Avida Care Ltd

Avida - Gloucester

Inspection report

Unit B11,Elmbridge Court,
Cheltenham Road East
Gloucester,GL3 1JZ
Tel:01452 415066
Website: www.avidacare.co.uk

Date of inspection visit: 8 July 2014
Date of publication: 09/01/2015

Ratings

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

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

A registered manager was in place as required by their conditions of registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. However the registered manager was not available during our inspection so we spoke with another senior member of staff who was in charge of the service and assisted us with the inspection.

An announced inspection took place at the service's office by an inspector. 48 hours' notice of the inspection was given because the person in charge is often out of the office supporting staff. We needed to be sure that they would be in. aVida provides a service to people who need personal care and support in their own homes. The

Summary of findings

service operates within the Gloucester area and mainly supports people with physical needs as well as people who have mental health problems, sensory impairments and learning disabilities.

Whilst staff were able to tell us how they cared for people in a way that supported people's needs and choices, this was not always reflected in people's care records. Not all the care records which we inspected gave staff clear guidance on how to support people with more complex health needs. This is a breach of Regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

The majority of staff were supported and trained in their role; however we found that new and inexperienced staff were not initially fully supported away from their care visits and people felt that new staff required more training in supporting people with complex needs. Further training for staff had been planned and the registered manager had set recruitment targets to improve staffing levels.

Some people felt that communication from the office needed to improve to help them understand which members of staff would be visiting them. Avida Care took over this service from another provider in May 2012. We were told the main challenge for them had been to ensure the continuity of the service for people as well as transferring across all the documents and records related to the service. New systems and monitoring processes had been reviewed and implemented as a result of the new provider. An example of this is the implementation of team leaders who are responsible for the service being delivered in a geographical area. People's care and support had been reviewed to ensure that they were in line with the local authority contracts. This had resulted in change in some people's care.

People who used the service and their relatives were generally positive about their care they received. People said they felt safe with the staff and they responded to their needs. We were told that staff were kind and caring and they were treated people with respect. One person said "I think if I asked for a male or female carer, I would get one. Yes, the carers do respect me. Never had any problems with race, religion etc." People were supported to make day to day decisions and protected from abuse as staff were knowledgeable in protecting people from harm and involving people in their care.

Summary of findings

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 delivering safe care. People told us that they felt safe using this service and their choices and wishes were respected and supported by the staff. There was sufficient staff to meet the people's needs. We were told that staffing levels were being reviewed to ensure they continued to meet the needs of people who used the service.

People's safety was promoted. People were assessed and plans were put into place to reduce any identified risk. Staff understood the service's policies and procedures to protect people who they cared for from abuse and harm. Staff were able to explain their role and responsibility to report any suspicions or allegations of harm or abuse. People were encouraged to make decisions about the care and support that they required. Staff had been fully checked and trained before they started to work with vulnerable people.

Is the service effective?

Requires Improvement

This service was not always effective. Staff were trained to meet people's needs however some people were concerned about the basic knowledge and skill base of some new staff who cared for them.

People were encouraged to live their lives in the way they chose and to be as independent as possible. People told us that their relationships with staff and other health and social care professionals were good. People were supported to seek advice or additional support if their health care needs changed.

Is the service caring?

Good

The service was caring. People were cared for in an individual and caring way and were encouraged to be independent.

Relationships between staff and people who use the service were friendly and warm. People were supported by staff to make decisions and choices especially if they had limited communication skills. People liked to have staff who understood their needs and preferences to visit them regularly. Care was delivered in private and people were treated with dignity.

Is the service responsive?

Requires Improvement

The service was not always responsive. People's needs, choices and personal background had not always been recorded. Whilst the staff approach was centred on the people who they cared for, this was not always detailed in people's care records.

People had been involved in the assessment of their needs. People's personal care and risks had been assessed and identified. Staff had a good understanding of focusing their care around the person and not the task in hand. Staff helped people to retain or improve their levels of independence

Summary of findings

Complaints which we saw had been investigated and responded to in a timely manner in accordance with the provider's complaints policy. People told us they could approach staff and raise their concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led. Communications between the office and people about their visit times and the staff who would be visiting them was not always clear or consistent.

