Gurmej And Associates Limited

Availl - Bradford

Inspection report

Accent Business Centre
Barkerend Road
Bradford
West Yorkshire
BD3 9BD

Tel: 01274739900
Website: www.availl.co.uk

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Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
Is the service effective?	**Inspected but not rated**
Is the service caring?	**Inspected but not rated**
Is the service responsive?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

Availl - Bradford provides personal care to people living in their own homes in the Bradford area. At the time of the inspection, the service was delivering personal care to eight people. This was an announced inspection which took between 2 and 4 December 2015.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We identified some good areas of practice and people who used the service all described it as good or excellent. However the service had only been providing care and support to people for a maximum of six weeks with most care packages being less than three weeks old. This meant we were limited in the information we could review and were unable to make a judgement about whether the good practice we identified was sustainable over time. Therefore we were unable to provide a rating for this service.

People told us they felt safe in the company of care workers. Staff had received training in safeguarding and understood how to identify and act on allegations of abuse. Risk assessments were in place which provided staff with information on how to help keep people safe.

There were sufficient staff employed to ensure a consistent and reliable service. People told us staff arrived on time and staff told us they had enough time to conduct care tasks thoroughly.

The service operated safe recruitment procedures to ensure staff were of suitable character to work with vulnerable people.
Systems were in place to ensure medicines were safely managed.

Staff were provided with a range of mandatory training to help ensure they had the required skills and knowledge. People received care from a consistent group of staff which helped ensure they had the required knowledge to deliver care effectively.

The service was acting within the legal framework of the Mental Capacity Act (MCA). People told us they were supported appropriately to make choices about their care and support.
People were supported appropriately to maintain good nutrition and hydration.

The service had systems in place to identify and manage changes in people's health.

People and their relatives told us staff were kind and caring and treated them with dignity and respect. They told us staff and the manager worked hard to provide personalised care with attention to detail.

A robust and thorough assessment process was in place to ensure people's needs were fully assessed before care was provided. This helped ensure appropriate care was provided.

Systems were in place to record, investigate and respond to complaints. No complaints had so far been received by the service and people told us they were very satisfied with the way the service had so far been provided.

People and staff spoke positively about the registered manager and said they were approachable and dealt with any problems which arose. We found the registered manager to be dedicated to ensure a personalised and high quality service was provided

Audits and checks were undertaken by management both informally and formally to ensure the quality of the service was continuously monitored.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

People told us they felt safe in the company of staff who provided care. Safeguarding procedures were in place and we saw they had been followed to keep people safe.

Risks to people's health and safety were assessed and plans of care put in place to help keep people safe.

There were sufficient staff employed to ensure a reliable and consistent service was provided. Appropriate recruitment procedures were in place to ensure staff were of good character and suitable for their role.

Is the service effective?

Inspected but not rated

People told us care was provided by staff who had the right skills and experience to care for them. Staff received a range of training which was up-to-date and demonstrated a good knowledge of the people they were caring for.

People's healthcare needs were assessed and appropriate action taken to follow up any changes in people's health.

People were supported to eat and drink appropriately.

Is the service caring?

Inspected but not rated

People and their relatives all said both staff and the manager were kind and caring and treated them well.

The service had taken the time to listen to people to learn their likes and preferences and how they wanted their care and support to be delivered.

Is the service responsive?

Inspected but not rated

People's needs were thoroughly assessed before they began using the service. A range of care plans were delivered to help staff provide appropriate care. People told us their needs were met by the service.

A system was in place to record, investigate and respond to any complaints

Is the service well-led?

Inspected but not rated

People and staff spoke positively about the registered manager and said they listened to them and addressed any queries or concerns.

The service regularly assessed and monitored the quality of the care and support provided. This included seeking people's views and undertaking audits and other checks.

Availl - Bradford

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place between 2 and 4 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team consisted of one inspector.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with five people who used the service and two relatives. We spoke to most people over the telephone but also undertook a visit to one person's house. In addition we spoke with two care workers, the care co-ordinator, and the registered manager. We spoke with one health/social care professional who worked with the service to get their views on the quality of care provided. We looked at two people's care records and other records which related to the management of the service such as training records and policies and procedures.

