

Radibor Limited

Avail (Norwich)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Avall (Norwich) is a domiciliary care agency. It provides a service to a range of people including older adults, adults who have learning disabilities, physical disabilities and mental health needs.

A domiciliary care agency provides personal care to people living in the community. CQC does not regulate premises used for domiciliary care because people receive this service in their own homes. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. At the time of our comprehensive inspection there were 15 people receiving a personal care service we regulate.

There was a registered manager in post at the time of our inspection. The registered manager was also the provider of the service having purchased a franchise for the branch from the wider Avall business. The registered manager was also supported by a branch manager who took on the day to day management of the service. 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. For the purposes of this report we will refer to the provider as the registered manager.

At our last inspection in June 2017 we rated the service 'Requires Improvement' overall. At that inspection we found several breaches of the Health and Social Care Act 2008. We found that people did not have thorough care assessments in place. The risks which people faced had not been fully explored and care plans did not guide staff about how to meet people's needs in a safe way. People's care assessments and reviews were not always person centred.

At that inspection we were also concerned that the competency of staff was not being checked on a regular basis and staff did not receive the training they needed to support people effectively. At our last inspection we also found that some people did not receive their medicines safely because this need had not been identified in their assessments. Staff did also not recognise when systems were not in place to support people with their medicines. We also found that there were insufficient systems in place to monitor the quality of the care and service provided and audits were not taking place in relation to people's care records.

At this inspection we found that there were some improvements, however these were still on-going and not fully embedded or effective yet. Care planning was detailed however it did not cover specific healthcare needs or support needs that some people had. Some improvements had been made to the safe management of people's medicines however there were some discrepancies between people's MAR charts and their care plans.

The registered manager had increased the frequency of the checks being carried out of staff competency

and was ensuring that regular checks of staff practice were now being made. Staff continued to receive training however they had mixed views in how effective they found this in the format in which it was delivered.

Some improvements had been made to the auditing of people's care records. Audits were now in place; however, they were not wholly effective. The audits undertaken did not identify the concerns that we found with gaps in care records.

The rating for the service continues to be rated 'Requires Improvement'. We also found a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) regulations 2014.

People and their relatives felt safe with the service they received. Staff were clear on how to recognise potential harm and how to safeguard people. There were sufficient staff available to visit people and provide their care. Recruitment practices were thorough and made sure new staff were suitable to work with people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Medication recording systems required improvements

There were a lack of risk assessments covering people's specific needs.

There were sufficient staff employed to cover care calls

Safe and effective recruitment practices were followed to ensure that staff were suitable for the roles they performed.

Requires Improvement ●

Is the service effective?

The service was not always effective

Staff did not always find the training methods used by the provider effective.

Consent to care and treatment had not been sought in line with legislation and guidance for one person using the service.

People who received support with meals were happy with this aspect of their care.

Staff felt supported in their roles however they did not find the training they received effective.

Requires Improvement ●

Is the service caring?

The service was caring

People were supported by staff that were caring towards them.

People's privacy and dignity was maintained.

Good ●

Is the service responsive?

The service was not always responsive

People's care plans were not always reflective of their care and

Requires Improvement ●

support needs.

People knew how to raise concerns and were confident these would be dealt with in a prompt and positive way.

Is the service well-led?

The service was not always well-led

Systems in place to audit the service were not wholly effective.

People who received support and staff were very positive about the registered manager and office staff.

There were systems in place to seek the feedback of people using the service.

Requires Improvement ●

Avail (Norwich)

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.

We gave the service 48 hours' notice of the inspection visit because it is a domiciliary care service and we needed to be sure that someone would be available to talk to us and arrange for people's consent to be sought for us to contact them for their views. This inspection was undertaken by an inspector, an assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Inspection site visit activity started on 28 November 2018 and ended on 7 December 2018. It included a visit to the provider's office location on 28 November 2018 to meet with the registered manager and office staff; to review care plans and other records. In the following days we made telephone calls to people who used the service and their relatives, calls to members of staff and contacted healthcare professionals for their opinions of the service.

Before the inspection, we requested that the provider complete a Provider Information Return (PIR). 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 received from the provider.

Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. Before the inspection we reviewed information that we held about the service such as statutory notifications. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the inspection we spoke with four people who were receiving a personal care service from Avail (Norwich), We also spoke with the relatives of five people. We spoke with three members of care staff as well as the registered manager, the branch manager and care co-ordinator. Following our visit, we left our contact details for any other staff wishing to contact us and provide feedback on the service, however none

did.

We reviewed five people's care records in detail including their daily records and where applicable, their medicine administration records (MAR). We looked at four staff recruitment files.

Is the service safe?

Our findings

At our last inspection in June 2017 we rated this key question as 'Requires Improvement'. We were concerned about the lack of detailed risk assessments and clear environmental assessments in place and also about the support people were receiving with their medicines. We found at that inspection that those concerns were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that whilst some improvements had been made further improvements were needed

There continued to be a lack of individual risk assessments in place. Some risks to people's safety had been identified and plans were in place to minimise those risks such as moving and handling and environmental risks. However, we found areas where specific risks to people and staff had not been identified and no risk assessment was in place. For example, to reduce risks associated with people who had a very specific complex healthcare condition or where a person's behaviour may have challenged themselves or others, these risks had not been considered. This could have placed the person and staff at risk of harm. In addition, staff did not have clear guidance on how to identify and act on any concerns. We raised this with the service manager and registered manager who agreed there was a need for these risk assessments and told us they would be put in place without delay.

At our last inspection we found improvements were needed to the safe management of people's medicines. There was confusion as the registered manager was not aware at that time that staff were supporting people with their medicines. Due to the confusion at that time, there was a lack of guidance for staff to follow around medication processes.

At this inspection we found improvements in the safe management of medicines was still needed. People's records in relation their medicines needed improving. Care plans included details of the medicines people were prescribed however these documents did not match medication administration record (MAR) charts in use. This discrepancy was in relation to the medicines prescribed and also the dosage. For example, one person had a care plan that stated they were taking two medicines when their MAR chart showed they were taking six medicines. This conflicting information meant there was a risk staff could become confused about which medicines the person was taking. We looked at a sample of people's MAR charts and found a number of gaps in staff signatory of administration. This meant it wasn't clear whether the person had taken their medicines on that particular day and time or not and staff could not be assured that people were receiving their medicines as the prescriber intended.

This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) regulations 2014.

People told us they were happy with the support they received with their medicines. One person said, "[Staff] just measure it [medicines] out and give them to me. It's always the same time... a routine now. I feel 'very satisfied' with this. Care workers either reminded people to take their medicines or, where required, assisted people to do so by handing them their medicines with a drink. People told us that care workers

watched to see they had taken their medicines before making a record on a medicines administration record (MAR) that they had done so.

Care staff had received training about supporting people with medicines and this was followed by an observation of practice to ensure that care workers were able to demonstrate they had the right skills. One person told us, "I have medicine patches and they change them for me. They did it yesterday and it's all recorded on the medicine chart. I'm pleased with them [care staff]." Another person who required regular timely support with medicines taken twice a day told us, "I'm a bit absent minded these days so they [care staff] do the medicines. Now we've got the times right, its bang on! They write it all down on their chart, t's very efficient."

People told us they felt safe with the support they received from Avaiill (Norwich). One person said, "Yes, I do [feel safe], they're very kind so I've no reason not to." Another person commented, "Of course I do [feel safe], because anybody would feel safe with them, they're very good."

People's relatives were also positive that their family members were safe with the service they received from Avaiill Norwich. One person's relative told us, "We have a key safe...when one of the carers left they [office staff] rang me and told us this carer has left and we might want to change the code of the key safe." They told us that this gave them a lot of confidence in the agency.

There were sufficient staff available to ensure people's support calls were met at the scheduled time. People told us that staff arrived on time and stayed for the allocated time. Where people had been receiving a service from Avaiill (Norwich) for a period of time, they noted improvements in the reliability of staff. One person told us about a specific medical reason why they needed their care call at a certain time and told us that they had previously raised this with the office staff. They told us, "They were really bad, it was terrible, however, now they're spot on." They also told us that following speaking to the manager and raising the issue, "I really do think it made a difference, they really are superior to another agency I've used and they don't brush me off, they listened and now it's perfect. I haven't had any missed calls." Another person commented, "They have always been here within the time. I don't think they have ever run late enough to call me. I haven't had any missed calls. I get a weekly rota telling me who [which care staff] will be coming."

