

Care Avenues Limited

# Care Avenues Limited - London

## 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

This inspection took place on 22 June 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service in people's own homes and we needed to be sure that someone would be available to assist with the inspection. It was the first comprehensive inspection since the service registered with the Care Quality Commission (CQC) in August 2014.

Care Avenues Limited London is based in Ilford, Essex. The service is registered to provide personal care and support to people in their own homes, within east London. The service provides care to adults over the age of 18. However, the service notified the CQC that it wished to specialise in providing care to children with special needs in their own homes or to take them out for arranged activities as designated by their parent, carer or guardian. Most of the people they provided care to were children with disabilities who were under 18 years of age. At the time of our inspection, the service provided personal care to approximately 12 children and 2 adults.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered care homes, 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.

Adults and children received care at home and were supported and cared for by staff who had an understanding of their needs. Systems were in place to ensure that people were protected from the risk of abuse. Staff were aware of the different types of abuse and how to respond. Adults and children had their individual risks assessed and care workers were aware of the plans in place to manage the risks.

Systems were in place to ensure that people received their prescribed medicines safely and appropriately. Prescribed medicines were administered when required by care workers who had received training to do this. The provider had procedures in place to check that people received their medicines to effectively and safely meet their health needs.

Care workers had been recruited following appropriate checks and the provider had sufficient staff available to provide support to people in their own homes. People told us they received support from care workers who understood their preferences and encouraged them to remain as independent as possible. They were listened to by staff and were involved in making decisions about their care and support. Adults and children were supported to meet their nutritional needs.

Care workers received essential training in a number of topics that were important for them to be able to carry out their roles. Staff told us that they received support and encouragement from the registered manager and were provided opportunities to develop in their roles. Staff were confident that any concerns they raised would be addressed by the registered manager. People who used the service and their relatives also felt able to talk to the registered manager or the office manager and said that any issues were dealt with

quickly.

Adults, children and their relatives were involved in making decisions about their care and support. Care staff ensured people were listened to and treated with privacy and dignity. Adults, children and their relatives were encouraged to express their views and give feedback about their care.

The registered manager was committed to developing the service and improving the quality of care provided to people. They monitored the quality of the service provided and sought feedback from people about the service. The service was overseen by the registered provider, also known as the responsible individual, who ensured that regular checks were completed and looked at where improvements could be made. We made a recommendation for the provider to review its questionnaires to people, in order for them to be easier to complete.

## 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. Staff understood how to protect adults and children from harm and abuse. Staff supported people in a safe way.

Staffing levels were sufficient to support people safely and staff were recruited appropriately.

Staff supported people to take their medicines safely.

### Is the service effective?

Good ●

The service provided was effective. Care staff received training they needed to ensure that they supported people safely and competently.

Systems were in place to ensure that people's human and legal rights were protected.

Adults and children had access to healthcare professionals when they required them.

Staff supported people to ensure their nutritional needs were met.

### Is the service caring?

Good ●

The service was caring.

Staff had developed positive caring relationships with the people they supported and promoted their independence.

People were involved in making decisions about their care and their families were appropriately involved. Staff respected people's individual needs and preferences.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were detailed and provided guidance for staff to meet people's individual needs.

There was a complaints policy and procedure in place which enabled people to raise complaints. Complaints were responded to appropriately.

**Is the service well-led?**

**Good** ●

The service was well-led. The registered manager was approachable, supported staff and kept in contact with people and their relatives.

The service had a quality assurance system. The quality of the service provided was monitored regularly.

People and their relatives were able to provide their views on the service so that improvements could be made. We have made a recommendation about reviewing the type of questions asked in surveys.

# Care Avenues Limited - London

## **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 took place on 22 June 2016 and was planned to check whether the provider was 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 under the Care Act 2014. It was an announced inspection, which meant the provider knew we would be visiting. This was because it was a domiciliary care agency and we wanted to make sure that the registered manager or someone who could act on their behalf would be available to support our inspection.

The inspection team consisted of one adult social care inspector. Before the inspection, we reviewed the information that we held about the service. This included any complaints we received and statutory notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law.

