

# Radibor Limited

## Availl (Norwich)

### Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

Availl (Norwich) is registered to provide personal care to people who live in their own homes. There were 23 people using the service when we visited. The inspection took place on 04 June 2015 and we gave the provider 48-hours' notice before we visited. This was to ensure that the registered manager was available to facilitate the inspection.

The last inspection was carried out on 10 June 2014 when we found the provider was meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 we assessed against.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

# Summary of findings

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.

Staff were knowledgeable about reporting any abuse. There were a sufficient number of staff to provide care safely and recruitment procedures ensured that only suitable staff were employed. Risk assessments were in place and actions were taken to reduce identified risks. Arrangements were in place to ensure that people were supported and protected with the safe management of medicines.

Staff were generally supported and trained to do their job but additional training was needed for specific care needs to be fully met. Staff had not received training on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). This legislation sets out how to proceed when people do not have capacity and what guidelines must be followed to ensure that people's freedoms are not restricted.

The staff were in contact with a range of health care professionals to ensure that care and support was well coordinated. Risk assessments were in place to ensure that care and support could be safely provided.

People's privacy and dignity were respected and their care and support was provided in a caring and a patient way.

A complaints procedure was in place and complaints had been responded to. People were able to raise concerns with the staff at any time.

The provider had quality assurance processes and procedures in place to monitor the quality and safety of people's care. People and their relatives were able to make suggestions in relation to the support and care provided.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff were aware of their roles and responsibilities in reducing people's risk of harm.

Recruitment procedures and staffing levels ensured care was provided to meet people's needs.

People were supported with their medicines as prescribed.

Good



### Is the service effective?

The service was not always effective.

The provider did not have procedures and training for staff in place regarding Mental Capacity 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) which meant that people may be at risk of unlawful restrictions being placed on them.

Staff felt they were supported by the provider to carry out the expected care for people.

People's health and nutritional needs were met.

Requires improvement



### Is the service caring?

The service was caring.

Care was provided in a caring and respectful way.

People's rights to privacy, dignity and independence were valued.

People were involved in reviewing their care needs and were able to express their views about their needs.

Good



### Is the service responsive?

The service was responsive.

People were actively involved in reviewing their care needs and this was carried out on a regular basis.

People were supported to attend medical appointments where appropriate.

People were aware of the complaints procedure and were able to raise their concerns with the management staff.

Good



### Is the service well-led?

The service was well-led.

Robust procedures were in place to monitor and review the safety and quality of people's care and support.

Good



# Summary of findings

Staff were supported and felt able to raise concerns and issues with the registered manager and provider.

People and staff were involved in the development of the agency, with arrangements in place to listen to what they had to say.

# 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.

This inspection took place on 04 June 2015. The provider was given 48 hours' notice because the location provides a

domiciliary care service and the manager is sometimes out of the office supporting staff or visiting people who use the service and we needed to be sure that they would be in. The inspection was carried out by one inspector.

Before the inspection we looked at all of the information that we had about the agency. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law.

During the inspection we visited the agency's office, spoke with six people and two relatives. We also spoke with the registered manager and four care staff. We looked at five people's care records and records in relation to the management of the service and the management of staff.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, “The care staff look after me very well and I feel safe when they are here.” A relative told us that, “I feel that [family member] is in safe hands and staff are careful when providing the care.”

Staff were aware of their roles and responsibilities in relation to protecting people from harm. They were aware of the procedures to follow and said they would not hesitate in raising any incidents or concerns with the registered manager. We saw that the contact details for reporting safeguarding incidents to the local authority were displayed in the agency’s office. Staff we spoke with were aware of the safeguarding reporting procedures. One staff member said “I would always report any incident of abuse without hesitation”. A copy of safeguarding procedures was also included in people’s information pack. This showed that people could raise any safeguarding concerns whenever the need arose.

