

Aviana Health Care Ltd

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Inspection report

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Cheshire
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Aviana Healthcare Ltd is a domiciliary care service providing personal care to people in their own homes. At the time of the inspection 3 people were receiving personal care and support to remain as independent as possible. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

People's experience of using this service and what we found

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right Support

People were supported by regular and consistent staff, who had time to get to know them and how they liked their care to be provided. Effective systems were in place to organise and monitor care visits, minimising the risk of late or missed calls. Staff were recruited safely, and relevant checks had been carried out. People were supported by staff who had been trained and were appropriately supervised.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported practice.

Right Care

People were positive about the care and support they received. People were treated with dignity and respect, and their independence was encouraged. Staff understood how to protect people from poor care and abuse.

The provider had systems in place to ensure people were involved in decisions about their care. People had detailed personalised care plans in place which considered their desired outcomes and goals. The registered manager visited people on a regular basis and saw gathering feedback as an opportunity to

improve.

Right Culture

The service was well managed, and the registered manager promoted a person-centred culture which was focused on meeting people's individual needs. Managers were focused on providing a quality service to people and were passionate about the continuous improvement of the service.

The service sought feedback and worked in partnership with others including health and social care professionals to ensure people received the support they needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 15 October 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Aviana Health Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was undertaken by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 5 Dec 2022 and ended on 16 Dec 2022. We visited the location's office on 7 Dec 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with the 3 people who currently used the service. We spoke with 5 staff members including the registered manager, service manager and care workers. We reviewed the records of the 3 people who used the service. We also reviewed records relating to staff recruitment, training and the oversight of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to help protect people from the risk of abuse.
- Staff had received training in safeguarding and understood their responsibility to report any concerns. A staff member told us, "If I saw anything, first I would report to the management and if I see no one taking any action I would whistle-blow." Staff felt able to raise any concerns with managers.
- Safeguarding concerns had been appropriately reported to the Local Authority where necessary.

Assessing risk, safety monitoring and management

- Risks associated with the persons care, support and environment had been identified and assessed. Records provided clear guidance to staff on the measures needed to reduce potential risk.
- Where specific risks had been identified, the registered manager had referred to other organisations for advice, for example to the fire service for a fire risk assessment.
- People's care plans and risk assessments were regularly reviewed and updated.
- Systems allowed the registered manager to monitor records in real time, therefore any concerns could be quickly highlighted and addressed.

Staffing and recruitment

- There were enough staff to meet people's needs. People were supported by a small team of staff who arrived as expected. One person told us, "They have been very good, they come on time."
- The provider was recruiting staff so they could provide care to more people in future. They were using strategies such as the government's sponsorship scheme to help recruit staff.
- Effective systems were in place to organise and monitor care visits, minimising the risk of late or missed calls. Staff told us they had enough time to support people effectively.
- Systems were in place to ensure staff were recruited safely and relevant checks had been carried out. Staff told us they had enough time to support people effectively.
- Systems were in place to ensure staff were recruited safely and relevant checks had been carried out. These checks included DBS checks and references from previous employers. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer.

Using medicines safely

- The service was not currently supporting anyone with medication administration. However, systems were in place to ensure medicines could be administered safely if people required this support.
- Staff had been trained and their competency checked to administer medicines safely.

- Where people required support with topical creams, appropriate guidance was in place to ensure staff applied this correctly.

Preventing and controlling infection

- Measures were in place to help prevent and control the risk of infection. The provider had an up to date infection prevention and control policy.
- Staff received training in infection control and the safe use of personal protective equipment (PPE), to reduce the risk of infections.
- The registered manager undertook checks to ensure staff used PPE correctly.
- Staff had access to PPE and people told us staff wore PPE when visiting and providing care.

Learning lessons when things go wrong

- Where accidents and incidents occurred, these were recorded and reviewed to consider any action needed, to reduce the risk of reoccurrence.
- The registered manager understood how to use the information as a learning opportunity to improve the service where necessary.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager undertook an initial and relevant risk assessments to ensure people's needs could be met and delivered in line with standards. One person told us, "One of the bosses came and spent an hour to do an assessment, she made sure I was happy."
- Information gathered during the assessment process helped to form care plans, with involvement from other relevant people to ensure people's needs were identified and met.
- Nationally recognised assessment tools were used as part of the assessment process.