We looked at the provider information return (PIR). The PIR 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. The PIR also provides data about the organisation and service.

During the inspection, we spoke with the registered manager, an office manager and two care workers. After the inspection, we spoke by telephone, with two people who used the service and three relatives. We looked at documentation, which included five people's care plans, including risk assessments; five care staff recruitment and training files and records related to the management of the service.

# Is the service safe?

## Our findings

People told us that they felt safe using the service. One person said, "I feel safe." Another person told us, "The carers are safe and do a good job. They are excellent." Relatives told us that they felt their children were safe using the service. A relative told us, "They carry out their work safely and understand the needs of my child."

Care workers told us they had been provided with training in protecting and safeguarding adults and children from abuse, which was confirmed in the records we looked at. Care workers understood their roles and responsibilities regarding safeguarding. They were able to describe the process for reporting any potential, or actual, abuse and who their concerns could be escalated to, including notifying the local authority. We saw that where a concern was raised, care workers and managers took the appropriate action to ensure the safety of the person. The registered manager told us, "We investigated a serious concern and reported it straight away. We spoke to the relevant people in the local authority, social workers and with the police." Staff were also aware of what whistleblowing was and knew that they could report concerns about practice within the organisation. One staff member said, "I know what it is. The manager has spoken to us about reporting concerns we have to the police or council or the CQC."

Adults and children's risk assessments were reviewed every three months. The risk assessments were personalised and based on the needs of the adult or child. The assessments were completed with the adult or child and their relatives and identified what the risks might be to them, what type of harm may occur and what steps were needed in order to reduce the risk. These included risks around continence management, administration of medicines, physical needs, dietary requirements and behaviour that was a risk to themselves or other people, where this was applicable. For example, we saw that staff had received training on "breakaway and de-escalation techniques" and were advised to use them with children who had autism if they became agitated or upset. We also saw that for children with special feeding requirements, detailed information was provided for the care worker about any potential risks and what equipment is used to mitigate them.

Adults and children received care and support at times that they required. The registered manager demonstrated an electronic system that they used to coordinate the days and times that care would be provided to people. From looking at these rotas, the daily notes and time logs, we saw that care workers were able to cover shifts, take breaks and complete the required tasks. The system also included background information about the person. Care workers told us they were "happy" with their workloads and schedules. People who used the service were satisfied with their care workers and with the arrangements for their care. We saw that there were always two care workers or "double ups" for a person that required manual handling assistance, such as for the use of a hoist to help lift them up. Care workers were trained to use such equipment.

We spoke with the office manager who managed the rota in the office and provided assistance to the registered manager. They told us that "if one of the carers cannot go to a visit, we telephone the family and consult them first and then decide if we should provide another carer, especially as children like to have a

routine."

Care workers used Personal Protective Equipment (PPE) such as gloves and aprons to prevent any risks of infection when providing personal care. Care workers told us they had sufficient time to deliver the support that was detailed in people's care and support plans. They entered and exited people's homes safely by ensuring that they announced themselves when arriving by ringing the doorbell. Care workers were required to identify themselves when they entered a person's home and carried identification and wore a uniform. People confirmed that they saw care worker's identification badges which enabled them to feel safe.

Staff recruitment files showed that the service had safe recruitment procedures and had sufficient staff in place. Care workers completed application forms outlining their previous experience, provided references and attended an interview as part of their recruitment process. We saw that a Disclosure and Barring Service (DBS) check had been undertaken before the member of staff could be employed. This is a check to find out if the person had any criminal convictions or were on any list that barred them from working with adults or children who use care services. We found that some care workers that were recruited had experience of working with children or in care, which meant that the service was identifying and recruiting suitable applicants.

Records showed that prescribed medicines were administered by relatives or were taken by the person themselves. We looked at daily record notes and saw that care workers prompted adults and children to take medicines when required. Care workers also administered medicine if this was stipulated in the care plan of the adult or child. One care worker told us, "We administer and record medicine. Usually the family advise us about how to administer the medicine." We saw that where care workers were required to give adults and children their medicine; they recorded it in medicine administration record sheets (MARS) and in their daily log books to evidence that the medicine was taken. They were also observed by the registered manager or a care coordinator as part of regular spot checks to ensure that they carried out the task correctly. Spot checks were observations of staff to ensure that they were following safe and correct procedures when delivering care.

