

Gurmej And Associates Limited

Avail - Bradford

Inspection report

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Date of inspection visit:
06 March 2018

Date of publication:
12 April 2018

Ratings

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

Summary of findings

Overall summary

The inspection took place between 5 and 9 March 2018 and was announced.

Avail - Bradford is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to both older adults and, younger disabled adults. At the time of the inspection 18 people were receiving personal care from the service.

A registered manager was not 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. A new manager had been in post since October 2017 and was going through the application process to be registered with the Commission.

At the last inspection in December 2016 we rated the provider as 'Good' overall and 'Good' in each of the individual domains. At this inspection we found the provider had maintained its overall 'Good' rating although we identified some minor concerns with the way systems and processes were operated. As a result we rated the 'Is the service Well Led?' domain as 'Requires Improvement.'

People provided positive feedback about the care and support they received from Avail. They said they received effective and appropriate care and that staff were kind and compassionate.

People said they felt safe in the company of staff. Systems and processes were in place to help protect people from abuse. Risks to people's health and safety were assessed and risk assessment documents guided staff to help protect people from harm. The service learned from adverse events to improve the safety of the service.

Overall medicines were managed safely. People received their medicines when they needed them and documentation was kept to record this.

There were enough staff deployed to ensure people received consistently and timely care. Staff were able to arrive on time and stay with people for the allocated amount of time. Safe recruitment procedures were followed to help ensure staff were of suitable character to work with vulnerable people. Staff received a range of training which was relevant to their role.

The service was compliant with the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). People's consent was sought before care and support was offered.

The service worked in partnership with other agencies including health professionals to help ensure people's needs were met. People's healthcare needs were assessed and plans of care put in place.

People said staff were kind and caring and treated them well. We saw good positive relationships had developed between people and staff. People received care from a small staff team to enable familiarity between people and staff.

People's care needs were assessed and clear and detailed plans of care put in place. People said care needs were met and records confirmed this.

People were encouraged to provide feedback and raise any concerns or complaints they had. We saw complaints were dealt with appropriately by the service.

There was a good, person centred culture within the organisation with management and staff committed to providing personalised care and support. People and relatives spoke very highly about the overall quality of the service.

Documentation relating to some aspects of people's care and support and the management of the service needed improving to consistently evidence that safe systems and processes were being followed. However we did not identify this had an impact on people who used the service and were confident the new management team would address the minor issues raised.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service was not consistently well led.

Some systems and processes relating to the management of the service needed improving to reduce the risk of inappropriate or unsafe care.

People were very satisfied with the service and said that consistent, high quality care was provided. The service's culture focused on providing people with personalised care and support.

People were encouraged to provide feedback about the service to help ensure continuous improvement.

Is the service well-led?

Requires Improvement ●

The service remains good.

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 check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

The inspection was prompted in part by concerns the local authority had about the service following a visit in November 2017. The information shared with CQC indicated potential concerns about the documentation and how management systems and processes were operated.

The inspection took place between 5 and 9 March 2018 and was announced. We gave the provider a short amount of notice that we would be visiting the office, because it is small and the manager is often out of the office supporting staff or meeting people who use the service. We needed to be sure that they would be in. On 5 and 6 March 2018 we made phone calls to people and their relatives to ask them about the quality of care they received. On the 6 March 2018 we visited the provider's offices to look at care related documentation and speak with the manager of the service. Between 7 and 9 March 2018 we telephoned care workers.

The inspection was carried out by one 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 in this case the care of older people.

Prior to the inspection we spoke with both the local authority commissioning and safeguarding teams. We reviewed information held on the provider for example notifications sent to us by the provider.

During the inspection we spoke with three people who used the service and six relatives. We spoke with five care workers, the manager, the provider, a director and the admin support. We looked at three people's care records and records relating to the management of the service including staff training records, audits and meeting minutes.

Is the service safe?