On this occasion, we did not ask the provider to 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. However we reviewed all information we held about the provider and contacted the local authority to ask for their views on the service.

Inspected but not rated

Is the service safe?

Our findings

People told us they felt comfortable and safe when staff visited their homes. Nobody raised any concerns with us about the conduct of staff and said they were always kind and treated them well. For example one person told us "no concerns, all very nice."

The registered manager and staff had a good understanding of safeguarding matters which provided us with assurance that the correct processes would be followed to keep people safe. Staff had received training in safeguarding and people who used the service were informed of how to raise concerns through the service user guide. Where concerns had been identified about the people who used the service, these had been appropriately reported by the service to the local authority and Commission, demonstrating the correct processes were being followed.

Risks to people's health and safety were appropriately managed by the service. Care records showed risks to people, such as those associated with moving and handling, and their living environmental had been assessed. Risk assessments contained sufficient information to provide staff with clear instructions on how to deliver care and support safely. People told us that staff knew how to use any equipment for example hoists correctly and safely. Where people required two care workers to ensure safe care they said two care staff were always present. We saw rotas were arranged into a distinct double up round where care workers travelled together to ensure both arrived at the same time. This helped provide us with assurance that the service operated safely and reliably.

Staffing levels were sufficient to ensure people received a reliable and consistent service. At the time of the inspection four care staff were available, with an additional four staff in the recruitment process. The registered manager and care co-ordinator were also available to provide care to cover any staff absences. The manager showed us the rota system which was carefully planned to ensure people received care at times that met their individual needs. Clients were divided into a red, purple or blue runs, based on their needs. Rotas allowed for travel time and staff breaks and were not overly demanding of staff. Staff we spoke with told us they had enough time to attend to calls on time and did not feel pressured to work unreasonable shifts. People we spoke with all said the service was reliable and punctual. This demonstrated there were sufficient staff deployed. The service was in its first six weeks of operation and the registered manager showed us evidence they were committed to recruiting further staff before accepting new care packages to ensure people's needs would continue to be met.

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

recruited, they confirmed these checks had taken place before they started work.

As the service was in its infancy and most people were within their first month of medication support, we were unable to undertake a robust evaluation of whether people received their medicines safely. However the systems and processes we observed were well thought out and we saw evidence of some good practice.

Staff had received medication training which was supported by a competency assessment to check whether they had the correct skills and knowledge to manage medicines safely.
Medication risk assessments were in place which detailed the support each person required and ensured any risks were assessed.

Medication Administration Records (MAR) charts were in place which provided a clear record of the support people received with each individual medicine they took. The MAR chart we reviewed provided evidence that the person received their medicines as prescribed.

Systems were in place to bring medication records back to the office and ensure they were subject to regular review by management as part of the operation of a safe system of medication management.

One person who used the service received their medicines administered by both their family and care workers. Although the manager was clear about the current arrangements, we found more information could have been recorded within the person's support plan about the exact nature of the arrangements to reduce the risk of errors.

The registered manager told us that nobody using the service was receiving their medicines covertly but we saw procedures were in place should this be required.

Systems were in place to report incidents and accidents. Staff were aware of the requirement to report incidents and incident forms were readily available in people's care files for staff to fill out.
As the service had only been operating for six weeks there was a lack of incidents to review. In one case we saw a fall had been correctly reported. We did however identify an incident which was not recorded on the incident reporting system. The manager was able to clearly describe the action taken to prevent a re-occurrence but this was not robustly documented. We reminded the manager of the need to ensure these incidents were properly documented in the future.

Inspected but not rated

Is the service effective?

Our findings

People we spoke with told us the standard of care was good so far and they had no concerns. They all said staff had the required skills to care for them and completed the required tasks.

People told us and we saw evidence that people received care from a consistent staff team which helped staff develop a comprehensive knowledge of people they were caring for. This was currently possible due to the small group of staff and the way rotas were managed. However we were provided with assurance by the registered manager that this could be maintained as the service grew due to the way the rotas were carefully planned out and organised into specific runs based on matching staff and people who used the service.