## Is the service effective?

### Our findings

Relatives told us that care workers knew how to meet their child's individual needs and that they were happy with the way care was provided. One relative told us, "They are very safe and take care of my child." Adults were also satisfied with their care. An adult who received care said, "The carers are very respectful and sensitive. They do their work safely and properly. They are very qualified and have had good training. The quality of care is excellent."

Adults and children's consent was sought before any care and treatment was provided, with the assistance of relatives who acted on the behalf of their children. Care workers understood their responsibilities under the Mental Capacity Act 2005 (MCA) and what this meant in ways that they cared for adults.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and that the human rights of both adults and children were protected. We saw that records of capacity assessments were available, where applicable. Care workers acted on people's wishes and asked for their consent before they provided any care. Care plans had been signed by people or their relatives to give permission for the information in them to be shared. People and relatives were able to make their own decisions and were helped to do so when needed. One care worker told us, "I understand capacity and that if people need help making a decision, I would seek guidance. For children it is different as the parents look after their interests and tend to make the decisions."

Care workers told us they received the training and support they needed to do their job well. Care workers had received training in a range of areas which included safeguarding children and adults, diet and nutrition, paediatric first aid, dementia care and infection control. The training included Care Certificate standards, which were a set of standards and assessments for health and social care workers and required them to complete modules, in their own time. We saw that most of the care workers had Care Certificate work in progress and two members of staff had completed it. Some care workers were also enrolled on to Diplomas in health and social care. We looked at care workers' training records which confirmed the dates that they took training and any scheduled dates for training in the future.

Care workers who were recently recruited, completed an initial induction and shadowed more experienced workers to learn about people's individual care needs and preferences. Staff were supported to provide care to children with complex care needs and were assessed before they could carry out any personal or specialised care work. We viewed a training schedule and saw that induction training was completed by all staff and internal refresher training was also completed. The induction for providing care to children included specialised training such as percutaneous endoscopic gastrostomy (PEG) feeding, which is the feeding of people through tubes. The specialised training was provided by the registered manager and an

occupational therapist (OT) who would support the care worker in a child's home to ensure that they were able to use equipment correctly and competently.

Care workers told us the induction training they received provided them with the knowledge they needed. A care worker informed us, "I have received a lot of good training including PEG feeding and first aid." Another care worker said, "I was given training when I started and I did manual handling and safeguarding training. I shadowed a colleague when I was doing my induction. When my DBS was cleared I was able to go out on my own."

Care plans were up to date and reflected adults and children's current needs and health care conditions. Care workers were supported and monitored by the registered manager and a care coordinator. They visited people in their homes after a new care package had commenced. Reviews of care workers were completed through unannounced spot checks, observations and telephone calls, when they were providing care to children and adults. This ensured that care was being delivered and people were satisfied with their care worker. Care workers were aware of their responsibilities. They received a handbook when they began their employment which set out codes of practice, terms and conditions, the service's philosophy and the policies and procedures they are required to follow. Care workers confirmed that they had read the handbook and were familiar with it.

Care workers said they had regular supervisions where they had the opportunity to discuss the support they needed, guidance about their work and any training needs in order for them to develop and gain further skills. Supervision sessions are one to one meetings with line managers where staff are able to review their practice and performance. Records confirmed that supervision meetings took place every three months, in addition to group supervisions or team meetings, which care workers said they found helpful and supportive. One care worker told us, "Supervision is important for us. We get to discuss how we are progressing and if we need more training. We get to talk about the children and ask for advice." Staff received appraisals annually to monitor overall performance, practice and to identify any areas for development to support staff to fulfil their roles and responsibilities.

Where needed, children and adults were supported to have sufficient amounts to eat and drink and had their nutritional needs met by care workers. Relatives told us that care workers provided their child with food and drink. Adults receiving care also had their nutritional needs met. One care worker told us, "I make a little snack sometimes, it depends on the care plan. For a child, the parent usually provides food because they may have specific dietary requirements."