Our findings

All the people and relatives we spoke to told us people were safe when care workers visited their homes. People said they felt safe and comfortable around care workers. One person said "I feel safe because of the continuity and quality of the staff, that makes a big difference. Staff don't rush, they have time for you." Another person said, "Staff are very trustworthy, honest and reliable, they always lock the door." A relative said "My relative is safe with this provider the previous one was dreadful." People and relatives told us that if they had any concerns they would talk to someone in the office or to the manager and felt they would be taken seriously.

Staff had received training in safeguarding. The manager had a good understanding of safeguarding matters and we saw appropriate action had been taken following recent safeguarding incidents or complaints to help keep people safe.

Risks to people's health and safety were assessed and detailed and person centred risk assessment documents put in place to guide staff on safe working practices. We saw most of these were relevant and up-to-date, although one person's risk assessments needed updating in line with their new plan of care. We saw a meeting had been arranged with the person to enable this to happen, giving us assurance it would be dealt with. People said that staff used equipment correctly and followed safe working practices. Relatives told us staff were very observant and brought to their attention any safety concerns such as skin integrity issues.

Emergency arrangements were in place. All staff told us they had been made aware of what to do should a medical emergency present itself or for example should staff be unable to gain access into a property. An on call service was in place should staff need assistance outside normal office hours. Staff told us this was usually answered promptly.

There were enough staff to ensure people's needs were met. People and relatives said there were enough staff and that calls consistently took place. They said they received calls consistently at the same time each day and reported no missed calls. This was confirmed by records we reviewed and staff we spoke with.

People and relatives told us that staff were of suitable character to be working with vulnerable people. Safe recruitment procedures were in place. We saw evidence they had been followed to help keep people safe. Following some concerns raised about recruitment practices in 2017 during a local authority quality visit, we saw improvements had been made and a greater oversight of recruitment was now in place to ensure the required documentation was consistently present. We looked at the recruitment of a new staff member which showed that safe procedures had been followed.

Overall we found medicines were managed in a safe and appropriate way. People who required help with the medication told us that this was done effectively and that there had been no problems with medication. Calls took place at regular times which helped ensure people got their medicines at the times they needed them. Each person had a medicine profile in place which set out the medicine support they required. In

some instances, we found more detailed and person centred information was needed. For example more information on when and how often to administer "as required" medicines to people. We raised this with the manager who agreed to ensure this was promptly actioned.

We looked at a sample of Medicine Administration Records and found they were generally well completed indicating people had received their medicines as prescribed. Staff received training in the management of medicines to help ensure they were able to safely administer. Medicine audits were undertaken and improvements made following these. For example we saw it had been identified that the recording of the application of creams had not been taking place consistently, this was discussed with staff at a team meeting to ensure consistent documentation was maintained.

The people and relatives we spoke told us that staff took care wash their hands and where appropriate wear PPE. PPE was available in the office and staff said they had good access to it.

We saw that lessons were learnt when things went wrong. A person described to us that following a manual handling injury the service had taken the incident seriously and ensured safer working practices were put in place. This was evident through reviewing documentation relating to incidents and accidents. In another instance we saw a relative was concerned that a person's catheter bag had not been consistently changed. This was now recorded on a chart to remind staff of when it was last changed and when it needed changing again. Our discussion with the manager led us to conclude the service was committed to continuous improvement when things went wrong.

Is the service effective?

Our findings

People's care needs were assessed and plans of care put in place to help people achieve effective outcomes. Most of the people and all of the relatives we spoke to told us the care and support was effective and met people's needs. One person said "I am well looked after so the care is effective. If they are lacking in any area I make them aware. Sometimes they will forget to leave the box of tissues next to me or the cap off the food supplements just on the odd occasion and they are very apologetic." Relatives told us staff communicated effectively with people living with dementia. For example one relative said "We cannot fault the dementia care, they talk to our relative who cannot really communicate now, as if they are still a functioning human being. They chat as normal." However one person told us some carers needed more empathy and understanding of what person centred care means.