Staff were provided with appropriate training. Staff were required to complete mandatory training in subjects such as safeguarding, manual handling and medication prior to delivering care. All current staff were up-to-date with mandatory training. Staff told us the training had been useful in giving them the required skills to deliver effective care. Systems were in place to flag up when training was due a refresh and ensure it was provided promptly to staff.

The manager showed us their plans to introduce the Care Certificate in December 2015 to new staff without previous care experience. This would help to give new staff a broad knowledge base to help ensure effective care was provided. Prior to commencing work alone, new staff were required to shadow to become familiar with the people they were caring for and understand how to care for them effectively.

Where the service was planning on delivering care to people with complex or specific needs we saw steps had been taken to provide staff with additional training. The registered manager told us how they planned to deliver more training face to face themselves once they had completed a recognised teaching qualification.

Staff were provided with regular support in the form of supervision, review meetings and checks on their practice. Appraisals were planned once staff had been working for a year within the service. Staff told us the registered manager was very supportive of them and that they were happy in their role.

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. The service had not needed to make any applications to the Court of Protection. We found the service was working within the principles of the MCA. The manager had a good understanding of how to ensure the correct processes were followed where they suspected people lacked capacity. They

talked us through an ongoing situation where they had been involved in a multidisciplinary team and sought an advocate for one person as part of a best interest process.

Systems were in place to ensure links with external health professionals such as local doctors and district nurses. The registered manager told us how they were committed to ensuring that any changes in people's healthcare needs such as urinary tract infections (UTI's) were quickly identified by staff. They told us they achieved this by training staff in health conditions such as UTI's and by ensuring familiar and consistent staff, therefore increasing the chances staff would identify any changes in the people they were caring for. We saw an example where staff had identified a UTI and taken appropriate action to follow up with the relevant health professionals. A relative we spoke with also told us they were impressed that the service had thought carefully about their relative's healthcare needs and had developed a plan to identify UTIs, monitor food/fluid intake carefully and ensure the involvement of a range of health professionals.

We spoke with one social care professional who regularly liaised with the service. They said that they didn't have any concerns about the service, they had found communication to be very good and thought care delivery was meeting people's needs.

People told us they were supported appropriately at mealtimes. People's likes, dislikes and culinary preferences were assessed as part of an assessment of their nutrition and dietary needs. We saw people's individual preferences were logged. Daily records provide evidence people were provided with a variety of food based on their preferences. Systems were in place to monitor people's nutrition and hydration if appropriate.

However in one person's care records, we found there was a lack of clarity as to whether the person required a thickener in their drink. We asked the provider to ensure this was immediately clarified with the relevant health professional and the plan of care updated.

Inspected but not rated

Is the service caring?

Our findings

Everyone we spoke with said the staff treated them with kindness and compassion. People said that staff were friendly and interacted well with them. For example comments included "very nice, caring, very nice ladies," and "always very generous, very kind and friendly." Another person told us, "They are brilliant , get on right well, I have a smile on my face, they are really here to help me." A relative told us, "They are genuinely interested in getting the right care for [relative's name]."

The service's visions and values focused on ensuring people were treated well by staff. The service helped to ensure this was consistently provided by regularly checking staff practice through the supervision and spot check process and speaking to people who used the service regularly about staff conduct.

Staff were provided with uniforms and identity badges to ensure people who used the service could be confident that they were letting the correctly authorised people into their houses.

People said they received care from the same small group of carers. We saw rotas were organised to ensure people received care from consistent staff from day to day and staff confirmed this was the case. This allowed strong relationships to develop.

People told us they felt listened to by the service. People consistently told us they felt cared for because of the level of attention to detail given by both the registered manager and staff to ensure personalised care was provided. People said they were able to contact the manager whenever they needed to. Systems were in place to ensure people were able to voice their views about their care and support through periodic reviews and more informal regular contact with the registered manager. We saw evidence that people's preferences such as their preferred call times had been listed to and acted on.

Some information was present within care files on people's likes and dislikes and preferences for example in relation to food and how they liked their care to be delivered. This showed that a person centred approach had been adopted in the creation of the care package. The manager and staff demonstrated an in depth knowledge of the people they were caring for, which demonstrated they had taken to time to understand the people they were caring for.

