Care Avenues Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 12 and 20 July 2018. The inspection was announced as the service is a domiciliary care agency and we needed to make sure that the manager was available to meet with us.

At the last inspection on 18 October 2017, we asked the provider to take action to make improvements in relation to making sure that risks to the health and safety of people were well managed and to begin to operate effective systems to monitor and improve the quality of the service. The provider sent us an action plan to tell us how they were going to do this. At this inspection we found that while some improvements had been made, they were not sufficient to meet the law. The provider remains in breach of the law in relation to these areas.

This service provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults.

Not everyone using Care Avenues Birmingham receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of our inspection, Care Avenues Birmingham offered support to 85 people living in the community who received personal care. The service is required to have a registered manager who was in post when we inspected, but has since left the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service spoke positively about the care that was provided to them. Staff members also spoke positively about the people who they supported. The service had developed personalised assessments of risks to people. However, these were not consistently done well and were not robust. We found that the assessments did not include sufficient guidance for care staff about how to manage identified risks and minimise the likelihood of harm. Staff members demonstrated that they understood how to safeguard the people who they supported. Safeguarding training and information was provided to staff. People were protected from the risk of abuse.

Staff members had received training in safe administration of medicines. However, we could not be assured that arrangements were in place to ensure that people's medicines were given safely. Staff recruitment processes were in place to ensure that workers employed by the service were suitable for the work they were undertaking. The provider had checked staff references and criminal records prior to their appointment. Staffing rotas met the current support needs of people, although there were some concerns about how the rotas were managed and may not have given staff time to travel. There was a system for ensuring that care

calls were managed and monitored. Staff and people who used the service had access to management support outside of office hours.

Staff members received training to ensure that they had the skills and knowledge they required to undertake their duties, Staff members received supervision sessions with a manager. The service was meeting some of the requirements of the Mental Capacity Act. Information about people's capacity to make decisions was included in their care plans, although the registered manager was not aware of the best interest decision making process. People were asked for their consent to any care or support that was provided. Staff members spoke positively and respectfully about their approaches to care and the people that they provided care to. People told us that staff were caring and respectful. People who used the service and staff members spoke positively about its management. They knew what to do if they had a concern or complaint about their care.

We did not find any concerns in relation to infection control and noted that staff used equipment such as aprons and gloves as appropriate.

Processes were not effectively in place to monitor the quality of the service such as effective audits of records or effective spot checks of care practice. The registered manager did not have a good oversight of the service and did not check for themes and trends to improve the quality of the service.

The inspection in October 2017 was a focussed inspection and only considered the key areas of Safe and Well Led. This is the second time the service has been rated Requires Improvement.

You can see what action we told the provider to take at the back of the full version of the report.
Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People had risk assessments which did not always include sufficient guidance for staff on how to manage and minimise risk.
We could not be sure medicines were managed well.
Staff members had received training in safeguarding and demonstrated that they understood what to do if they suspected that a person was at risk of harm or abuse.
People were protected by infection control procedures.

Is the service effective?

Requires Improvement

The service was not always effective.

The service was not meeting the requirements of the Mental Capacity
Act (2005) well, and people had not been supported to make decisions in their own best interests.
Staff members had received training and regular supervision from a manager.
The service liaised with other health and social care professionals to meet people's needs.

Is the service caring?

Good

The service was caring.

People spoke positively about the staff members who supported them.
Staff members demonstrated that they understood people's care needs.
Staff spoke positively about their approaches to dignity and privacy.
The service made efforts to match staff to people where they had individual religious, cultural or personal needs.

Is the service responsive?

Good

The service was responsive.

People had personalised care plans which included guidance for

staff on how people preferred their needs to be met.
Staff members recorded the care that they provided to people.
The service had a complaints procedure and people told us that they knew what to do if they had a complaint or concern.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Quality assurance processes were not effective.
Processes such as the improvement to the monitoring of medicines had not happened in a timely manner.
People and staff members spoke positively about management.

Care Avenues Limited

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 checked 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 team consisted of one inspector and an expert by experience who made phone calls to people and their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service We gave the service 5 days' notice of this inspection so that home visits to people could be arranged.

As part of planning the inspection we checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We also looked at any information that had been sent to us by the commissioners of the service and Healthwatch. We had not asked the provider to return a Provider Information Return (PIR). We also examined the information we hold in relation to the provider and the service. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection we spoke with five people and two relatives, on the telephone. With their permission we also visited three people in their own homes. At the office we spoke with the registered manager, six care staff, the provider and representatives of an external training company. We reviewed some aspects of the care records of three people that used the service and reviewed other documentation relating to the management of the service, including staff recruitment and training, quality assurance processes and medication.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in October 2017 we rated this key question as 'requires improvement', because we found that people were not consistently being kept safe. At the last inspection we found the provider to be in breach of Regulation 12. At this inspection, we found sufficient improvements had not been made and the rating for this key question remains 'requires improvement.' The provider remains in breach of this regulation.