People told us they had regular carers. We saw runs were organised and staff usually worked on the same runs to promote continuity and knowledge of the people they were supporting.

We looked at training records, which showed staff received a range of training, which was up to date. Training was a mixture of face-to-face and e-learning. Staff praised the training and said it gave them the required skills to undertake their role. New staff were required to complete a range of training before working alone. In addition, they had to read policies and procedures and complete shadowing shifts to help ensure they knew how to work effectively.

We saw plans were in place to support a new staff member to do the Care Certificate. The Care Certificate is a set of standards designed to equip social care and health workers with the knowledge and skills they need to provide safe, compassionate care. Other staff were being supported to do level 2 or level 3 qualifications in health and social care.

Staff received supervision and appraisal from the service. This provided a support mechanism and also allowed the service to monitor staff performance. Most staff we spoke with said they felt well supported although some staff said a number of different managers they had had over the past few years had meant they had not always consistently felt well supported.

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 DoLS had needed to be made. We saw examples where best interest processes had been followed in line with the requirements of the mental capacity act.

Care records showed that where people had capacity they had consented to their plans of care. Records showed people's choices were respected around what they wanted to eat and if they wanted to get dressed, with any refusals respected.

People's nutritional needs were met by the service. Each person had a dietary needs assessment in place specifying their culinary preferences. Care records clearly stated the support people needed in this area. Overall, people provided positive feedback with regards to dietary support. One person said "Staff prepare food and feed me, they don't see it as a problem. They all know your needs and do it professionally. I choose what to eat and they leave snacks and drinks beside me.' A relative said "They are aware of getting good nutrition into our relative. They previously had problems with dehydration so staff leave 2 glasses of drink beside them and encourage them to drink.' However one person did say that not all staff consulted them about their meals, for example serving vegetables with butter without asking."

People and relatives said healthcare needs were met by the service and that the service worked with other health professionals. One relative said "'Anything they find regarding bruises/broken skin they report it and contact the district nurse. They are fantastic with falls; they will wait with my family member." People said that staff were proactive in meeting people's changing needs, for example ensuring appointments were booked in advanced for people. One relative said that a carer had suggested a different type of moving and handling aid for a person who was becoming more frail and after consulting with the relative, they had organised for a reassessment for the person. Care records recorded the involvement of other health professionals in care. We concluded the service worked effectively with other organisations and professionals to help meet people's healthcare needs.

Is the service caring?

Our findings

Overall people and relatives were very positive about the staff at Availl. They said they were kind and friendly and treated them well, although they said some staff had better personal attributes than others. One person said: "I wouldn't be alive today without Availl. Staff are chatty, have time to talk and do little things like put gel on my hair, they treat me like a human being. They know I like to look decent. They treat me with dignity and respect and don't do anything inappropriate when helping me with personal care. I feel comfortable with the way they do it, they let me do what I can and I call them in to finish me off.' Another person said "There are some staff who are really nice and chatty and that care. Others try to rush ahead and I have to remind them of what I can do for myself. Some of them have their eye on the time all the time but since I have spoken to the manager about it they are not rushing as much."

Relatives comments included: "Staff are really nice, like a family member. You feel comfortable letting the same person in the house. I can leave a key with the carer, the trust thing is so important. They lock the door if they are showering my family member so no one else can come in. As regards independence, they're not just coming in and taking over they let them do things for themselves." "They seem to genuinely care for my relative and are happy to do extra bits like nipping round to the shop if they need anything." "Staff are lovely, friendly, caring. They treat my relative with dignity and respect, they never make them feel awkward about having personal care, they behave like it's normal. If my relative says sorry they reassure them, say it's fine. My relative loves the girls and calls them their family. They like to sit on the bed and dress themselves and carers are there to help. Carers hold the shower while my relative washes themselves. They like to be independent." "The carers are friendly, approachable and professional; they know what they are doing."

