

WilsonParker Limited

Avail (Cambridge)

Inspection report

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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

Avaiill (Cambridge) is a domiciliary care agency. It provides personal care to adults living in their own houses and flats.

Not everyone using Avaiill (Cambridge) received the regulated activity of personal care. 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.

This announced inspection took place from 19 December 2018 to 3 January 2019. At the time of this inspection, 26 people received the regulated activity, personal care.

At our last inspection on 20 January 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in post. 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 were protected from avoidable harm by a staff team who were trained and confident to recognise and report any concerns. Staff assessed and minimised potential risks. The provider only employed staff after they had obtained satisfactory pre-employment checks. There were enough staff to ensure people's needs were met safely and in a timely manner.

People were supported to manage their prescribed medicines by staff who were trained and had been assessed as competent to administer medicines. Staff followed the provider's procedures to prevent the spread of infection and reduce the risk of cross contamination.

People's care was planned and delivered in line with good practice guidance. Staff knew the people they cared for well and understood, and met, their needs. People received care from staff who were trained, well supported, and had the skills and knowledge to meet people's assessed needs.

Staff supported people to have enough to eat and drink. People were assisted to have access to healthcare services to help maintain their health and well-being.

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

fully involved in making decisions about their care and support. People and their relatives were involved in the setting up and review of their or their family member's individual support and care plans.

Staff treated people kindly and made people feel that they mattered. Staff respected and promoted people's privacy, dignity and independence.

Staff met people's personal and health care needs. Care records provided staff with guidance on how to do this. Staff supported people to consider their end of life care to ensure they had the most comfortable, dignified, and pain-free a death as possible. Staff worked in partnership with other professionals to ensure that people received the best care possible.

People's suggestions and complaints were listened to, investigated, and acted upon to help improve the service.

Staff liked working for, and were well supported by, the registered manager. The registered manager sought feedback about the quality of the service provided from people and acted to make improvements.

The provider's monitoring process looked at systems throughout the service. The registered manager also carried out audits and quality monitoring checks to help identify shortfalls and to help drive forward improvements.

Further information is in the detailed findings below.

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 remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Avail (Cambridge)

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.

One inspector carried out this announced inspection between 19 December 2018 and 3 January 2019. We told the provider four days before our visit that we would be coming. We did this because we wanted to speak with people who use the service and staff, prior to visiting the service.

Before our inspection we looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. The provider completed 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. We used this information to assist with planning the inspection.

We asked for feedback from the commissioners of people's care, representatives from the local authority and Healthwatch Cambridge. These people's views helped us to plan our inspection.

On 19 December 2018 we spoke on the telephone with four people who used the service, and four people's relatives. They provided us with feedback about the service they or their family members received. We also spoke with three care workers.

On 20 December 2018 and 3 January 2019 we visited the service's office and spoke with the registered manager. We also looked at seven people's care records, staff training records and other records relating to the management of the service. These included audits and meeting minutes. We also spoke with another relative and a social care professional on the telephone.

Is the service safe?

Our findings

The service continued to safeguard people from harm. People told us that they felt they were safe receiving the service. One person said about their care worker, "She's someone I trust implicitly." Staff had received training in how to safeguard people from harm. They knew how to protect people from harm, who to report concerns to and how to escalate any concerns they had. All staff were confident the senior staff would take their concerns seriously and act on them. The registered manager was aware of their responsibility to report issues relating to safeguarding to the local authority and the CQC.

The service remained good at managing risks to people's health, safety and welfare. Staff assessed and regularly reviewed individual risks to people and kept updated records to show how the risks had been reduced. Risk assessments contained information to guide staff on how to minimise risks and protect people from harm. These assessments covered risks such as assisting people to move, and environmental checks in such areas as fire safety and equipment used by people. The information in people's care records was held securely within the office and people's own homes.

The provider had a robust recruitment system in place to ensure as far as possible, only suitable staff were employed. Staff members told us that the required checks were carried out before they started working with people. These included written references, proof of recent photographic identity, their employment history and a criminal records check.

There were enough staff employed to meet people's care and support needs. People told us the staff were very reliable and the office staff let them know if there was an unavoidable delay. One relative told us the staff always, "Show up when we expect them." People told us they had regular care workers which meant they got to know people very well. All of the office staff provided care as and when the need arose, for example, to cover unexpected staff absence. One relative told us, "[The registered manager] has often downed tools and [provided care] ...they have always delivered. My [family member] is really pleased with them."

The service remained good at managing people's medicines. People were happy with the support they received with their medicines. One person told us, "There are no problems [with medicines. The staff] do it right all the time." Staff had received training and senior staff checked their competency to make sure their knowledge and skills were up to date. Care plans told staff what support people needed with their medicines. Staff had completed records showing they had administered people's medicines appropriately.

