

Ave Maria Care Ltd

Ave Maria Care (Wolverhampton)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ave Maria Care Wolverhampton is a domiciliary care agency providing personal care to people living in their own homes. There were 15 people using the service at the time of our inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People's care plans and risk assessments did not always identify how to support them with their individual needs. Staff had not always receive training which reflected people's needs to ensure they could support people in a safe way. We were not always assured people received prescribed medicines safely. Care plans did not identify side effects of medication which meant people were at increased risk of harm. People and relatives told us they were concerned about care call times being changed without them being made aware. Some people received their time specific medicines appropriately.

The provider's safeguarding procedures did not ensure people were protected from abuse. Governance systems were not effective and had not enabled the provider to identify concerns about the safety and quality of people's care. The provider's audits had not identified concerns we found during our inspection including concerns with medicines, safeguarding and call times.

Precautions were in place to protect people from the risk of infections. However, some people told us staff did not wear personal protective equipment (PPE) consistently. We have made a recommendation about the effective use of PPE.

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

Staff's suitability to work with people in their homes was checked before they started employment. People were happy with the staff who supported them and found them to be caring. People's privacy and dignity was considered and maintained. People were encouraged to make choices and remain independent. Peoples' communication needs were considered. There was a complaint policy in place, which was followed when needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 26 April 2022) and there were breaches

of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider remained in breach of regulation 12, (Safe care and treatment) regulation 13 (Safeguarding service users from abuse and improper treatment) and regulation 17 (Good governance).

At our last inspection we recommended that the provider reviewed current guidance on the assessment and management of associated COVID-19 risks and took action to update their practice. At this inspection we found the provider had acted on some recommendations and had made improvements.

Why we inspected

We received concerns in relation to staffing levels and missed/ altered calls. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. You can see what action we have asked the provider to take at the end of this full report.

The provider had already started to address issues with care plans at the time of the inspection to reduce risk to people.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ave Maria (Wolverhampton) on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to managing people's risks, administering medicines and governance and oversight of the service at this inspection.

Please see the action we have told the provider to take at the end of this report

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below

Requires Improvement ●

Ave Maria Care (Wolverhampton)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors 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

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 1 November 2022 and ended on 23 November 2022. We visited the location's

office on 1 November 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including notifications the provider had sent to us. We also gathered feedback from the local authority.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During our inspection we spoke with 6 people and 4 relatives. We also spoke with the registered manager, area manager, quality assurance manager and 4 care staff. We looked at the care records for 4 people. We checked the care people received matched the information in their records. We looked at records relating to the management of the service, including audits carried out within the service.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider failed to ensure systems and processes were operated effectively to protect people from potential risk of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 13.

- The provider had not always protected people from the risk of abuse. When safeguarding incidents had occurred, the registered manager had not always reported these to the local authority's safeguarding team. They had not always put measures in place to minimise risk of further abuse.
- Staff did not always follow the provider's procedures to report accidents and incidents and these were recorded on incorrect forms. Several forms for 1 person recorded the same type of injury. There were no recorded measures put in place to mitigate the risks of further harm., meaning patterns of risks were not identified or managed effectively.
- Mitigating actions had not always been taken by the registered manager to protect people from further harm when safeguarding concerns were identified on the incorrect forms.
- Systems were not in place to ensure staff knew which forms to use to raise concerns about injuries. This meant that the registered manager had not always reported safeguarding concerns to the local authority.
- The provider failed to effectively monitor, investigate or act on safeguarding incidents which left people at the risk of further harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to ensure safety alert systems were effective and risks to people's safety reviewed. Medicine administration was not always effective which increased the risk of harm occurring. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- People's care plans and risk assessment did not always provide staff with information on guidance on people's individual risks, such as those associated with epilepsy and Parkinson's disease.
- Staff we spoke with were not always aware of people's individual risks or how to offer support to people in line with their specific needs. This was brought to the registered manager's attention and she took immediate action to address this. There was no evidence anyone had come to harm.
- Staff were not aware of the side effects of people's prescribed medicines, and there was no information or guidance recorded in people's care plans about these. This meant people were at increased risk of harm should they experience adverse reactions to medicines.
- Staff did not always follow the provider's medicines policy and their medicines training, which stated that the medicines need to be checked against the electronic medication administration record (EMAR) to make sure the right medicines are given to the right person. One staff member said, "There's a list of medication people take on the electronic medication system. I don't check this as it's on the box, so I follow that." This meant staff administered medication in an unsafe way and placed people at risk of harm.
- During the inspection, the registered manager informed us they would change the prescription dosage of one person's medication. We informed them this would be changing the prescribing information and changes to medicines can only be made by the prescriber in line with The Medicines Act 1968. This meant the registered manager was unaware of this being unsafe practice, leaving people at risk.

