitude towards people.

People told us they received care from a consistent group of staff. One person told us, "They all know him very well and what is expected." Another person said, "Same group of girls caring for him now." A relative said, "Some faces never change, that's what they need." Staff we spoke with demonstrated a good understanding of the people they were caring for and said that they visited the same people which allowed for the development of positive and worthwhile relationships.

Each person had a keyworker, who was responsible for liaison with the person over their care and support needs and provided people with a named person to discuss their care and support requirements.

Care records were written in a highly personalised way which contained information on individual choices and preferences. People's cultural and religious needs were considered as part of the care planning process. Preferences regarding gender of carers was considered and acted on where possible. Some people spoke other languages and attempts were made to match staff with these people to help ensure effective communication. One relative told us, "We are very fortunate that the carers are bilingual." This demonstrated the service took account of people's protected characteristics as defined by the Equalities Act 2010.

People's views were listened to and acted on. We saw where minor concerns about care and treatment had been received, these were recorded and new instructions were provided for staff to improve the service. People and relatives we spoke with told us they felt listened to and if something "wasn't quite right" it was dealt with in a positive manner by the service. This showed us people's comments were listened to and acted on.

The service assessed people's end of life and palliative care needs and made regular amendments to plans of care as people's care and support needs changed. Recent training and support to staff on The Gold Standards Framework and end of life care had been provided to help effectively support one person who used the service and their relative.

Is the service responsive?

Our findings

People and relatives told us that care needs were met by the service and that consistent high quality care was provided. A health and social care professional we spoke with told us they thought the service was very proactive in meeting the needs of people, and ensuring the times of calls were consistent. People's needs were assessed prior to using the service by the manager. A decision was then made as to whether the service could meet the person's needs and preferences. If accepted, a care and support plan was produced. We looked at care and support plans and saw they were detailed and person centred. These covered areas such as activities of daily living, continence, personal care, mobility and food and nutrition. A useful summary of care sheet was also in place at the front of the care records to provide a quick reference summary of the care and support required. Staff we spoke with were familiar with people and their care and support needs. Daily records of care we reviewed demonstrated that staff completed the required care and support tasks in line with people's individual needs.

People's care and support was reviewed at regular intervals for example four weekly and then again after three months. We looked at care reviews which showed evidence people's needs were continuously re-assessed, their comments and preferences taken into account and changes made to care plans where required. For example one person had recently returned from hospital and their care and support plan had been promptly updated to reflect the change in their needs. We saw where people's care and support needs changed significantly or were more complex, staff meetings were often held with the sole purpose of discussing that person's care and support. This helped the service to be responsive in ensuring staff were aware of the changes required to support people effectively.

People we spoke with told us that a call time was agreed with them prior to the delivery of the care package. Overall, most people and relatives told us that the service was reliable and staff arrived at the right times and everyone told us staff did not rush and always stayed the full amount of time or until care and support tasks were completed. One person did tell us that they would prefer an earlier call time in the morning and a review of their records showed some inconsistencies in the timeliness of carers. We raised this with the provider and manager to review the call times with the person. However overall our review of records and speaking with people led us to conclude that the staff were reliable and timely.

Complaints were appropriately managed by the service. Information on how to complain was present within the service user guide to bring the process to the attention of people. People we spoke with all said they were satisfied with the service. They said they had found the management team helpful and they were effective in dealing with any "little niggles." We reviewed the complaints records and saw there had been four complaints received within the last year. Complaints had been investigated and responded to appropriately. Following complaints, action plans were put in place to help learn from the event and improve the service.

Although we felt assured that people regularly complimented the service, these were not always recorded, which meant this was a missed opportunity to formally log where the service exceeded expectations.

Is the service well-led?

Our findings

A new registered manager was in place. The provider was heavily involved in the running of the service and was supported by a care co-ordinator and a senior care worker.

The provider and staff were clear about the values of the organisation and the importance of providing a personalised, high quality service. The service did not accept care packages less than 30 minutes in length to ensure they could spend quality time with people and ensure care and support was offered in an unrushed manner. Most people and relatives spoke positively about the way the service operated and ran. They said they found management staff helpful. People commented that the service was very personalised and delivered consistent and high quality care.

Staff spoke positively about the way the service was run particularly praising the provider. One staff member told us, "[provider] is very knowledgeable and [manager] is helpful, they will sort anything out." Staff said they were able to promptly contact management both within and outside core office hours. This provided assurance that leadership and direction was consistently available to staff. We saw the provider was committed to maintaining the person centred approach as the service grew. For example the service was only expanding slowly and care packages were only accepted if they could meet the person's preferences with regards to call times and had sufficient staff employed to ensure rota's did not become overly crammed with calls.

Audits and checks of the service were carried out. This included audits of recruitment records, care records and daily records of care and support. This helped ensure any discrepancies were identified and acted on. Spot checks of care worker practice were regularly carried out. These looked at a range of areas which included documentation in people's homes, staff uniform, timeliness and interaction in people's homes, as well as asking people for their views on their care and support. In most cases, we saw action plans were put in place following these to further improve practice, although in some action plans were not always fully completed.

The provider demonstrated a commitment to continuous improvement of the service. They were plans in place to further improve training and support provided to staff and to further involve people in the running of the service for example giving people a say in the recruitment of new staff. Where incidents or complaints had occurred, action plans were put in place to learn from these events.

People's views on the service were regularly sought and used to further improve the service. The management team spoke with people during care plan reviews, spot checks and used their comments to improve the service. In addition, people's views were sought through a twice annual survey. We looked at the results of the two 2016 surveys which showed that overall people were very satisfied with the service which was consistent with our findings. For example in the most recent survey in July 2016 it stated that 91% of people said staff appearance, punctuality and performance met or exceeded expectations and 90% would highly recommend. Following the survey an action plan was put in place to further improve people's views, experiences and the overall quality of the service. For example it had been identified that there was a

need for more re in-depth induction training and this was in the process of being actioned.

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Regular team meetings were held, which were broken down to focus on particularly care rounds or clients. This ensured a more individualised and targeted approach to addressing quality issues or concerns.