Relatives we spoke with also told us that their family member received their care calls as planned. One person's relative said, "I give them nine out of ten. If they're late at all, it's traffic. The office does ring us if they are going to be behind."

The registered manager did not have a formal system for monitoring staff arrival time and presence at each care call and instead relied on staff recording their arrival and departure time in the persons' care notes to monitor if the care call had taken place or not. This was not always a reliable method of monitoring the care calls as we discovered a number of gaps in the care records which had not been picked up by the providers audits. Further investigation into the records and associated staff timesheets proved that the care calls had taken place however the care records had not been completed to reflect this.

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

Safe recruitment processes were followed to ensure that suitable staff were employed. Each staff member was required to complete an application form and undergo a face to face interview to ensure they had the skills required for their role. Staff told us and records confirmed that prior to staff commencing work the provider obtained references, proof of identity, health screening information and a Disclosure and Barring

Service (DBS) check. The DBS checks if prospective staff have a criminal record or are barred from working with people who use care and support services.

People were protected against the risk of infection as safe infection control processes were followed. Staff had received training in infection control and told us how they used appropriate protective equipment such as gloves and aprons. Staff told us that they were able to collect supplies from the office and we saw this happening during our visit to the office.

Is the service effective?

Our findings

At our last inspection in June 2017 we rated this key question as 'Requires Improvement'. We found staff were not supported to have the knowledge and guidance to do their job effectively. The manager was not always checking new staff were competent in their work after they had started working independently. At this inspection we found that whilst some improvements had been made further improvements were needed

At this inspection people told us that staff had the necessary skills to support them. One person said, "I can't think of anything they [staff] haven't been able to do. They are very good at helping me to get dressed and they know [how to help me] so I don't fall." Another person told us, "Oh yes, they're very well trained... they really do know what they're doing."

Training for staff was primarily undertaken by staff using a DVD based training system followed by questionnaires to check understanding. The majority of staff told us that this platform for learning did not help them understand any changes to care practices and give them the skills and knowledge they needed to support people effectively. One member of staff told us they found the DVD's difficult to follow and that it was easy for any staff to look up the answers to the question sheets on the internet. Another member of staff said, "The training DVDs are difficult to follow. The questions sheets are not in any particular order so the DVD had to be stopped and restarted whilst trying to find the question to answer. However, another member of staff who was positive about the training commented, "I feel the training has equipped me for the role."

We discussed the staff training and feedback we received with the registered manager who told us that they spoke about training with care staff during supervisions and had not received any concerns that it was not meeting their learning needs.

The training records we viewed showed staff were provided with a range of training which covered moving and handling, medicines, death, dying and bereavement, diabetes and autism. People were also supported by staff who received regular formal supervision to discuss their work role. This enabled staff to discuss working practices and their developmental and training needs. Staff also had 'spot checks' of their performance at work. A 'spot check' is an observational check of staff care practice by a manager in order to ensure they are working to the expected standards. The registered manager told us, "We check the carer's knowledge and understanding of safeguarding adults, medication and various other topics during their spot checks. If there are any concerns this is addressed immediately."

There was an assessment process in place which was used to inform people's care plans. However, when we looked at a sample of people's care plans we found these did not always contain sufficient guidance for staff to meet people's needs. One person had specific healthcare needs and had no care plan in place to support this. Another person who, at times, displayed behaviours that may challenge themselves and others also had no care plan in place on how staff should support them at this time. This meant staff had no guidance on what action they should to ensure the person's safety at this time as well as their own.

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. We checked whether the service was working within the principles of the MCA.

At our last inspection we were concerned that as part of people's care assessments detailed mental capacity assessments had not been carried out as appropriate. At this inspection we found improvements were still needed.

People's care assessments did not contain any assessments of their capacity to consent to any part of the service they were receiving. For example, the service was supporting a person who was living with dementia which was affecting their ability to make certain decisions for themselves. Despite this, their capacity to consent to their care had not been considered in line with the legislation.