Staff were also aware of the whistle-blowing policy and said that they would not hesitate in reporting any incidents of poor care practice when this arose. One member of staff said, “I feel that I would be confident in reporting any concerns to my manager and that I would be protected if I did.” This showed us that people were kept safe as much as possible. The provider was aware of the notifications they needed to send in to CQC in the event of people being placed at the risk of harm.

Risk assessments were in place and staff were aware of their roles and responsibilities in keeping people safe when they were providing care. Samples of risk assessments included manual handling assessments, assessments of environmental risks and risks regarding the administration of medicines.

We saw that there were guidelines for staff regarding the administration of medicines. There was a document in the care plans which detailed the level of support required and also whether the person or their family would be responsible for the administration of medicines. We saw samples of medicine administration records which had been completed accurately by staff where required. Any changes in medicines were recorded and reviewed by a member of the agency’s

management team. Staff told us that they had attended annual training in administering medicines and that they had to complete an annual competency check to ensure their practice was monitored. The training records we saw confirmed this was the case.

Records showed the provider had identified how many staff were required to carry out each task safely. This was especially regarding safe manual handling requirements. People and their relatives said that there were always enough staff to safely provide care and support.

People we spoke with told us that staff were usually on time for their care visits. However, one person told us that “The staff are usually on time but that there have been some occasions when staff have been late and I have not always been contacted by the office”. Staff told us that they had contacted the office based staff if they were running late to inform the person of any lateness. People that we spoke with said that the agency had not missed any of their care calls. Four people we spoke with told us that they knew which staff would be visiting but two people said that they were not always told in advance which staff would be providing their care. The registered manager told us that staff rotas were sent out to people and she would check to make sure that rotas had been received by people.

We saw that recruitment procedures were in place to ensure that only staff who were suitable to work with people were employed. We saw the personnel records of three members of care staff. Satisfactory recruitment checks had been carried and included evidence of completed application forms, satisfactory work references, proof of identity, and criminal record checks. The registered manager told us that any gaps in employment were pursued during the person’s interview. The registered manager also confirmed that all recruitment checks were completed before care staff commenced working with people and provided them with care. Staff received a hand book which outlined the agency’s policies so that staff were aware of their role and responsibilities. This was confirmed to be the case by staff we spoke with.

New care staff told us they received an induction and training prior to commencing work with people. New staff shadowed more experienced staff before working confidently on their own to ensure people’s safety. The manager told us that feedback was sought from the experienced staff member following the shift with the new member of staff. The manager also told us that this

## Is the service safe?

feedback had been verbal and had not been formally recorded. However, the registered manager told us that a document was being developed to record this in the new staff's file.

# Is the service effective?

## Our findings

People spoke positively about the care workers and were satisfied with the care and support they received. One person told us, “The carers are good and kind to me and help me with whatever I need.” Another person told us that, “The carers are cheerful and they make sure everything has been done before they leave”. We spoke with two relatives of people receiving care from the agency and they felt that the care and support provided by care staff met their relative’s needs. One relative told us that, “The carers are very good and I feel that [family member] is in safe hands”.

Although staff were supported and trained to do their job additional training was needed for specific care needs to be fully met. The agency provided care for people with autism and mental health support needs. It was noted that training regarding autism and mental health was not being provided as part of the ongoing training programme for staff. This showed that there was not an effective system of training for staff. We discussed this with the registered manager who told us that they were sourcing training packages for staff who worked with people with these needs to improve their knowledge and skills.

We also found that the provider did not have training in place for staff regarding Mental Capacity 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of the local authority’s contact details regarding further information about this area and was in the process of organising training for all staff. The registered manager told us that this training would be completed by the end of July 2015. The registered manager informed us that no one currently using the service was being deprived of their liberty.

The registered manager confirmed there was a programme to make sure staff training was kept up to date. Training records showed, and staff confirmed that they received training on an ongoing basis. Examples included; safeguarding, manual handling, infection control, health and safety, dementia awareness and administration of medicines. Training was monitored by a member of office based staff and the registered manager to ensure that staff remained up to date. This was confirmed by staff we spoke with and in the training record we were shown. Staff we spoke with told us they had received regular supervision and an annual appraisal.

