WilsonParker Limited

Availl (Cambridge)

Inspection report

Ravenscroft House
61 Regent Street
Cambridge
Cambs
CB2 1AB
Tel: 01223 308815
Website: www.availl.co.uk

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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

Overall summary

Availl (Cambridge) is registered to provide personal care to people living in their own homes. During this inspection personal care was being provided to 32 people in their own homes.

The service had a registered manager in place. 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.

This announced comprehensive inspection was undertaken on 20 January 2016.

Summary of findings

Staff were only employed after the provider carried out satisfactory pre-employment checks. Staff were trained and well supported by their managers. There were sufficient numbers of staff to meet people's assessed needs.

Systems were in place to ensure people's safety was effectively managed. Staff were aware of the procedures for reporting concerns and took action to reduce the risk of people experiencing harm.

People's health and personal needs were effectively met. Systems were in place to safely support people with the management of their medicines. People received their prescribed medicines appropriately.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. People's rights to make decisions about their care were respected. Staff were acting in accordance with the Mental Capacity Act 2005 so that people's rights were being promoted.

People received care and support from staff who were kind, caring and respectful. Staff respected people's privacy and dignity and offered reassurance when people needed it.

People were encouraged to provide feedback on the service in various ways both formally and informally to ensure they were receiving the care and support they required. People, and their relatives, were involved in their care assessments and reviews. Care records were detailed and provided staff with guidance to enable them to provide consistent care that met each person's needs. Changes to people's care was kept under review to ensure the change was effective.

The provider had quality assurance processes and procedures in place to monitor the quality and safety of people's care. People felt listened to and the registered manager used their feedback, together with audits of the service to drive improvement. People told us that all staff including the registered manager were approachable.

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.

There were systems in place to ensure people's safety was effectively managed.

Staff were only employed after satisfactory pre-employment checks had been obtained. There were sufficient numbers of staff to ensure people's needs were met safely.

People were supported with their medicines where required.

Good

Is the service effective?
The service was effective.

Staff were trained and supported to provide people with safe and appropriate care. Staff knew the people they cared for well and understood, and met their needs.

People's rights to make decisions about their care were respected. Staff were acting in accordance with the Mental Capacity Act 2005 so that people's rights were being promoted.

People had access to healthcare professionals when they needed to see them.

Good

Is the service caring?
The service was caring.

People received care and support from staff who were kind, caring and respectful.

People were involved in reviewing their care plans.

Staff knew people well and what their preferred routines were.

Staff were responsive to people's needs and treated people with dignity and respect.

Good

Is the service responsive?
The service was responsive.

People were involved in their care assessments and reviews.

People's care records were detailed and provided staff with guidance to provide consistent care to each person.

People knew who they could speak with if they had a concern or complaint. A complaints procedure was in place to respond to people's concerns or complaints.

Good

Is the service well-led?
The service was well led.

Effective 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.

Availl (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.

This announced inspection took place on 20 January 2016. 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 undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Before our inspection we looked at all the information we held about the service. This included the 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 any improvements they plan to make. We looked at other information that 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.

We asked for feedback about people's care from commissioners of the service and the local authority.

Before the inspection we received survey responses from 13 people who used the service. During our inspection we spoke with seven people on the telephone that received care and support and we visited three people in their own homes. We spoke with the registered manager, provider and four office based staff and four care staff. We also spoke with two care managers from the local authority, an intermediate care manager and a member of staff from assistive technology who had regular contact with the service

During the inspection we observed how the staff interacted with people using the service. We looked at six people's care records and four staff recruitment records. We also looked at records relating to the management of the service including audits, staffing levels, recruitment and training and records relating to complaints and compliments.

Good

Is the service safe?

Our findings

People we spoke with said that they felt safe receiving their care. One person said, "I feel safe with the carers who come to see me." Another person said, "If there was anything I was not happy with or felt unsafe I would talk to [the registered manager] and they would sort it out for me."

The registered manager told us in the PIR that all staff received training in safeguarding people from harm. All the staff we spoke with confirmed this and were knowledgeable about safeguarding reporting procedures. They described how to recognise and report any concerns in order to protect people from harm, or the risk of harm. One staff member said, "I would always report any incident of harm without hesitation". The registered manager was also aware of the notifications they needed to send to CQC in the event of people being placed at the risk of harm.

People had individual risk assessments which had been reviewed and updated. Risks identified, included maintaining a safe environment to prevent hazards such as falls, assisting people to move and with the management of their medicines. Records gave clear information and guidance to staff about any risks identified as well as the support people needed in respect of these. Staff were aware of people's risk assessments and the actions to be taken to ensure that the risks to people were minimised.

Staff were aware of the provider's reporting procedures in relation to accidents and incidents. All accident and incidents were recorded. The registered manager reviewed all accidents and incidents for any trends to ensure any action required to reduce the risk of reoccurrence was taken. For example, we saw that where a person had fallen, their environment had been assessed and changes encouraged to reduce the risk of any future reoccurrences.