However, from our discussions with people using the service, we were assured that staff understood the importance of giving people choices when providing support and how to support people that could not always make decisions and choices for themselves. One person told us, "I make the decisions, not them [care staff]." Another person said, "They [care staff] do it all through me. If I'm not happy about something, I've only got to say or I can ask, e.g. if I want help with a shower ... I just have to ask them and they arrange it." Staff had received training in the MCA and the staff we spoke with all said that they consistently gained people's consent before they supported them with any care.

Where staff were involved in people's nutritional and hydration support they did so as required to meet people's needs. People told us that where it was part of their plan of care that staff prepared their food and drinks, this was to their liking. One person said, "The carers help me, I just tell them what I fancy [to eat]. We look together to see what there is. I am very happy with this arrangement."

People were supported to maintain good health and had access to healthcare services, however each person told us that their relatives were able to arrange this for them so they were not reliant on staff to do this for them at that time. Staff told us if they were concerned about a person's health and wellbeing they would relay the concern to the office for escalation and action and were confident the appropriate action would be taken.

Is the service caring?

Our findings

At our last inspection in June 2017 we rated this key question as 'Good'. We found that the provider had sustained this rating at this inspection.

People using the service and their relatives continued to be very complimentary about the care staff provided them with. One person said, "They're very kind and caring. If they finish early, they ask if there is anything I need doing. They will do anything, I wouldn't change any of them, really. They go from room to room and make sure everything is okay, they're very kind." Another person said, "They would do anything, they even feed my dog. The fact they treat my dog so well is important to me, they're like members of the family. It's why having regular carers is so important."

One person's relative told us, "When [family member] is having a bad day they're very understanding. [Family member] can speak to them about what's happening, how they are feeling, they take their time to listen too." Another relative commented, "Staff are really friendly and caring. They [care staff and family member] have such a laugh together, they tease each other. To me that's always a sign of a good relationship."

Wherever possible, people continued to be involved in planning their care and support. Staff completed frequent reviews of people's care with them. One person told us, "I feel I am involved in it [care plan]. Staff came out here to my home. We were both here, they sat with us and we went through everything I needed. I am expecting a review next month, they said it would be after six months however they are always asking if everything is okay." Another person said, "Both carers and the senior person always ask me if everything is okay. I was told I would have a review six monthly but if I need to get anything changed, just to ring them. I had a review this week, when a senior person came to my home and we went through all the things they do together, she has filled me with hope, she said she will get more support for me."

People told us their personal care and support was provided in a way which maintained their privacy and dignity and that staff treated them with respect. One person said, "[Staff] shut the bathroom door when my [spouse is] around and they make sure there is a towel to cover me when I've got out [of shower]." Another person told us how staff put them at ease when helping them with personal care, "They're like friends, they chat and listen and we share stories."

Another person's relative told us, "They are very respectful to [family member], they chat all the time, explain everything they are doing and if [person] is reluctant to have a shower, they give other choices instead. [Person] responds well to this approach." Another relative commented, "[Staff] explain what they're doing, they wash [person] carefully and have towels ready to cover them."

People were encouraged to make their own day-to-day choices and their independence was promoted. One person said, "I do all the bits I want to, I've got balance problems, when we go out they make sure I've got my stick... I don't always want to take it but they suggest I do in case." Another person told us, "They let me do what I can, I dress myself and get ready on my own. They do the bits I can't." This demonstrated that people were empowered to retain their independence.

Is the service responsive?

Our findings

At our last inspection in June 2017 we rated this key question as 'Requires Improvement'. We found that people's care assessments and reviews were not always person centred. They did not explore people's needs adequately enough to enable any new staff to know people's needs and for existing staff to be fully aware of the persons specific requirements. The service did not have personalised plans in place to meet these needs. At this inspection we found that whilst some improvements had been made further improvements were needed.

At this inspection we found that the initial assessment carried out at the start of people's service was used to devise a care plan informing staff of the care people required. We reviewed the care plans for five people who received personal care. All contained an assessment of people's needs and a care plan that included what tasks staff needed to undertake to support the person at each visit. However, care plans were not always focussed on how staff should support the person to mitigate the risks to their health and wellbeing. For example, where one person had a specific health concern, staff were not given information on how they should support the person with this condition.