Staff support: induction, training, skills and experience

- People were supported by staff who had been trained and were appropriately supervised.
- Before starting work at the service new employees completed an induction. Staff new to care were required to complete the Care Certificate; this is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. The registered manager was reviewing the way they delivered training to introduce more face to face training.
- Staff received refresher training with competency assessments and spot checks to ensure they carried out their responsibilities well. Staff had received specific training to meet people's individual requirements.
- Staff told us they felt well supported and had the information they needed to support people effectively.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- Where people had specific health needs, these were recorded to ensure staff knew how people were affected and how best to support them.
- Staff supported people to access other services involved in supporting them, such as occupational therapists or district nurses, to ensure their needs were met.
- People's care plans included information about their oral health needs.
- Where people required support with eating and/or drinking, assessments and care plans were in place to guide staff.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The registered manager understood their responsibilities under the MCA. People being supported at the time of the inspection had the capacity to make their own decisions.
- Staff sought people's consent to provide care and people had signed their care plans
- Policies and procedures were in place and in line with the MCA to ensure people were appropriately supported should the lack capacity to make their own decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated as individuals and staff respected their preferred lifestyle choices. A staff member told us, "We consider them [service user] first and their choices." Assessments included information about people's backgrounds, cultural and/or religious needs.
- People were positive about the way they were treated and supported. People told us, "I'm very happy with them (the carers)" and "They have been very good."
- There was an equality and diversity policy in place and staff had received relevant training.

Supporting people to express their views and be involved in making decisions about their care

- The provider had systems in place to ensure people were involved in decisions about their care. A staff member told us, "The clients are able to tell us about decisions and they tell us what to do, we listen to their choices."
- Care plans had been developed with the involvement of the person and their loved ones. These referred to people's capacity to make decisions.
- People were asked for their views on how the service was delivered through ongoing communication and reviews. The registered manager visited the people supported on a regular basis.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. The registered manager and staff placed importance on promoting people's dignity and privacy. Staff had received training in this area. One person commented, "They respect my dignity." A staff member told us, "It's important to respect their dignity."
- People were supported to maintain their independence. Care plans guided staff about how to support people's independence. Staff described the actions they took to support this.
- People's confidential information was kept securely. Information held on electronic recording systems required specific access requirements for security.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported by regular and consistent staff, who had time to get to know them and how they liked their care to be provided.
- People received care and support to meet their preferences, for example, people were offered the choice of male or female staff.
- People had detailed personalised care plans in place which considered their desired outcomes and goals.
- Staff had access to people's electronic care plans and were aware of people's individual likes. The registered manager placed importance on the "small" things which they said meant a lot to people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had an AIS policy in place and the registered manager was aware of their responsibilities under this. Staff undertook training in relation to communication.
- People's care records contained information about their ways of communicating and their preferred methods.
- The registered manager told us information could be provided in alternative formats should this be required.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and policy in place.
- People were given a service user guide which contained information about how to make a complaint.
- People told us they knew how to raise any concerns and said the manager was accessible. One person told us when they raised an issue this was satisfactorily dealt with.
- There was a system in place to record, respond and learn from any complaints received.

End of life care and support

- At the time of the inspection the service was not supporting anyone with end of life care.

- Staff had received training and ongoing support to deliver end of life care and support if required.
- People's advanced wishes were recorded, and care records included whether they had DNAR (do not attempt resuscitation) in place and where this was kept, in case of an emergency.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were positive about the care they received and good outcomes were achieved.
- The registered manager and staff promoted a person-centred culture which was focused on meeting people's individual needs. They had developed support packages to meet individual requirements.
- Staff spoken with demonstrated their understanding of the values of the service and that people should be at the centre of their care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service was well managed. There were effective auditing systems to maintain ongoing oversight and continued development. Managers were developing strategies to effectively manage the growth of the service.
- Staff understood their roles and the registered manager regularly checked staff approach and performance through spot checks and competency assessments.
- Staff told us they felt well supported and that the registered manager was approachable and accessible.
- The registered manager was aware of the legal requirement to notify CQC about certain events. They understood their responsibilities in relation to the duty of candour and worked in an open and transparent way.

Continuous learning and improving care; Working in partnership with others

- Managers were focused on providing a quality service to people and were passionate about the continuous improvement of the service.
- Whilst the service was small, systems were being implemented to further expand and managers had adapted the service where required.
- The service manager was working with information technology partners to tailor systems more effectively for their service. They were implementing a new digital recording system to maintain staff records and increase efficiency around recruitment.
- The registered manager kept up to date with any changes to practice guidance and was aware of and planning to roll out new required training in relation to learning disabilities and autism.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- The registered manager visited people on a regular basis and saw gathering feedback as an opportunity to improve and "fine tune" people's experience.
- Good communication was promoted, and feedback encouraged from staff. Staff told us they had regular contact with managers, through various means.
- People and staff had been asked to complete surveys to enable them to provide feedback to help improve the service.
- The service worked in partnership with others including health and social care professionals to ensure people received the support they needed. The registered manager was keen to network and had engaged with other voluntary groups within the community.