Effective recruitment procedures were in place to ensure that only staff who were suitable to work with vulnerable people were employed. The personnel records of four members of care staff showed that all the required checks had been undertaken before staff commenced work. Records included evidence of completed application forms, satisfactory 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.

Staff told us there were always sufficient numbers of staff to meet people's needs. Staff told us that there was sufficient time given so that they were able to safely assist people with their care and support needs in their home. This was especially regarding safe manual handling requirements and having time to socialise with people.

We saw that the registered manager and deputy manager monitored staffing levels. Additional staff were rostered, where necessary, when people's needs changed and to also cover periods of staff sickness and holidays. Staff we spoke with said that they were supported by the on call process [by members of the management team] outside of working hours if any concerns or incidents occurred. Staff also added that members of the management staff had been available to cover shifts when the need arose.

The level of assistance that people needed with their medication was recorded in their care plan. One person told us that, "The care staff always make sure that I receive my tablets when I need them."

The registered manager regularly audited the medication administration records (MAR). This was to ensure records were being safely and accurately maintained. Appropriate arrangements were in place for the recording of medicines received and administered. Checks of medicines, administration and the associated records were made to help identify and resolve any discrepancies promptly. Medication administration training sessions were provided during new staff's induction and refresher training was given annually. Staff also received competency checks made by members of the management staff to ensure safe administration of medicines. Staff we spoke with confirmed this to be the case.

Good

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 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."

Staff told us that they received essential training prior to providing care to people using the service. They told us this included training in topics such as safeguarding, first aid, administering medicines, and assisting people to move safely. One member of staff said, "I received a variety of training before I cared for people and then went out with other staff". Other members of staff we spoke with said that when they had completed their initial training they had shadowed an experienced member of staff until they felt confident in providing care. New care staff told us they received an induction prior to commencing work. The manager told us that feedback was sought from the experienced staff member following the shift with the new member of staff.

Care staff told us they were provided with refresher training and additional training in topics such as dementia awareness. A team leader described that the comprehensive training had enabled them to feel confident in writing people's care plans and assessing risks. They also told us there was training planned to enable them to supervise staff. The manager told us that staff were working towards the Care Certificate, in health and social care. This showed that staff were supported with further learning and to achieve nationally recognised qualifications.

Care staff confirmed and records seen showed that they received supervision on a three-monthly basis, and an annual appraisal, to ensure that their work performance and development needs were monitored. Staff also told us that regular staff meetings were held and that they were encouraged to raise and discuss ideas and issues. Staff we spoke to said the registered manager was "very approachable and supportive" and they felt able to raise any issues or concerns with them at any time.

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. 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. The registered manager, staff and people using the service, confirmed that no one receiving the service was subject to any restrictions on their liberty.

The provider had procedures in place in relation to the application of the MCA. The registered manager and the staff were knowledgeable about these. They were aware of the circumstances they needed to be aware of if people's mental capacity to make certain decisions about their care changed.

Assessments of people's nutrition, any dietary needs and food preferences had been completed. People told us that where meals were provided, the staff had always asked them about their individual preferences and choices. One person said, "I have proper meals, they are prepared. They {care staff} ask me what I would like."

People's rights to make decisions were respected. Care records showed that people had signed to show their consent and agreement with their care plans and risk assessments. During our inspection we observed staff seeking consent from people before providing care and support during the care visit.

People told us that staff supported them with their health care needs. Records further confirmed that people were supported to access the services of a range of healthcare professionals, such as the community nurses and their GP. This meant that people were supported to maintain good health and well-being.

We spoke with two care managers from the local authority 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 being provided.

Good

Is the service caring?

Our findings

People made positive comments about the staff. One person told us, “The staff are very good, excellent. [They are] very caring and you can have a laugh and a joke with them. They always knock and are very respectful.” Another person said, “Yes they do respect my dignity and where appropriate my privacy. They place a towel over me.” Another person said, “I am told if someone new is coming to deliver my care”.

All the staff and healthcare professionals that we spoke with were positive about the care and support being provided by the service. During our inspection we observed warm and kind interactions between staff members and the people receiving the service. For example, we saw one member of staff discussing what the person had done during the day and the meal they wished to have in the evening.

Staff had a good understanding of people’s needs and preferences and provided reassurance regarding their care and support. People told us that staff had taken time in talking with them about things which were important to them in a respectful way.

People told us they felt involved in decisions about their care and their everyday lives. This included when they wished to take their meals and how they wanted to be assisted with their care. One person said, “[The staff] don’t rush me and they help me choose my clothes” People told us they were aware of their care plans and involved in reviewing these. One person said about their care plan, “Yes we did talk about it, my [relative], me and the staff.”