Records of concerns and incidents needed to be further analysed to ensure that any patterns or trends were identified and addressed to prevent them reoccurring.

Staff also told us they felt that the management team was supportive and approachable. The registered manager had gathered the views and opinions from people who use the service and staff. This information had been analysed and had guided the registered manager on areas of improvement. Most people who we spoke with told us they received a good service.

Avida - Gloucester

Detailed findings

Background to this inspection

An announced inspection took place at the service's office by an inspector on 8 July 2014. The inspector was supported by an expert by experience that carried out telephone surveys with some people who used the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the Provider Information Record (PIR), the results of questionnaires completed by people who used the service and previous inspection reports before the inspection. The PIR was collated from records held by the Care Quality Commission (CQC) and information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern and identifying good practice.

During our inspection we looked at the care records of eight people and inspected read four staff files. We also spoke with two staff members who as well as working in the office also supported people in their own homes. In addition, we spoke by telephone with 10 people who used the service; three relatives and three members of staff. We viewed a range of documents which related to the management of the service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective? The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

People told us they felt supported by staff when receiving care. We were told that people felt confident in the way staff supported them. One person said "Yes, I am fine, I have no worries about the staff that visit me". Another person said, "It is different having carers to what I thought it would be, they meet my family and we chat away and have become friends". Staff were able to tell us about their knowledge of protecting people who they cared for from harm or abuse. They were able to explain their role and responsibility to report any suspicions or allegations of harm or abuse. Staff confirmed they could raise any concerns in confidence. Their answers told us staff understood the need to protect and assess the risks of vulnerable people. Staff had access to policies and systems which guided and supported them if they had any concerns about the people they visited. People were provided with relevant safety information such as leaflets on how they could recognise the signs of abuse and how to report any concerns.

People were supported to make decisions about their day. Staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to support people who did not have the capacity to make decisions about their care. MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant arrangements were in place to act in line with the legal requirements for people who lacked capacity to consent to care. For example we saw documents of one person that showed that relevant people had been consulted to make a best interests decision about their care. Staff were aware that people could be represented by an advocate who would support people to make decisions about their care.

People were informed of the risks they were taking and supported by staff to take risks which may lead to an increase in their independence. Risk assessments were in place and were well managed. These had identified situations which may put the person at risk and gave staff guidance on how to reduce the risk of harm. one person told us they had been supported to increase their mobility.

Records showed us that staff had recorded and reported concerns and incidents that had occurred during their visits to people in their homes. These incidents had been investigated and actions to prevent them reoccurring were in place.

People told us that staff usually arrived on time and stayed for the agreed amount of time. One person said, "The carers ring the office if there is a problem and the office rings me and tells me if they are going to be late". Staff worked flexibly and were usually able to cover any absences. We were told that staffing levels and timetables were planned and reviewed by the office team. Team leaders were responsible for identifying the needs of people and their preferred visit times. Staff told us that their visit routes had improved. However we were told the routes were sometimes not always realistic as they had to travel along distance between people and were sometimes late arriving for their visit.

People were protected from harm in unforeseen circumstances. For example a rapid response team was in place to cover unplanned or uncovered visits due to staff absences. Plans were also in place to support people in the event or emergencies or in adverse weather conditions. Senior staff had identified people with the greatest need and had also identified staff who could assist these people in an emergency. Staff were encouraged to call their team leader or the office in an emergency. An on call system was available for out of hour's emergencies. The registered manager monitored and investigated any calls that were missed or when the person who used the service did not answer the door.

People and their relatives told us the staff were very kind and knowledgeable. One person said "They know how to use the hoist, wash and dress my relative, we are happy". A robust recruitment system was in place to ensure staff were fully checked before they started to work alone with people who used the service. Recruitment records showed that relevant employments checks had been carried. For example staff identity and previous employment history had been verified. The person in charge told us that the recruitment of good staff had been their highest priority to ensure that people continued to receive their care in a timely manner.

Requires Improvement

Is the service effective?