Health care professionals we spoke with told us that they had received good quality information from the registered manager and coordinators when healthcare issue arose and staff acted on any advice they were given. Health care professionals we spoke with made positive comments about the contact they had with the agency. They stated that communication and information was of a good standard. We spoke with a commissioner from NHS continuing care who had contact with the agency and they said that they found the service was responsive to requests and they had received positive feedback from people and their relatives about the care that was provided.

We found that assessments of people’s nutrition and any dietary needs and food preferences had been completed as part of their assessment of their care needs. People told us that where meals were provided the staff had always asked them about their individual preferences.



# Is the service caring?

## Our findings

People who used the service and relatives we spoke with on the phone confirmed that the staff were very kind and caring. For example, one person said, “They help me with what I need and ask me if there is anything else I want before they leave - they are very kind.” Another person said, “They look after me very well and never rush me.” A relative said, “They are lovely and always make sure my [family member] is comfortable before they leave.”

All of the people we spoke with, including their relatives, told us that care staff respected people’s privacy and dignity. People also told us that new staff were introduced to them so that they knew who would be providing their care. People told us that they usually had the same care workers providing care and support and usually knew in advance which staff would be visiting them.

We saw that the registered manager had taken steps to ensure, as much as possible, to meet people’s individual preferences regarding whether they wished to be supported by male or female staff. People’s preferred names were recorded. This showed us that people’s

diversity was considered and acted upon. We observed phone calls being made by staff with people using the agency and they demonstrated a positive and caring attitude towards people.

People told us that staff had taken time in talking with them about things which were important to them in a respectful way. It was evident that there was a warm and comfortable rapport between staff, the person receiving care, and their relatives. Comments included, “The care staff are polite and respectful whilst in my house and they are careful to respect my feelings and privacy.”

Records showed that staff received training about how to promote and maintain respect and dignity for people and meet their needs in a caring way including caring for people living with dementia. Care and support plans reflected people’s wishes and preferences and how staff should support them.

The staff we spoke with displayed a great deal of warmth and affection about their work and the care they provided for people. One member of staff said, “I love my work and always try hard to provide the best possible care.” One person told us that “They [the staff] are lovely people and I can’t fault them.

# Is the service responsive?

## Our findings

All of the people we spoke with and their relatives told us they were involved in the planning of their care and could make changes where required. For example, one relative said, “My family member’s care is reviewed and any changes to calls are made as necessary.” A person said, “They increased our care package to support [family member].”

People said they were able to choose the care workers they preferred, their preferred time of care and what was important to them. One person said, “The staff are very good and are usually on time and they let me know if they are running late.” The registered manager told us that they provided care only where the staff could do this reliably and effectively to ensure people’s needs were met. This was confirmed by healthcare professionals who commissioned care from the agency.

We found that assessments of people’s needs had been carried out by the registered manager or senior management staff before they used the service. People’s preferences were recorded regarding nutrition and any dietary needs and food preferences, their preferred name and a life history to aid staff’s understanding of each person. These were used to formulate the care plan and outline the care which was to be provided at each visit.

We looked at five people’s care plans during our inspection. There were visit times recorded and guidelines in place for each visit so that care staff were clear about the care and support that was to be provided. We saw details in place regarding the person’s background, family contacts and personal preferences as to how care and support should be delivered. Individual preferences were recorded and were written in a ‘person centred’ style to detail what was important to the person. Examples of care and support that people received included assistance with personal care, preparation of meals and drinks, assistance with medicine, household chores, shopping and social and welfare calls.

However, some of the care plans we saw were not written in sufficient step by step detail to describe the care that was to be given. We saw that vague statements such as ‘give assistance’ were recorded regarding the care to be

given. We discussed this with the manager who told us that the care plans would be reviewed to ensure that there were detailed guidelines for staff to provide safe and person centred care

We saw that there were agreements in place, signed either by the person or their representative, regarding the care and support to be provided. Staff we spoke with gave examples about the varying types of care that they provided to people such as personal care, preparing meals and assisting people with their medicines.