At our last inspection, we noted that risk as-assessments were not sufficiently robust to keep people safe. At this inspection we found this had not improved enough to meet the regulation. For example, one person was had behaviours that might be considered challenging and could be verbally aggressive. There were no instructions in place for staff to follow if the person became aggressive. We noted that triggers to behaviours had been considered, but not how to support the person if they became upset. This had not been risk assessed by the provider and no instructions were in place for staff to follow to keep the person safe.

When we looked at other risk assessments in detail, and we found that many had not been completed to a standard that meant people were kept as safe as possible. For example, one person was noted to have significant mental health concerns. The risk assessment stated this, but did not then go onto say what staff should do, or be aware of to keep the person safe. Staff had not been instructed to note any deterioration in the persons behaviours or wellbeing and report these back to the office. When we spoke with staff they were unclear about what they should do. When we spoke with senior staff they told us they did not consider it the role of the provider to monitor the person's wellbeing.

We noted that risks to people were not regularly reassessed as their conditions changed. For example, existing staff practices had not considered one person's safety and it had not been risk assessed to ensure any risks were minimised. Staff had followed instructions from the persons relative and had not recognised the need to escalate the issue to managers. After the inspection we asked that this person's care was reviewed by local authority social work staff to look at ways of ensuring the person's safety.

This constituted a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and treatment.

At our last inspection we saw that people were at risk from having their medicines administered incorrectly because the recording and monitoring of when they had been given was not effective. During this inspection people told us that medicines had been given to them well. However, we were unable to corroborate this as the provider had only recently introduced a new method of recording the administration of medicines, and these had not been completed yet or checked. We tried to check previous records, but we were unable to see them as they had been archived. Also the audits of these records had not been completed. This meant that it was not possible to evidence if improvements had been implemented by the registered manager.

At our last inspection we noted that staff did not have a good understanding of the processes to keep people safe, known as safeguarding. At this inspection we found this had improved. People and their

relatives told us they felt safe. Staff knew what constituted abuse and what to do if they suspected someone was being abused. They knew how to report their concerns to the registered manager and external agencies such as the Care Quality Commission or the Local Authority. Staff we spoke with could describe the different signs and symptoms that a person might present which would indicate they were being abused and confirmed that they had received training in safeguarding to support their understanding. They had notified us about any concerns they had in relation to people's safety which included any incidents of potential abuse or serious injury to people.

At our last inspection we found people often experienced late calls and that staff were rushed and people had many different carers. At this inspection some people told us this had improved. One person said, "Just keep the improvement going." Another person said, "Because I've had the same carer for some months now, she knows me re5ally well and she understands how I'm feeling from one day to the next. When you constantly see different carers, they haven't a clue how I am at all."

We reviewed three staff files and found the provider had completed pre-employment checks to ensure staff were suitable to work with people. These recruitment checks included requesting references from previous employers, identity checks and Disclosure and Barring Service (DBS) checks. DBS checks help providers reduce the risk of employing staff who are potentially unsafe to work with vulnerable people. Staff told us that the provider had taken up references about them and they had been interviewed as part of the recruitment and selection process.
This demonstrated the provider had systems in place to ensure people received support from staff who were safe to work.

We found that people were protected from the spread of infections. People and relatives confirmed staff used personal protective equipment such as gloves and aprons to prevent the risk of cross infection, and keep people safe. One person told us staff always washed their hands before they prepared any food for them. Staff had received training in infection control and told us they felt confident to implement it.

All information relating to an accident or incident was recorded with details of the person, details of the incident or accident that had taken place, actions taken and any investigative outcomes. A senior member of staff had oversight of these incidents but they had not reviewed them for trends or themes to identify if any lessons could be learnt. At the time of our inspection they were not reviewed by the registered manager.

Requires Improvement

Is the service effective?

Our findings

This was the first time that this key area had been inspected against this key question at this location.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working in the principals of the MCA.

We found that some of the key principles of the mental capacity act had not been implemented well and embedded into the service. Where people were unable to make decisions, we saw that mental capacity assessments had been undertaken, and seven people had been assessed as not having capacity to make decisions in relation to their care. We asked the provider to send us information about what types of decisions people were judged not to have capacity to make, but this information was not provided to us. We found that the registered manager did not understand their responsibilities in relation to best interests' decisions and the appropriate way to involve people and their families in that process. We found that only one person who used Care Avenues had a best interest decision in place and this had been completed by an external agency.

Staff told us they adhered to the principles of the MCA by seeking people's consent in day to day care. We observed and heard staff seeking people's consent before they assisted them with their care needs.