Our findings

People were not always supported by staff who were fully trained to meet their specific needs. However two people who used the service told they felt staff needed more training in food preparation and cooking and people's specific needs. A relative said, "The staff may be available to visit when my regular carer (staff member) can't but they are not always trained about the needs of my wife so there is no point them coming in my eyes". Another relative also said, "It is a lot less demanding on me if staff already know our routine and how we like things done, we do not like having to keep telling new staff what they should do". One person also said "The staff that have been working in care for a while are all excellent but some new staff could do with some more training especially in specific areas".

These comments told us that whilst the majority of staff were skilled and trained in their role, improvement to train and develop new and inexperienced staff to support those people with complex needs is required. However some people who completed our questionnaire and spoke with us felt that staff had the knowledge and skills to give the care and support that they needed. One person said "My carer anticipates my every need and does everything to my satisfaction. The young ones are inexperienced".

A member of staff was now in place to monitor the training needs of staff and now had a full understanding of each staff members training needs and had formulated a training plan. Some individual staff training was not up to date but plans were in place to address this in the near future. We spoke with staff who all said training had been very good. One staff member said "training so far has been really good". Another staff member said "Our team leaders come out with us occasionally and observe us supporting our clients; they then tell us what we did well and how we can improve". The person in charge also told us that team leaders carried out spot checks if they had concerns about a specific member of staff. We saw records of the details of a spot check observation and proposed recommendations and actions. This told us that staff were monitored for poor practices and good care practices were reinforced. New staff carried out a comprehensive induction programme and shadowed experienced colleagues before they worked alone.

We were told that where possible staff worked alongside experienced staff to observe and learn how people liked to be cared for. Staff were observed and monitored carrying out their role to assess their competency and skill levels during their probationary period. Arrangements were in place to ensure that staff regularly met with senior staff for support and development. However we found that new staff were not given more frequent opportunities to meet with senior staff away from their care visits to express and share their concerns or gaps in their knowledge. This meant that staff may not be initially fully supported and confident to carry out their role especially with people with more complex needs.

The provider worked with other professionals to make sure people received the support they required to meet their changing needs. The person in charge told us how they referred people to other health and social care professionals when they had identified the person needed additional support or their needs had changed. For example, we saw that people had been referred for additional mobility equipment so people could remain as independent as possible in their home. This demonstrated people were supported to maintain their health, access other professionals and received on going care and support, as needed.

Good

Is the service caring?

Our findings

People and relatives spoke positively about the staff and the care and support they received. People told us that staff were respectful and caring. All the people who we spoke with said that they were being well cared for and that they felt confident enough to speak to a member of staff if they were worried about their care. They told us they felt comfortable with the staff that cared for them and they were treated with dignity. One person said "I have nothing to worry about." Another person said "No, everything is just fine at the moment" and "I am happy with everything".

The majority of people we spoke with and/or completed our questionnaire agreed that staff always treated them with respect and dignity. For example we were told that staff shut the door when giving personal care. One person said "The carers do what I require and are very respectful". Staff told us how they ensured people were treated with dignity. One staff member said "I treat my clients how I would want to be treated". Thirteen people told us staff cared for them in a kind and compassionate way. Some people also added "I can't fault them", "first class", "They are totally fine". One person said "Everything is very good. I look forward to my carers coming; I am very pleased to see them".

People told us staff respected their privacy and treated them with dignity and respect. For example, one person described how staff helped them to remain independent. They said, "The carers always leave me to do up my front". One relative said "we are comfortable with our carers". Another person said, "I am lucky enough to have the same carer all the time, apart from holidays. My particular carer is so reliable, she walks on water."

When staff told us about individuals they supported they spoke about them in a positive manner. We asked staff how they supported people to ensure that the care they provided was centred on the person. Relatives told us that staff respected they views and recognised their role as a carer. One relative said "The ladies always make sure I get a break when they come in to see my wife". Staff were aware that people could be represented by an advocate who would support people to make decisions about their care. Staff were able to explain how they ensured people's dignity and privacy when they supported a person with their personal care. One staff member said "Each time I visit I ask them what help they need. It is about choice and being flexible, that's how I do it and that is how I expect other staff to do it". Another member of staff said "You have to fit and adapt your care to that individual; every person has a different routine".