People described how staff used personal protective equipment (PPE) appropriately, for example, when carrying out personal care. Staff told us that they had enough PPE available and they had received training in the prevention of cross contamination, infection control and food hygiene.

Staff were aware of the provider's reporting procedures in relation to accidents and incidents. Accidents and incidents were recorded and acted upon. Lessons were learned and improvements were made when things went wrong or the potential for things going wrong was identified. For example, the registered manager had

implemented an alarm system and contingency plan to ensure that a person, who had time sensitive medicines, received their call on time.

Is the service effective?

Our findings

Senior staff assessed people's needs before they received the service. This helped to ensure staff could meet people's needs and provided staff with the information they needed to write people's first care plan and provide appropriate care. Staff supported people's care needs in line with good practice guidance and current legislation. Staff told us they liaised with other care professionals, including social workers, district nurses and occupational therapists. These professionals worked with the registered manager and staff to support and promote people's well-being.

Staff continued to have the skills, knowledge and experience to deliver effective care and support. People told us that staff knew what they were doing and that they looked after them very well. People and relatives all said they thought staff were well trained. One person said that staff must be well trained because of, "The way they are with you. They're very good." A relative also commented positively on staff experience and training, explaining they had "watched how the staff" delivered care. Staff confirmed they had received an induction and updated training which, with individual supervision, provided them with the knowledge and support to carry out their roles. Staff training records showed that staff members had received training in subjects relevant to their role, such as first aid, health and safety, and moving and handling. Senior staff supported all new staff, who did not have a qualification, to work towards the Care Certificate. This is a nationally recognised accredited care course that sets out an introduction to the knowledge, skills and behaviours expected.

Staff members described the training and support as, "Good." One staff member told us, "On-call staff always respond immediately... At 6pm they called me straight back. It's reassuring." Another staff member said, "They are supportive. [The registered manager] is always there. You can phone her any time. She's great."

People and relatives told us where assistance was required, staff continued to support people to eat and drink sufficient quantities of appropriate food and drink to stay healthy. Staff were aware of people's needs in relation to eating and drinking. However, where staff were monitoring people's fluid intake, no target intake had been recorded and the person's daily intake had not been totalled. This meant staff did not have clear guidance about the amount people should aim to drink and what action to take if the person did not achieve that amount. The registered manager said she would address this and ensure the person's fluid intake was effectively monitored.

The service remained good at supporting people to access advice and treatment from healthcare professionals. A relative said that staff had contacted the emergency services when their family member "had a funny turn." They told us, "I'm glad the carer did [call the ambulance.]" Staff told us they had followed the guidance from external healthcare professionals. One staff member said, "Where a Physio had given a person exercises to promote their mobilisation, we incorporated them into the care plan and [made up] a chart." This helped staff to remember to support the person with these exercises.

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 within the principles of the MCA and whether these were being met. Staff had received training in MCA and showed they understood their responsibilities in relation to this. The registered manager had seen evidence of the relevant authorisations where relatives had the legal authority to make decisions on behalf of people who lacked mental capacity. People told us that staff always obtained their consent before providing care.

Is the service caring?

Our findings

The service remained good at caring for people. People were very happy with the care they received. One person said, "I've never had poor carer from them. They are all very good." Another person commented, "Staff are all very pleasant and look after me very well."

Staff treated people kindly and made them feel that they mattered. One person said, "[The staff are] excellent. Its little things, like anticipating that my water might need topping up." Another person said the staff were, "Just very pleasant."

Staff knew people well, including their likes and dislikes and reassured people when they became anxious. A relative said, "The quality of the carers is very good. [My family member] gets quite anxious. They are very caring towards her. The way they speak to her and calm her."

The registered manager told us they worked hard to ensure that there was the best possible chance that people would get on well with the staff who worked with them. They tried to match care staff with people with similar interests, life experiences and values wherever possible. People clearly benefited from this and praised the staff who supported them. One relative told us about their family member had, "Very nice carers," who had worked with them for some time. They said, "Continuity of care is very important. We really do like the carers they found." An external care professional told us that one person had found the service was not going well initially, but that, "[The registered manager] swapped the carer and the service improved." They went on, "They go to a lot of trouble to get the right [care worker]."

Staff provided people with information about the service. This included the terms and conditions of the agreement which the registered manager told us was available in other formats if people required it. People were aware of their care records and told us staff spoke with them and consulted them about how they wanted their care was provided. One person told us they were "Always told who is coming so I know who to expect." Another person said the service was, "Brilliant. They just seem to listen to everything that I want and do everything [I ask]."