People told us that staff had the right training and skills to meet their needs and that they were happy with the way staff cared and supported them. We were informed that all staff undertook an induction at the start of their employment. The registered manager and staff said they had introduced the nationally recognised Care Certificate. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care.

Staff we spoke with told us that training was good and that they understood it was an important aspect of their role. One staff member told us "I've done the training and it's all up to date." Staff were provided with training in key areas by an external training company, and we saw a matrix of training that staff had completed that meant that managers would know when refresher training was due for each member of staff.

Staff we spoke with told us that they received regular supervision to reflect on their care practices and to enable them to care and support people effectively. One member of staff told us, "We have supervision every few months and we have spot checks too." We saw evidence of observations of staff's care practices which monitored and assessed how the knowledge and skills gained by the staff were being put into practice and continually developed.

The provider had suitable management on-call rotas in place to support staff when they required advice and guidance. There had been recent staff meetings at which staff discussed people's care, staff responsibilities and plans. This helped to ensure continuity of care.

Most people were supported to have their meals by their family and friends, however we found that where necessary, people who required assistance were appropriately helped by staff.

We saw that people were supported to access a range of health care support which included, district nurses, doctors, dentists and opticians. One person told us, "Sometimes, if I need her to, my carer will phone the nurse for me. It's just usually when I'm not feeling very well. At other times, I can do this myself." A member of staff told us about one person who was having medical difficulties and the manager chased the doctor until they visited and gave the person the medical help they needed.

The records maintained at the service showed evidence of partnership working with other key professionals involved with people's care, for example general practitioners and community and specialist nursing services. During our inspection we heard office-based staff speaking with other professionals regarding people's care and support needs.

Good

Is the service caring?

Our findings

This was the first time that this key area had been inspected against this key question at this location.

People told us that they considered that the service was caring. One person said that, "My carer treats me like a real person, not talking down to me." Another person told us, "My carer is brilliant when it comes to helping me with problems or concerns. I know I can ask her anything." When we visited people at home we saw that staff were caring and kind.

The staff members that we spoke with talked about the people whom they supported in a positive, caring and respectful way. A staff member said, "I think the staff are really caring." People told us staff were aware of their needs and what was important to them. People had built up a relationship with the staff that regularly visited them and provided their care and support. Staff confirmed they visited the same people on a regular basis and therefore got to know people well. Staff told us they believed the care people received to be good. A family member said, " The carer spends five minutes every morning, introducing herself and chatting with him so that he remembers her. She is very gentle, using a low voice, rubbing his hand, until she can tell that he's comfortable with her. It is particularly lovely for me to watch." Staff we spoke with understood how some people's day-to-day preferences and wishes were linked to their culture, religion and values, for example staff ensured people only ate halal food if that was their preference.

We asked about approaches to dignity and privacy. A person said, "The carers treat me beautifully, I'm very happy." Staff members told us about how they supported people to maintain their dignity. One said, "We always close the curtains and doors to protect privacy and we give people dignity as they have a towel to cover them when we are helping them wash." All the staff we spoke with had a clear understanding about how to ensure people's privacy when delivering personal care.

Relatives told us their family member liked to remain as independent as they could and told us staff assisted them in this. For example, people prepared their own meals with staff supervision and assisted with their own personal care where possible. One member of staff said, "You leave people to do as much as you can for themselves."

The registered manager and staff were aware of the need to maintain confidentiality in relation to people's personal information. We saw personal files were stored securely in the office and computer documents were password protected when necessary.

Good

Is the service responsive?

Our findings

This was the first time that this key area had been inspected against this key question at this location.

People told us that they were pleased with the support provided. One person said, "I am very happy and pleased with the carers." A person said, " If I've got a problem or I need advice, I ring the office and they always help me out."

People felt involved in their care and support, and told us that they saw members of the management team. One person told us, "[A manager] came to talk to me about my care, whether I was happy with everything and whether there was anything that needed changing." Assessments contained information about people's living arrangements, family and other relationships, personal history, interests, preferences and cultural and communication needs. The assessments also included information about other key professionals providing services or support to the person.

People's care plans were reviewed on a regular basis. Where there had been changes in people's needs we saw that in most cases, they had been updated to reflect any change to the care that was provided by staff members. This was not consistently the case however and for one person, their changed needs had not been documented. Daily care notes were recorded and kept at the person's home. We looked at recent care notes for and we saw that these contained information about care delivered, along with details about the person's response to this and any concerns that care staff had.

We saw that people's care plans included information about people's cultural, religious and language and communication needs. One person told us, "I was asked which day's I wanted a carer, what time and if I preferred a male or female carer." We asked the registered manager and nominated individual about the service's approach to ensuring that such needs were addressed. The nominated individual told us that that the current staff team came from a range of cultures and were able to support people who communicated in other languages. They said that, should they commence supporting a person whose language, cultural, social or other needs could not be supported within the current staff team, that they would make efforts to recruit staff with the required knowledge and skills.