A number of people said staff had gone the extra mile, highlighting how much effort carers had made to visit them during recent bad weather. One person said "'I live on a big hill and they got to me, walked up the hill, even my new neighbours say they are marvellous. I cannot praise the company enough, they are my lifesaver. This morning I got some appointments through and they got straight on the phone to organise transport for me.' A relative said "The service is brilliant, I cannot fault the carers, they do what they should and the vast majority go above and beyond, for instance, in the bad weather the carer walked three and a half miles in the snow to see my relative. [Name of carers] are absolutely exceptional." We were told care workers had come on their days off to accompany people to hospital, showing very caring attributes.

We saw good positive relationships had developed between people and staff. On the whole, people received care from regular carers who knew them well. Care records contained information on people's backgrounds and life history. This helped staff to better understand the people they supported. A number of different care runs were in place and staff generally worked on the same run to improve consistency. Most people said they were introduced to new carers before they visited however one person told us this wasn't always the case. They told us new carers just turned up and they felt anxious about this.

Most people and relatives told us staff are kind, treat people with dignity and respect their privacy and independence. One person said "The staff are very friendly, polite. They draw the curtains when giving me a bed bath.' They also told us staff engage in conversation as well as completing care tasks and listened to

them. A relative said "They respect their privacy e.g. last night my sister was here with me and the carers were sorting my relative's pads out and when we went in the room they automatically got a towel and covered them up." Another relative said "'The staff are great, I feel comfortable with them. They close the blind when administering personal care and male workers do not do personal care since my relative doesn't like it. They always give my relative a choice of what to wear."

Most people and relatives said they felt listened to by the service. We saw mechanisms were in place to listen and act on people's views. The new manager had been out to see each person who used the service to help establish their views. We also saw that regular review meetings took place which heavily focused on people's views. We saw evidence actions were taken following people raising areas for improvement which showed people were listened to.

'We looked at how the service worked within the principles of the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under this legislation. Management gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to race and culture. For example, where English was not people's first language we saw efforts were made to match staff that spoke the same language and were from the same culture. This helped ensure the person's communication and cultural needs were met by the service. People's diverse needs were assessed as part of the initial assessment to help ensure they could be met.

Is the service responsive?

Our findings

People said that care was appropriate and met their individual needs. One relative said "We've been with Avall for one year and it's been consistent from day one. They never rush my relative. It might take 10 to 40 minutes depending on what needs doing on the day, their main concern is my relative. They call me if anything need sorting e.g. they might notice one of my relative's tops are getting too tight, they notice everything. You can feel, see and hear they care."

Care records showed people's care needs were assessed in a range of areas. Detailed care plans were put in place which provided clear instructions to staff as to the care and support required. Care plans noted the time of visits so that people had a clear understanding of when to expect staff. Care records contained information on people's likes, dislikes and preferences for example culinary preferences. People's end of life care needs were also assessed and any preferences recorded to help the service meet people's needs in this area.

Most of the relatives we spoke said communication was good and told us staff were very good at keeping them informed and up to date with their relative's changing condition/needs. One relative said "They keep the family informed. If our relative has had a bad day carers will text/phone and they let us know."

Regular review meetings were held with people and/or their relatives to discuss their care and support package and to discuss whether any changes were needed. Reviews took into consideration people's opinions on their care and support. We saw changes were made to address any issues or concerns people had with their care.

Most people and relatives we spoke told us staff arrived on time and stayed for the allotted amount of time. Care plans specified a call time for each person so they knew when staff would be attending. Records we reviewed showed call times were consistent and of the required length. This helped ensure appropriate care and support was provided.

Some people had packages which included social inclusion and activities. People and relatives told us these were managed well. One relative said their relative was taken out once a week and carers also sat and watched films with them. They said the person appreciated that very much.