The registered manager told us that if people were unable, or required support, to make decisions independently, they would arrange for them to use the local advocacy service to support this. Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes.

Staff respected people's right to privacy and to be treated respectfully. This was evident in the way staff spoke about people and in their comments to us. People confirmed that staff respected their privacy and dignity and helped them to maintain their independence.

Is the service responsive?

Our findings

People's individual care and support needs were assessed prior to them using the service to make sure that staff had the skills and knowledge to meet people's needs and wishes. These assessments were the basis for people's care plans. People confirmed they were involved in the assessment and care planning process. One person said, "I was fully involved and aware of the content [of the assessment and care plan]. It was resolved over a fairly long meeting."

People's care was provided flexibly and in a way that best met their needs. For example, one person had three care calls each week, to include supporting them with meal preparation. The staff negotiated with the person and their commissioner to incorporate a shopping trip during one of the calls to ensure they had in their home appropriate food to prepare. The person's care commissioner told us, "Staff have the flexibility and don't have to rush from place to place."

People's care plans contained information to guide staff in how to meet their needs. They included information about the person, what they could do for themselves and what was important to them. We saw senior staff reviewed the care plans regularly with the person and / or their relative. This ensured staff continued to have relevant and current information to meet people's support and care needs effectively. However, some records were confusing because staff had made additions following changes in people's needs, making them difficult to read. The registered manager had recognised this and was addressing this issue. Daily records showed people had received care and support in line with their support plan.

The service remained good at managing complaints. People told us they felt able to speak with a member of staff or the registered manager, if they had any concerns. One person told us, "I've never complained. I've not needed to." There were copies of the home's complaints procedures available in each person's home. One staff member told us, "I try very hard to deal with any concerns so we don't get any complaints." There had been one complaint since the last inspection. The registered manager had investigated and taken swift action to reduce the risk of repetition and resolved the complaint to the complainant's satisfaction. A social care professional told us that the registered manager positively engaged with them in joint visits to resolve concerns that a person raised.

Guidance was available in people's care records about their end of life wishes. People's care plans contained basic information about their end of life wishes. Staff had received basic training in end of life care and the registered manager had recently bought further training and was rolling this out to staff. The registered manager told us they had recognised that care plans needed to be more detailed in relation to end of life care and was working towards this. The registered manager was a qualified nurse and had attended a study day at a local hospice. She and senior staff gave additional support to care workers who were caring for people at the end of their life. Staff worked with external health professionals, such as specialist nurses and followed any guidance they put in place. This helped to ensure staff understood people's wishes and the care they needed and how to provide this. A senior staff member told us that with the right care, "[People] can have a good death and die with dignity."

Is the service well-led?

Our findings

Staff across the service shared the provider and registered manager's values. One staff member told us, "It's to give the best possible care, treat people with dignity, respect, and independence." The service had an experienced registered manager. People and relatives knew and liked the registered manager, praising her for the way she led the team. One relative said, "I can't praise [the registered manager] and her team enough. They've transformed [my family member's] care. Avall have been absolutely marvellous." Staff also made positive comments about the registered manager. One staff member told us, "[The registered manager] is brilliant. She's a big part of why some of us [work] here." There were opportunities, such as individual supervision meetings and staff meetings, to discuss the running of the service. Staff felt well supported and that they could discuss any issues or concerns they had.

People told us that they were often asked for their views about the care they received. The registered manager and provider were keen to receive people's views of the service and provided people with chocolate as an incentive to complete surveys. They then collated the responses and made a summary of the findings available. These showed that overall, people were satisfied with the service they received with 100% of people saying that the relationship they had with the service 'exceeded expectations' and would recommend the service. Any negative comments were followed up and actions recorded. Responses to the staff survey were also very positive with 95% of respondents stating that training was 'Good' or 'Fantastic'. Several staff commented positively on the support they received from staff working in the office and the registered manager. Comments included, 'Always helpful and supportive,' and, 'Great company to work for.'

The service remained good at assessing and monitoring risks to people and the quality of the service. The registered manager used various tools to audit the service. For example, senior staff carried out spot checks to ensure that care workers gave care to a good standard. The registered manager had introduced a new monthly monitoring system earlier in the year to help her identify and address any emerging trends, for example in relation to accidents and incidents.

The registered manager and provider looked for ways to continuously improve the service. They were in the process of introducing new templates for people's care records. These were being trialled within the service and kept under review before introducing them to the whole service. Early feedback was positive in that records were much clearer.

Staff worked in partnership with other organisations, such as the local authority safeguarding team, service commissioners and healthcare professionals. A social care professional made positive comments about the service people received and the way the registered manager and staff worked with them to achieve good quality care for people receiving the service.