The staff we spoke with were passionate and enthusiastic about their work and the care they provided for people. One member of staff said, “I love my job and we try hard to provide the best possible care.” One person told us that, “They [the staff] are lovely caring people and I can’t fault them.”

We saw that people’s dignity was respected. For example, staff knocked on people’s front/bedroom doors and waited for an answer before entering. We saw that staff addressed people using their preferred name. They spoke calmly to people and explained what they would be doing during the care and support visit. People told us staff were polite and respectful when they visited them to provide care.

The registered manager told us that no one currently had a formal advocate in place but that local services were available as and when required. One person said that they and their relatives had regular contact with the agency and felt involved in the planning and reviewing of their care and support.

Good

Is the service responsive?

Our findings

People told us that staff had a good understanding of, and met, their care needs. One person told us, "My needs are met and the staff know me well" Another person said, "They provide me with the care I need and I am very happy with it." We found that staff we spoke with were knowledgeable about people's needs and preferences.

Assessments were carried out prior to people receiving care from the service. This helped to ensure that staff could meet people's needs. These assessments were then used to develop care plans and guidance for staff to follow. The assessments and care plans included information about people's health, physical, social and emotional needs. We saw that people's individual preferences were recorded and examples included, their preferred name, their daily routines and their choices of meal and drinks.

People confirmed that they and their relatives, where appropriate, had been involved in writing their care plans and were always about asked how they wished their care to be provided. Where possible people had signed to show they were in agreement with their care and support.

There were guidelines for staff covering the range of care to be provided. Examples included assistance with washing and dressing, preparation of meals and drinks, household tasks, shopping and administering and prompting with medicines. People we spoke with confirmed that they had received the required care and support from staff during their care visit.

People and staff told us, and records showed that people's care plans were accurate and updated regularly and promptly when people's needs changed. 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 where the person's needs had changed. This included when a person had recently been discharged from hospital or where there was a healthcare change.

Daily notes we saw showed that these were completed by care staff, detailing the care and support that they had provided during each care visit.

Staff told us they read people's care plans and the records of the last few visits to see if there were any changes or significant events. This ensured that staff were up to date with any changes in people's care.

People told us they had never felt the need to complain about the service, but they said they knew who to speak to if they had any concerns or complaints. One person told us, "I would tell them, [the carers], or the manager in the office but I have never made a complaint." Another person said, "I have no complaints but if I did I would complain to Social Services." A healthcare professional we spoke with told us they felt the staff and registered manager were approachable and they felt staff would address any issues they raised.

A copy of the agency's complaints procedure was included in people's care folder. The registered manager told us that all complaints were acknowledged and resolved to the person's satisfaction as much as possible. All complaints were recorded and we saw a sample of recent correspondence which had been resolved to the satisfaction of the complainant. One person said, "I feel confident that when I raise any concerns or a problem it will be dealt with properly." Another person said, "I phone the office and they are very helpful and sort out any worries."

Good

Is the service well-led?

Our findings

The service had a registered manager in place. They had registered with the CQC in March 2015. The registered manager had attended various courses relevant to their role. At this service the registered manager was supported by senior staff and care workers. Staff had a good understanding of their lines of accountability and the reporting structure within the service. This included use of the whistle blowing procedure to raise concerns within the provider's organisation.

Staff confirmed that there was an open culture within the service. Staff we spoke with were 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 and that I would be protected if I did." This showed us that people were kept safe as much as possible

All the people we spoke with made positive comments about the service they received and the way it was run. Several people complimented the service they received and said that staff met their needs satisfactorily. One person told us, "I would recommend [the service] to others" Another person said, "She [the registered manager] has rang me or come to see me and asked if everything was ok."

Staff said they felt well supported by the manager both informally and through formal meetings and supervision sessions. They told us they were always able to contact the registered manager or a senior member of staff. They said they felt the registered manager was approachable and they would be confident the registered manager would address any issues they raised.

The provider and registered manager sought people's views about the service and had sent surveys to people receiving a service during 2015. Responses were positive. For example, everyone said that they felt that staff respected their privacy and dignity and were positive about the care and services provided. An area for improvement that had been identified by the registered manager included ensuring as much as possible that people receive care and support from the same group of care staff to ensure a consistent approach.

The registered manager used various tools to audit the service. For example, they carried out spot checks to ensure that care workers were providing care to the provider's standard and in line with people preferences. Audits of care and medicines records had been undertaken. These identified any errors or improvements that were needed and included the action that to be taken, by when and who is responsible for the action.

The office based staff and care staff worked in partnership with other organisations and this was confirmed by comments from healthcare professionals we spoke with. Comments were positive and they felt that any concerns and issues were dealt with and that communication with the service was responsive and promptly dealt with.

The registered manager was committed to driving improvement in the service. For example, ensuring that staff had received updated training and all people's care had been reviewed to ensure their needs were being effectively met.

Records we held about the service, and looked at during our inspection confirmed that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about.