However, people told us they received the care and support that they wanted and that the service was responsive to their needs. One person told us, "[Staff] come here, they have to fit in with our lives, not the other way around." Another person said, "I'm quite happy with it. If I have to make any changes to my call times, it's no problem I just tell them. When I was going to hospital, they were very helpful and changed the times." A third person commented, "They are friendly and thoughtful. If they see the floor needs doing, they'll sweep it, that is extra."

Staff strived to ensure they were able to meet people's diverse needs. One person had particular language requirements and their relative told us, "One staff member tries to learn [language]. [Staff member] speaks a phrase in the language to [family] member and says, 'good night' in it too. [Family member] loves it! They take an interest in [person], it's like they want to hear about their life."

There were systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. People we spoke with told us that they knew how to complain if they had a concern. One person described to us how an issue they raised was dealt with, "My care times were creeping earlier and earlier. I raised this and they said they would 'try our best to change it' and it's better now. They have been very flexible, even once I realised my (hospital) appointment was the next day and clashed with the carers coming. I rang and they changed it, though it was less than 24 hours' notice. They are very good."

Relatives were also clear on how they could raise a concern if they needed to. One person's relative told us, "They always listen and say they'll do what they can. I believe them, they have been very good at sorting things for us."

For those people who wished to engage with staff regarding end of life care planning, this was covered as

part of their care planning. Staff told us this included an assessment of whether people wanted any medical interventions at certain points in their care, and whether they had any particular cultural or spiritual wishes.

Is the service well-led?

Our findings

At our last inspection in June 2017 we rated this key question as 'Requires Improvement'. At this inspection we continued to find some areas of practice that required improvement. The provider's quality assurance systems and processes were not effective in identifying areas of practice that needed to improve and there was an inconsistent approach to person centred care planning and risks were not always reflected in people's care plans. Since our last inspection the registered manager told us they had made a number of changes. They told us that they were now auditing all records, however the audits undertaken were 'tick box' and did not include any actions. There was no evidence of issues being identified and addressed. We also found that audits of the care records had failed to identify where gaps in recording were.

People's care plans did not always have the level of detail to support person centred care. Staff knew people well and consistency in care visits meant that there was little impact for people. However, this inconsistency in records posed an increased risk that people would not receive person centred care should staffing change as staff would not have access to this information. For example, one person's care plan did not contain any information regarding their very specific health condition. Another person's care plan did not contain any information on how staff should support them to minimise the effects of any behaviours that may challenge.

We found the registered manager and service manager enthusiastic to deliver a good service to people and keen to listen to feedback and engage about the service they were delivering. The registered manager explained that they were not looking to expand the size of the service too quickly, preferring to be able to deliver a quality service to a smaller number of people. The registered manager told us they had plans to put a new care plan system in place, with training already booked and plans for the new care plans to be in place by the end of November 2018.

People were positive about the service they received, the flexibility of the office staff and the caring nature of their individual care staff who provided their care. One person told us, "I'm impressed and very happy with it. The office staff are lovely, they are very helpful and very nice. Someone from the office visited me this week ... we talked about the hours and they made some suggestions of how I could better use of them." Another person said, "I am very happy. They have made my life happy. If they can do something for me, they will." A third person commented, "There hasn't been one, not one, that I would say don't let them come anymore. They are always obliging, we do have a laugh. They are my life and very good."

Staff we spoke with felt supported by the registered manager and branch manager and were positive about working for Avall (Norwich). The registered manager or one of the senior staff carried out spot checks and observations with staff to ensure they were supporting people effectively. The checks looked at how the person was supported, whether staff were knowledgeable and using the correct infection control procedures for example. Staff told us that these checks were completed around six weekly.

Feedback about the service was sought from people and their relatives through a survey carried out. This survey was sent to all people using the service and focused on specific areas of the care and support they received, enabling the provider to obtain people's views on the service and what was working well and if any

changes were needed. One person told us, "We did a questionnaire. I suspect they will ask our opinion when they come to do the review next month as well." Another person commented, "We have had one and we filled it in. I don't know what difference they make but it's a good idea." A third person said, "I haven't been sent a questionnaire yet but I have had the opportunity to speak to senior team members. They always ask me how it is when we speak... we're talking about re-arranging my hours now to make better use of the time."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There continued to be a lack of individual risk assessments in place