We asked staff about how they ensured people are treated equally and respectfully. One staff member said "You treat everyone as equal; you give the same standard of care to everyone". Where people required support with their communication to make their wishes known staff could describe how they supported people to express their wishes. For example, a staff member said, "It's about knowing our clients and finding out if they wear hearing aids or glasses and encouraging them to use them".

People agreed in advance how staff should access their home. This included whether they wanted staff to knock at their door, or allowed them to let themselves in such as by using a key safe.

Requires Improvement

Is the service responsive?

Our findings

People's care records did not always reflect their physical and emotional wellbeing or their levels of independence. Staff were able to tell us how they cared for people in a way that supported people's choices and ensured that their needs were at the centre of their care. However the care records did not always reflect this, for example we saw the care records of two people who had diabetes which stated their diabetes should be managed by their diet but the records did not provide staff with further guidance on how to support people to manage their diabetes.

The care records were mainly focused around the tasks and activities which needed to be completed during each visit. We found the care records did not reflect what people could do independently for themselves or if they had any goals they would like to achieve. Although people told us they had been encouraged to be independent by their care staff. Another example was the care records did not state how people were to be supported with their food preparation and their preferences of food and drink choices. This knowledge and understanding had been developed over time and would not have been known by new staff. The care records also did not fully reflect people's social interests, back grounds, cultural needs or ethnicity. This meant that staff had little guidance on important and personal information about the person they cared for.

People told us that senior members of staff visited them in their homes and reviewed their care package with them. One person said "The manager came a few weeks ago and went through the care plan. I hadn't seen them before that for about a year, it could have been less". The person in charge told us they were in the process of reviewing everyone's care plans to ensure they were meeting the needs of the people who used the service and their local authority contract.

Whilst the care plans and accompanying assessments that we inspected had been reviewed, some people told us they felt that the care plans did not always reflect their needs. For example one person said "I don't often read the care plan, I browse through it. I am not sure if it reflects the work the carers should do".

People were therefore not protected from the risk of unsafe or inappropriate care and treatment arising from a lack of proper information about them. This is a breach of Regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People and their relatives were involved in the assessment and planning of their care by an initial home visit assessment before they started to use the service. The person in charge said, "we always take into account people preferences of visit times and preferred gender of carer". Staff were able to tell us about people's specific needs and how they helped people to make their own choices about their day. For example one member of staff told us they would take a person to the window and look at the weather and discuss what clothes may be appropriate for their activities of the day. This told us that staff focused their care around the individual and helped people to make informed choices.

Most people were mainly positive about their visit times. One person said "Yes, the carers arrive on time. They always tell me if they are going to be late, which isn't often". Another person said "The office lets me know if they are going to be late". One person did not agree and told us they had no fixed visit time and said "We never know when they are coming. They could come very early or very late. It is very restricting". One member of staff said "Our visit times are sometimes unrealistic but we try our best to get to everyone on time". The person in charge told us that recruiting more staff was one of their highest priorities to ensure that everyone was happy with their visit times. They said "It is important that both staff and our clients have enough time to carry out their care and not to be rushed". A rapid response team was in place to cover unplanned or uncovered visits due to staff absences.

An on call system was in place to deal with any out of hours concerns. We looked at four complaints records and found that the complaint had been documented and investigated. However a few of the people who had completed our questionnaire felt that their complaints or concern had not been responded to well. We spoke with one relative who had made a complaint. They said "I can't complain about the staff (care staff), it's the management and their lack of communication". This person went to explain that their on going concerns hadn't been resolved for example new staff wasn't given the opportunity to learn about their relatives specific needs and added "we feel let

Requires Improvement

Is the service responsive?

down". The person in charge was aware of this situation and was working with the team leaders to ensure this person had continuity of experienced staff that cared for them.

We asked people had they made a complaint in the last 12 months. Eight people said that it hadn't been necessary to make a complaint and one person said their complaint hadn't been fully dealt with. The provider had recently sent out a client questionnaire and approximately half had already been completed and returned at the time of our inspection. We saw that the registered manager had already acted upon any concerns raised on the questionnaire where a person's name had been given.