All the people and relatives knew how to complain and felt comfortable doing so, if needed. People said complaints that had been made were responded to well. We saw where complaints had been received these had been discussed with people, investigated and an outcome provided to the person. However where complaints were about staff, although we saw they had been responded to, it was not always clear whether a meeting/supervision had been held with the staff involved to discuss their care and support practices. These issues related to a time before the new manager came into post. We had confidence the new systems put in place by the new manager would ensure better documentation was retained in the future.

Is the service well-led?

Our findings

Systems and processes relating to the management of the service needed improving to reduce the risk of inappropriate or unsafe care. For example medicine profiles needed to be more detailed to provide staff with the information they needed to support people. Although checks of care records, daily log sheets and medicine charts were carried out, there was a lack of space to record any actions, who these had been allocated to and the timescale for completion. This made it difficult to track improvements. The manager had recognised this and was planning to introduce new paperwork to address this.

Incidents and accidents were recorded and action was taken to reduce the likelihood of a re-occurrence. However incidents were recorded in different places, some in people's files and others on incident forms making it difficult to keep a track of all incidents and the actions taken. We spoke with the manager about the need to consistently record this information in the same format to allow greater oversight.

However we did not identify any impact on people as a result of these concerns and were confident the issues would be addressed by the new management structure which was in place.

Spot checks were undertaken on staff practice and competency to help ensure staff consistently worked to a high standard. We saw these were detailed and where issues were found these were discussed with people. However a greater focus on medicine competency was required as part of these.

Staff meetings were held and quality issues discussed. It was evidence that the findings of audits such as poor recording of topical medicines had been discussed to drive improvements within the service.

People were involved in the service and able to give feedback to help improve the service. Review meetings were detailed and recording people's opinions on their care and support. Regular satisfaction surveys were completed by people who used the service and staff. We looked at the results of the most recent survey in January 2018 which showed positive responses. These had been collated and analysed and action taken to address any negative comments. Feedback showed people were very happy with Avall which matched the feedback we were provided with.

The service was committed to continuous improvement. An electronic call monitoring system was due to be introduced to provide greater oversight of staff activity whilst working in the community. The manager explained how they attended training and events run and facilitated by the local authority to keep up-to-date on best practice guidance.

People and relatives spoke positively about the overall quality of care provided by Avall. People said they would recommend the service to others. Comments included: "I would absolutely recommend it, friends have seen what a difference Avall has made to me. It keeps you sane. The neighbours say what kind of party are you having there, all we can hear is laughing." "I would recommend it because the carers are absolutely excellent." "Punctuality is very good which is not the case with most agencies and I have a lot of experience. "From personal experience in comparison to other companies I am comfortable with the place, feel my

relative is in safe hands. There is a good atmosphere, staff are a happy bunch and an honest, open culture. Staff have regular meetings and training. They talk about their training and how it will affect my relative's care" "It's a small, friendly organisation and they try to accommodate you in any way they can.' 'I would absolutely recommend it. They are trustworthy, honest, open, friendly, chatty not formal but respectful.'

People and relatives were positive about the culture of the organisation which they told us was 'open and honest'. We found the manager, provider and staff were open with us about the service, its current challenges and what was being done to address them. The manager explained to us that they currently did not accept 15 minute calls from the local authority as they did not believe a person centred service could be provided in this time. This demonstrated a service which recognised the importance of person centred care.

All the people and relatives we spoke to told us the new manager had introduced themselves to people and visited them in their homes. They also told us they could contact the manager if they needed to.

Staff we spoke with said there had been some issues with a lack of management but most staff felt optimistic that a new manager was in place things were becoming more organised. One staff member said "It's alright, had its ups and downs , had a few issues but the new manager is trying to sort these". Another staff member said "since new manager has come things have got a lot better, better organised now" Another staff member said "Not enough senior staff at the moment, I think they could do better. Some staff said communication needed to be better between management and staff.