The provider had not assessed and mitigated risks to people's health and safety, including the safe management of people's medicines. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At our last inspection the provider failed to ensure there were sufficient numbers of suitably qualified staff in order to consistently meet people's care needs and call times. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The records we reviewed showed people received their care calls, however these were sometimes later or earlier than planned. This meant some people received their care calls at the wrong time. This was an issue relating to staffing difficulties. We discussed this with the managers, and they acknowledged over previous months there had been some concerns with staffing levels. However, they told us they had recruited more staff and felt going forward this issue had now been resolved. We saw in the care logs that issues with call times had reduced.
- Prospective staff had undergone pre-employment checks. This included employment references and Disclosure and Barring Service checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Enough staff were employed to consistently meet people's care needs since they had employed more staff.

Preventing and controlling infection

At our last inspection we recommended the provider refers to current guidance on the assessment and management of associated COVID-19 risks and takes action to update their practice. At this inspection the

provider had made improvements.

- We were somewhat assured that the provider was using PPE effectively and safely.
- Some people told us not all staff wore PPE. One person told us, "They are slipping a but with masks" Another person told us, "Some wear masks, some don't"
- The registered manager told us when they did spot checks on carers all staff were wearing PPE. Staff told us that they were aware of what PPE to use, where to obtain stock and used it appropriately when delivering care.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We recommend the provider consider putting systems in place to ensure all staff wear appropriate PPE, in line with Government guidance, when delivering care

Learning lessons when things go wrong

- Lessons learnt were not always identified through the Trend analysis and Safeguarding audits or fed back to the staff team. Where issues were identified and investigated, the findings were not always shared with the team to improve their practice.

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 MCA 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 Mental Capacity Act (MCA)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.



Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received mixed views from people and relatives about the service they received. One person said, "They do care and are reliable." A relative told us, "They are badly run. The manager just gives excuses and will not accept any responsibility."
- We looked at the complaints log and the registered manager had responded to complaints, had been open and honest in their responses and acted on the concerns raised.
- We spoke to the manager about inclusivity and they told us they considered people's cultures and preferences when they produced care plans and risk assessments and this was seen when reviewing care plans.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider failed to ensure governance processes and quality assurance systems were operated effectively to assess, monitor and mitigate risks to improve the quality and safety of care. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider's governance systems were not effective and had not enabled them to continually assess, monitor and improve the quality and safety of the service. Risks had not always been mitigated as a result of this and people were placed at risk from harm.
- Some audits were not thorough and therefore ineffective. For example, one audit highlighted the response to people's missed visits required improvement, but no actions were identified to reduce risks to people. This meant opportunities to identify and mitigate risk were missed which increased the risk of avoidable harm occurring.
- The medication and trend analysis audits had not highlighted a person's medicines error which we identified on the inspection, which left the person at risk. The registered manager did not have effective oversight of people's medicine administration or the practices of care staff when administering medicines.

- There was conflicting information in people's care plans, meaning staff may support people unsafely, depending on which part of the care plan they followed, which left people at risk.

The provider's governance and quality assurance systems were not effective. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, Continuous learning and improving care

- The registered manager had tried to encourage people and their relatives to complete satisfaction surveys to analyse their experience of care, but only 2 surveys had been returned. One person said, "I get on well with the registered manager. They did send something asking about how good they were doing-it was like a scale thing-mark out of ten. I had no feedback, but I have no qualms."
- However, when surveys were returned, these were not always actioned to improve care people received.
- People did not always receive care calls in line with their agreed care planning times
- One staff member also stated the registered manager was approachable if they had any concerns. They said, "[Registered manager] is approachable, you can phone them at any time, and they help." Another staff member said, "the clients are really friendly and management are good, (registered manager) in particular is always helpful and I can call them at any time."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had investigated concerns and then fed back to people. They had been open and honest with their findings.

Working in partnership with others

- The registered manager told us they worked in partnership with health and social care professionals to ensure people received appropriate support. For example, records showed where relevant referrals had been made to GP's and district nurses

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 The provider did not mitigate risks to medication and support with peoples conditions

The enforcement action we took:

Served a warning notice

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider did not mitigates risks to keep people safe from abuse

The enforcement action we took:

Served a warning notice

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have same governance systems in place to keep people safe

The enforcement action we took:

Served a warning notice