People's health and care needs were regularly monitored. Records showed that the provider had identified changes in people's well-being and referred these people to the appropriate health care professionals. We saw records where there had been an incident with a hoist. The registered manager had responded immediately and requested that the hoist was serviced and checked and made a referral to an Occupational Therapist to ensure that the hoist was suitable and met the needs of the individual.

Requires Improvement

Is the service well-led?

Our findings

Communication from the office required improvement to ensure that people were introduced to staff before their care began and that they were aware of who would be visiting them each day. This would help with people's expectations and eliminate their concerns. There was not a standardised process in place to introduce staff to people who were about to start to use the service. In the questionnaire which we sent out to people, we asked if they were always introduced to their care workers before they provided care or support. Some people said they were not introduced to the staff who cared for them. This was confirmed by two members of staff who said, "Sometimes it is not possible to meet people before you start to visit them but where possible I think we should have the opportunity to meet our new clients and get to know them". The other staff member said, "We never get the opportunity to meet our new clients, we have to phone the office and find out about them before our first visit". Staff, however told us they received information about people before they visited them. This was done by either phoning the office or speaking to other staff about the person, as well as looking at the person's care records and risk assessments. We asked people whether they knew which staff members would be visiting them each day. The majority of people said they were not formally informed other than what the staff members could tell them in advance. One relative said, "It causes my wife great stress if she doesn't know who is coming through the front door every morning".

Staff had recently completed and returned a questionnaire produced by the provider. We saw that some staff had raised issues around the communication of rotas and insufficient travel time between people who they visited. One staff member told us "Our timetables of visits can be unrealistic at times; they need to be right as it looks bad on the staff". The majority of people who we contacted were happy with their visit times. People's comments and questionnaire answers also told us that some improvements were still needed to ensure that people and staff had sufficient time to carry out the agreed visits. For example one person who used the service said "The half a dozen (staff) that are regular, I am very, very happy with them. They tell me if they are coming or not". However another person said "We don't have a fixed time when the carers are supposed to come round, it is a sore point. The carers may turn up at 7.45am or 9.30am in the morning. We never know when they are coming. They could come very early or very late, it is very restricting". The registered manager also monitored and investigated if any visits were missed or when someone did not answer their door for a planned visit.

People had opportunities to feedback to the provider about the service they received. A satisfaction survey had been sent out to people who use the service and the staff who supported them. Where applicable, the provider had addressed some concerns however we found communication about staff rotas was still an issue for some people who used the service.

Staff had recorded any concerns and incidents that had occurred during their visits to people in their homes; however we found that although these reports had been investigated, there was no clear indication or evaluation of the types and trends of incident that had happened. Improvements were needed to monitor and analyse incidents which would help staff identify if there were any trends or patterns which were occurring in people's homes. We discussed the progress and outcome of recent statutory notifications which had been submitted by the registered manager. Services use notifications to tell us about important events relating to the regulated activities that they provide. We found that the provider had taken suitable and appropriate actions to recent incidents that required notification to CQC.

Staff told us that the registered manager and senior team members were open and approachable. Staff said improvements had been made to the service since the new provider had taken over. We were told that the new structure and implementation of the team leader's posts and the rapid response team had started to improve the service for the people who used the service as well as the staff. Staff told us that they had received a lot of up to date training and their care was monitored by senior staff. One staff member said "we get loads of support and can always ring the office". Another staff member said "management are very good, if I have a problem they react very quickly".

The provider held regular meetings with staff to ensure they were fully briefed and up to date with any concerns or issues. We were told that the weekly office team meeting was effective and gave senior staff a chance to discuss complaints and any learning outcomes. This meeting was also used to discuss staffing issues, people's change of

Requires Improvement

Is the service well-led?

needs and highlighted any significant information which may have an impact on staff and people who used the service. Team leaders who attended these meetings cascaded relevant information to their teams.

We asked the person in charge about the achievements and challenges of the service over the past year. We were told that the transfer of services from the previous provider to aVida had been a success but hadn't been without challenges such as recruiting new staff; restructuring teams and transferring and updating documents and care records. We were told that recruitment of suitable staff had been a priority and the registered manager had set the service a recruitment goal to help alleviate the demand on present staff and also help to develop and expand the service.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers People were not protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of accurate records.