Records showed that care workers took appropriate steps when a person was unwell and knew what to do in emergencies. A care worker said, "I would phone the GP or an ambulance and would let the office know as well." One person said, "The carer looks after me and my child. They are fantastic. They look after us and advise us if a GP is required."

## Is the service caring?

### Our findings

People and relatives told us that the care workers treated them with respect and kindness. One relative said, "They are extremely caring, I couldn't ask for better carers for my child." Another relative told us, "The carers are polite, considerate and very caring. I am very happy with them." One person said, "I would say they are excellent, the carers are lovely, professional and caring. I have been with a lot of care agencies and Care Avenues are the best I have worked with."

Care workers understood the importance of respecting and promoting people's privacy and dignity. Care workers knew about each child and adult's individual needs and preferences and spoke with us about the people they cared for in a compassionate way. One care worker told us, "Whether it is an adult or child we have to show respect at all times and provide them with the dignity they deserve. With personal care, we are gentle and have parents to assist us as well."

The registered manager explained that children preferred to see the same carer and did not respond well to changes to their carer. They encouraged staff to develop positive relationships with children they cared for. They said, "We want to make our children happy, it makes us happy. We tend not to send a different carer if their regular carer is off sick. We ask the family first if they want a replacement and usually they don't." Care workers told us it was important that they developed positive relationships with children and adults. One care worker said, "I have a good relationship with the family and really enjoy caring for children, it's been my career."

One relative told us, "My child gets great care and they are very happy and comfortable with the carers. There is a real structure and normality to our lives now." People and their relatives told us they were asked for consent before agreeing to receive care. People receiving care told us that the service shared information with them and their family members. We looked at records held in the office and saw that consent was confirmed with people and relatives and the contents of care plans were agreed. Records showed that people or their relatives signed care plans prior to receiving care and support and that they had been involved in their care planning.

People's care records identified people's specific needs and how they were met. Files held in the office indicated when reviews were due. Records also provided guidance to care workers on people's preferences regarding how their care was delivered. We saw that adults were supported to remain as independent as possible by care workers when "helping with all aspects of personal care." Children were cared for appropriately and sensitively and care workers were provided with detailed guidance. For example, we noted that one child was "very happy and cheerful. If asleep, staff to gently rub their arm and say their name." Care workers were also recommended to "redirect them [the child] to sit next to you when they want a cuddle as they can sometimes bite clothing."

## Is the service responsive?

### Our findings

Relatives told us the service was responsive to their child's care and support needs. One relative told us, "Yes, they listen to me and help me when necessary. I am happy with them." Each child and adult had a care plan which was personalised and detailed their personal choices and preferences regarding how they wished to be cared for. Another relative said, "They are very responsive. When I requested another carer because it wasn't working out for me, they provided another carer."

Most of the people we spoke with told us they had regular carers and they were happy with their arrangements. The service ensured that they had the staff available to provide care before agreeing any care packages. The service received referrals from the local authority, mostly for children with disabilities who required assistance with personal care but also for adults with personal care needs. During our inspection, we saw that an initial assessment of people who use the service and children's needs was carried out before a care package was agreed, including any risk assessments. The service ensured that they had the staff available to provide care before agreeing any personal care packages for both adults and children.

A personalised care plan was developed which outlined people's needs with the involvement and agreement of the person and their relatives. Adults and children, who received care, had a care plan in their homes and a copy was held in the office. We saw that care plans were reviewed every one to three months and updated to reflect people's changing needs. The care plans included details such as how a person wanted their care to be delivered, their personal interests, likes and dislikes and details of significant relationships, friends and relatives. This information was important because it enabled vulnerable adults and children to have a "voice" and informed care workers how they wished to be treated. For example, one child's care plan informed the care worker that, "[The child] needs to be kept clean at all times and have creams that they like to use. They use emotional gestures to communicate. The support worker will be advised by [the relative]." Another child's care plan highlighted that they "like interaction and hearing people speak to them." Where people's needs or preferences had changed, these were reflected in their records. This ensured people received support which reflected their current care needs. Adults and children were also able to specify if they had any preferences for the type of care worker they wished to be cared for by, such as someone from a similar cultural background.