Inspected but not rated

Is the service responsive?

Our findings

People we spoke with all said that the care was appropriate and met their individual needs. They were able to give examples of how care and support had been adapted to their individual requirements and specific needs.

We looked at people's care records. These demonstrated people's needs were assessed in a range of areas, prior to commencement of the service. A relative we spoke with told us they were particularly impressed as the pre-assessment process had been conducted very thoroughly by the registered manager. They told us the manager had spent a great deal of time thinking about all their needs and preferences however small. This thorough assessment process helped ensure that the service met people's individual needs and preferences as soon as care delivery began. Comprehensive care plans were developed for each person which included medication, manual handling, eating and drinking and continence. Care plans were present within people's homes to enable staff to refer to them. We undertook a visit to one person's house and found the required documentation was in place.

At the time of the inspection, people had only been receiving care for up to six weeks. We saw there were plans to further develop the level of personalised information within care plans as the service became familiar with people, their needs and preferences. We saw plans were in place to allocate the team leader supernumerary time to allow this to happen.

Systems were in place to ensure care met people's individual needs and preferences. For example one person due to start using the service had requested male carers only. We saw a "blue round" had been set up to cater for this need, provided by male staff only. In addition, one person who used the service did not speak English. Care staff who spoke the person's language had been assigned to them, and translations of key phrases had been written in the care plan to assist staff in providing the correct instruction during moving and handling. This demonstrated the service was making reasonable adjustments to help meet the person's individual needs.

Because the service had only been operating six weeks, we were only able to review in detail one person's daily records of care. However these contained an appropriate amount of information and demonstrated this person had received the required care.

People told us staff arrived on time and stayed for the correct amount of time. They said that staff did not rush and met their needs. Care rotas were planned so that staff could spend the full amount of time with people. We reviewed one set of daily records which confirmed that staff arrived punctually and stayed the correct amount of time.

A system was in place to bring complaints to the attention of people who use the service through the service user guide, and more informally through regular contact with the manager. People and their relatives told us they had no cause to complain. They told us that so far the manager had been very helpful in addressing any queries and they had confidence they would continue to do so. Systems were in place to record,

investigate and respond to complaints.

Inspected but not rated

Is the service well-led?

Our findings

A registered manager was in place. People and their relatives all spoke very positively about the way the service was managed. They said the registered manager always got back to them promptly if they had any questions about their care and support. One relative told us how they were impressed by how organised the service was describing the manager as "doing things in a clear, methodology way."

Staff also spoke positively about the way the service was run. They told us they felt well supported by the registered manager. Staff said they were able to promptly contact management both within and outside core office hours. This helped provide assurance that leadership and direction was consistently available to staff.

The manager demonstrated to us an enthusiasm and passion for ensuring the service developed a reputation as a high quality and person centred care provider. They had clear plans for developing the service further for example expanding the role and responsibilities of the team leader as the service grew and ensuring greater links with head office with regards to monitoring and audit Plans were in place to further involve people wo used the service through engagement events in the local community.

Systems were in place to regularly assess and monitor the quality of the service. However as the service was in its infancy we were unable to robustly review the effectiveness of these systems. We did find evidence that so far, the quality assurance policy was being following and the manager was conducting regular spot checks of care delivery. These checks involved checking that care workers were arriving on time, conducting the required tasks and ensuring the required documentation was in place and being utilised. People and staff were also asked for their views as part of this process. Staff we spoke with confirmed these checks had taken place. Staff practise and performance was also reviewed through the supervision and appraisal process.

Systems were in place to ensure daily records and medication charts were regularly reviewed by the manager although so far, only one set of records had been subject to review by the manager.

The quality assurance policy stated people would be asked for their views on the quality of the service through a six monthly quality survey. We saw plans were in place to conduct these surveys in January and July each year.

Plans were in place to ensure audits and checks were undertaken by head office on a periodic basis. The manager told us they were developing systems for reporting key performance indicators to head office such as number of incidents and complaints to ensure the performance of the organisation could be robustly monitored.

A staff meeting had not yet taken place but was planned for a date in December 2015. This would be an opportunity to discuss working practice and any concerns or queries staff had regarding service delivery.