Daily notes were completed by care staff detailing the care and support that they had provided during each care visit. We saw samples of detailed notes which were held in the agency’s office.

We saw that management staff had regularly recorded reviews of care plans with people and their relatives where necessary. The relative of one person said that, “They know [my family member] really well and I am very happy with the care they give.”

We saw that there had been reviews completed regarding the care and support that was being provided and additional information was included in care plans such as additional care visits where the person’s needs had changed. People and their relatives told us that staff had been responsive when there was a need to increase or decrease support hours where the needs of the person had changed. Staff told us that they had been involved in reviewing care and were made aware of any changes to people’s care and support needs.

People and their relatives that we spoke with and met were clear about who to speak with if they were unhappy or wished to raise a concern. One person said, “If I have any concerns the managers in the office are good at sorting it out for me”. People that we spoke with told us that their concerns and complaints were dealt with in a timely and professional manner. People we spoke with were felt able to raise and discuss their concerns with care workers and members of the management team at any time. A copy of the agency’s complaints procedure was included in people’s information pack. We reviewed the complaints policy/procedure which included expected time scales for response and guidelines for people on how to complain. The registered manager told us that all complaints were acknowledged and resolved to the person’s satisfaction as much as possible.

## Is the service responsive?

All complaints were recorded and we saw samples of recent correspondence which were now resolved. There were no complaints currently being investigated. One person said, "I feel confident that when I raise any concerns or a problem it will be dealt with properly." A relative told us that "The manager and office staff had dealt with any

issues or concerns quickly and efficiently." However, one person we spoke with felt that their concerns had not always been fully dealt with. We discussed this with the registered manager and they told us that they would contact the person to resolve their concerns.

# Is the service well-led?

## Our findings

People we spoke with and their relatives told us that they had regular contact with members of the agency's management team and knew who to contact if they wished to discuss any concerns or issues about the care and support being provided. One person commented, "I can speak to the manager and staff about any concerns I may have." Relatives confirmed that any concerns they raised were properly dealt with. Another person said "They [office staff] contact me to see if things are alright." Surveys were sent to people who used the agency to gain their opinions regarding the care provided. People we spoke with confirmed that they had completed surveys and received courtesy calls from members of the agency's management team. We saw the returned 2014 surveys received from people using the agency. These contained positive comments about the care and support that was being provided. We also saw an analysis of staff responses and that they were positive about working for the agency.

The registered manager and office based management staff we spoke with demonstrated that they understood their roles and responsibilities well. Staff we spoke with told us that they felt the agency was well managed. They said they felt supported and that they were able to raise issues and concerns at any time. They said they felt supported by managers at all times, including during out of business hours. They told us their views and opinions were respected, listened to, valued and acted upon.

There was an open team work culture within the service. Staff told us they enjoyed their work and working for the service. All the staff we spoke with were aware of their role in reporting any incidents they had witnessed in accordance with the service's whistleblowing policy. Staff said they felt confident in raising concerns with the registered manager or appropriate external agencies if they were concerned about any poor care practices.

The provider regularly considered the quality of care it provided and took appropriate action where required. This was by speaking with people, their relatives, staff and health care professionals and their views were sought regularly. Unannounced checks of staff's competence were undertaken to ensure that the quality of care was monitored. This was confirmed by staff that we spoke with.

Audits were completed by members of the management team. These audits included observations of support being provided, care records, reviews of care, discussions with people who used the service and their relatives, staffing, training and health and safety arrangements.

The office based staff and care staff worked in partnership with other organisations to ensure people received appropriate care. This was confirmed by comments from health care professionals we spoke with. These included, "We are in regular contact and they are keen to deal with concerns and issues in a professional manner."