We noted that several documents that were shared with people had been written in a simplified format and made into plain English. The Accessible Information Standard of 2017 defines a way of identifying, recording, and sharing people's communication needs. The standard aims to improve the health, care and wellbeing people receive by making sure they are communicated with in a way that best suits them. This helps make sure that people can take part in decisions as much as possible. At Care Avenues we found that they had improved how they communicated with people. We saw that key documents about complaints and information about the service were in an easy to read format.

The service had a complaints procedure that was available in an easy to read format and was given to people when they began using the service. One person told us, "There's a leaflet in his folder, but we've never had to look at it." The people that we spoke with told us that they knew how to make a complaint.

One person said, "I've not made a complaint in well over a year."

We looked at the complaints record and noted that there had been seven complaints, that had all been investigated individually and in a timely manner. Senior staff told us that if they received any complaints they would try to resolve them as quickly as possible in partnership with the complainant.

At the time of our inspection no one was at the end of their life and receiving care from the provider. There were basic systems in place to address this should anyone need this type of support in the future.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in October 2017, we rated this key question as 'requires improvement', because we found the system used to assess, monitor and improve the quality of the service was not effective. At the last inspection we found the provider to be in breach of Regulation 17. The provider remains in breach of this regulation. At this inspection, we found sufficient improvements had not been made and the rating for this key question remains Requires Improvement.

The registered manager did not conduct effective audits and checks to ensure good governance of the service. For example, there was no overview or auditing of how medicines were administered. We saw a new system to audit medicines had just been implemented, but the previous system up to the point of inspection was ineffective. This concern had been raised at our last inspection in October 2017, and the provider had not responded in a timely manner to ensure people's safety in relation to their medication.

Other audits and checks were also ineffective. We also found that not all risk assessments were accurate or as detailed as required. For example, one person had been restricted to their home without the appropriate risk assessments being put in place to protect them. The registered manager was not aware of this and spot checks and reviews had not identified it. None of these concerns had been identified as part of the providers quality audits, and therefore the inconsistencies had not identified or rectified. This meant that areas for improvement were not identified by the provider and opportunities to improve the service had been missed.

We reviewed feedback from people provided in response to a questionnaire sent out by the provider. People had been asked to give their feedback about different aspects of the service including the staff, and how they felt about the care they received. The registered manager assured us that each comment had been dealt with individually but we could not see any analysis of the comments or learning taken from the themes raised. The provider had missed an opportunity to improve the quality of the service.

The registered manager had not consistently kept up to date with developments in the care sector, such as the application of the Mental Capacity Act in relation to best interest meetings and how to ensure people were supported in the least restrictive manner possible. We spoke at length to the registered manager and provider about this concern and found that the current level of understanding within the senior management team was not sufficient to ensure that people were supported in the least restrictive manner possible. They were not able to demonstrate that they were aware of all of the requirements in relation to the Mental Capacity Act, (MCA). This may have meant that people were unlawfully restricted and had decisions made that were not in their best interests as defined in law.

We looked at the providers system for monitoring the availability of staff to make sure that people received their care on time and carers stayed for the full amount of time. While people told us that carers attended on time we saw that the electronic rota system used by the provider did not support this, and that carers were scheduled to attend two visits at the same time or with no travel time between one person and another. One member of staff said, "There's no time on my rota to go between calls." Another member of staff told us that

they did have time to travel between calls. We found there was no clear management oversight of this area.

The areas relating to lack of audits and poor oversight of the service constituted a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance.

At the time of our inspection site visit, there was a registered manager in place. However, during the period of the inspection, the registered manager left the service. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered manager and provider had notified us about incidents and events as required by law.

People and relatives told us that Care Avenues was beginning to improve. One person told us, "After being with them for a long time, I've been really relieved to see how they've improved everything over the last 6-9 months. I now have regular carers who are brilliant and really care about me as a person and that just wasn't happening before." Staff were enthusiastic about their role in supporting people and spoke positively about the people they visited. One staff member told us, "I feel supported."

Staff could describe their roles and responsibilities and knew what was expected from them. Staff told us that staff meetings were held regularly which enabled staff to voice their opinions towards the continual development of the service. Staff told us they could contact the office if they needed assistance while visiting people. The registered provider regularly visited the main office to oversee how the service was being run, and had an understanding of the duty of candour.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this. Ratings were displayed appropriately and in line with regulation.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People did not consistently have risk assessments that kept them safe.

The enforcement action we took:

Issued of a Warning Notice

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were ineffective systems to assess, monitor and improve the quality of the service.

The enforcement action we took:

Issued a Warning Notice