We saw that care plans contained details of what support they wanted for each part of the day when a care worker was scheduled to visit. People told us they were involved in the compilation of their care plan and they had involvement in it being reviewed and updated. People told us that they were happy with the care they received from care workers. One person told us, "The manager is always in contact and makes sure that myself and my child are doing well and are happy. My child responds well to young carers and the service has provided young carers to help look after [my child]." Care workers were able to outline the needs of the people they were supporting and how they would check if there had been any changes to their needs. We looked at daily records and found that they were hand written by staff and contained details about the care that had been provided. Any issues that other members of staff needed to be aware of were recorded.

The service had a policy and procedure for reporting complaints. People were provided with information

about how they could raise complaints in an easy to read hand book left in a folder in their homes. People confirmed that they knew how to complain. A person told us, "Yes, I would know what to do. I can contact the office or the manager." Another person said, "I don't have anything to complain about. The service sometimes has staffing issues but I am very happy with them. Any problems are easily dealt with and resolved by the manager." We noted that any issues and complaints were brought to the attention of the registered manager. We looked at records and saw that investigations were carried out and action was taken promptly in response to concerns. We noted that people and relatives were informed of the outcomes and were satisfied with the response or the complaint was still in progress.

## Is the service well-led?

### Our findings

The service was operated by a responsible individual, who was the director of the care agency. There was also a registered manager in post, who managed the day to day running of the service. The registered manager had demonstrated a good understanding and knowledge of the people who used the service, as well the staff who worked there.

The registered manager understood their role and responsibilities and communicated with the responsible individual on a daily basis. The registered manager and the responsible individual carried out quality assurance audits to check whether the service was running as it should be. They notified the CQC of incidents or changes to the service that they were legally obliged to inform us about. People's records were kept securely which showed that the service recognised the importance of people's personal details being protected and to preserve confidentiality. We noted that the Local Authority had undertaken a recent review of the service and the registered manager was in the process of complying with any recommendations made.

The registered manager sent surveys to people and relatives to seek their views and opinions. We saw the latest questionnaires and telephone monitoring checks which had been sent out or returned. The service had received compliments and positive feedback from people and relatives. However, we noted that the questions used for feedback were not adapted to the type of service that was provided by the registered provider and people had difficulty understanding some of the questions. The registered manager said, "I think some of the policies we have are not appropriate for our service and I try to tailor them." We recommend that the service reviews its questionnaires to make them more relevant and easier for people to complete, so that senior management can use the information to improve the service.

Care staff told us that they enjoyed working at the agency. People confirmed that the service was managed well. Children and adults were treated fairly, listened to and felt that they could contact the service if they had a problem. We looked at various records including minutes of meetings, training records, safeguarding information and health and safety information. We saw updated policies and procedures for the service, such as for children's rights, human rights, safeguarding and protecting children and adults, equality and diversity and the Care Act 2014, which demonstrated that the service was complying with regulations.

Care workers told us they had team meetings which enabled them to discuss any issues or concerns and this was confirmed by the minutes of meetings we looked at. Items covered during team meetings included policies and procedures, whistleblowing, infection control, training and general discussion. We saw that minutes of team meetings were detailed and that they were well attended.

Adults and children were visited in their homes by the registered manager or a care coordinator to ensure that they were satisfied with the care and support that was delivered. The registered manager was in the process of recruiting a new care coordinator as the previous member of staff had left this position. Daily notes which included what medicines were administered were brought back to the office each month to be audited and quality checked, to ensure that care workers had completed them thoroughly. We found that

they were clear, well written, detailed and easy to read. We saw that people and relatives of children were required to sign care worker's timesheets, so that the managers and office staff would know that care workers had carried out personal care for people at allocated times and according to the wishes of the person.

We spoke with the responsible individual who told us, "I am always in contact with the registered manager. We chat almost daily as I am not based in London. The registered manager has developed a very good reputation in the borough and we are doing very well." A care worker told us that the registered manager "was very caring and passionate about helping children." They told us that the day to day management of the service was of a high standard. Another care worker said, "I love my job. The manager is really helpful and supportive. They really look out for the carers and for the children. They are very good."