Mr & Mrs D Evely

Averlea Domiciliary Care

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

Overall summary

Averlea Domiciliary Care is a community service that provides care and support to adults of all ages, in their own homes. The service provides help with people's personal care needs in St Austell and surrounding areas. This includes people with physical disabilities and dementia care needs. The service mainly provides personal care for people in short visits at key times of the day to help people get up in the morning, go to bed at night and support with meals.

At the time of our inspection 29 people were receiving a personal care service. These services were funded either privately or through Cornwall Council.

There was a registered manager in post who was responsible for the day-to-day running of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We carried out this announced inspection on 7 and 10 August 2015. We told the provider five days before that we would be coming. This was to ensure the registered manager and key staff were available when we visited the agency's office. It also meant we could arrange to visit some people in their own homes to hear about their experiences of the service. The service was last inspected in September 2013 and was found to be meeting the regulations.

People we spoke with told us they felt safe using the service and told us, "The service is fantastic", "No complaints, quite happy" and "I won't change to anyone else".

Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected. There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

People were supported to take their medicines by staff who had been appropriately trained. People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People told us staff always treated them respectfully and asked them how they wanted their care and support to be provided. People and their relatives spoke well of staff, comments included, "They [staff] are a good set of girls", "We are happy with the care", "They [staff] get on well with my husband" and "Staff have a good understanding of mum's needs".

Care plans provided staff with clear direction and guidance about how to meet people's individual needs and wishes. The service was flexible and responded to people's needs. People told us about how well the service responded if they needed additional help. For example providing extra visits if people were unwell and needed more support, or responding in an emergency situation. People told us, "They [the service] have changed the times of visits to fit around us" and "The service changes times of my visits to fit in with when I need to go out".

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

There was a positive culture in the service, the management team provided strong leadership and led by example. Staff told us, "Best company I have worked for" , "Good support" and "If I had any problems I would go to the manager or supervisor and I know they would listen".

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

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?

Good

The service was safe. People told us they felt safe using the service.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

Staff liaised with other healthcare professionals as required if they had concerns about a person's health.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Is the service caring?

Good

The service was caring. People, and their relatives, were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect. Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to make choices and have control over the care and support they received.

People were consulted and involved in the running of the service, their views were sought and acted upon.

Is the service well-led?

Good

The service was well-led. There was a positive culture within the staff team with an emphasis on providing a good service for people.

People were asked for their views on the service. Staff were encouraged to challenge and question practice and were supported to try new approaches with people.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Averlea Domiciliary Care

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.

The inspection of Averlea Domiciliary Care took place on 7 and 10 August 2015. We told the provider five days before that we would be coming. This was to ensure the registered manager and key staff were available when we visited the agency's office. It also meant we could arrange to visit some people in their own homes to hear about their experiences of the service.

One inspector undertook the inspection. Prior to the visit we viewed the information we held about the service.

During the inspection we went to the provider's office and spoke with the registered manager and the supervisor. We looked at four records relating to the care of individuals, four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

We visited four people in their own homes and met one relative. Following the inspection we spoke with another person who used the service, a relative and three care staff.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service and said, “The service is fantastic”, “No complaints , quite happy” and “I won’t change to anyone else”.

Staff had received training in safeguarding adults and were aware of the service’s safeguarding and whistleblowing policies. They were knowledgeable in recognising the signs of potential abuse and the relevant reporting procedures. If they did suspect abuse they were confident the registered manager would respond to their concerns appropriately. One member of staff told us, “If you report any concerns about people the office always acts on it”. A summary of the service’s safeguarding policy was in the staff handbook which was given to staff when they started to work for the service.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people’s homes and any risks in relation to the health and support needs of the person. People’s individual care records detailed the action staff should take to minimise the chance of harm occurring to people or staff. For example, staff were given guidance about using moving and handling equipment, directions of how to find people’s homes and entry instructions. Staff told us management always informed them of any potential risks prior to them going to someone’s home for the first time.

The service occasionally took on new care packages at short notice. This meant that it was not always possible for the registered manager to visit the person’s home and complete a risk assessment prior to a care package starting. In these situations the supervisor carried out the first few visits. This enabled them to complete a risk assessment and pass any relevant information to other staff before they visited the person’s home.

Staff were aware of the reporting process for any accidents or incidents that occurred. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence of the incident.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. The service recruited staff to match the needs of people using the service and new care packages were only accepted if suitable staff were available. The service produced a staff roster each week to record details of the times people required their visits and what staff were allocated to go to each visit. The registered manager or supervisor were on call outside of office hours and carried details of the roster, telephone numbers of people using the service and staff with them. This meant they could answer any queries if people phoned to check details of their visits or if duties needed to be re-arranged due to staff sickness.

People had telephone numbers for the service so they could ring at any time should they have a query. People told us phones were always answered, inside and outside of office hours. Everyone told us they had a team of regular, reliable staff, they knew the times of their visits and were kept informed of any changes. No one reported ever having had any missed visits. One person told us, “They [staff] always turn up and I know who to ring”.

Staff had completed a thorough recruitment process to ensure they had appropriate skills and knowledge required to provide care to meet people’s needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Care records detailed whether people needed assistance with their medicines or if they wished to take responsibility for any medicines they were prescribed. The service had a medicine policy which gave staff clear instructions about how to assist people who needed help with their medicines. Daily records completed by staff detailed exactly what assistance had been given with people’s medicines. Staff were given additional training by community nurses to complete some tasks such as administering ear and eye drops in line with people’s individual needs. All staff had received training in the administration of medicines.

Good

Is the service effective?

Our findings

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke well of staff, comments included, “They [staff] do want I need with my personal care”.

Staff completed an induction when they commenced employment. The service had introduced a new induction programme in line with the Care Certificate framework which replaced the Common Induction Standards with effect from 1 April 2015. New employees were required to go through an induction which included training identified as necessary for the service, familiarisation with the service and the organisation’s policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. Staff said, “We do a lot of training” and “I have all the training I need”. Most care staff had either attained or were working towards a Diploma in Health and Social Care. Staff received regular supervision and appraisal from the registered manager. This gave staff an opportunity to discuss their performance and identify any further training they required. One care worker told us, “They [the service] provide good supervision and appraisals”.

Care plans recorded the times of people’s visits. People and their relatives told us they had agreed to the times of their visits. A relative said, “We chose the time and staff arrive at that time”. People and their relatives also told us staff stayed the full time of their agreed visits. One person said, “yes they [staff] always stay the full time, in fact quite often they stay longer”.

Averlea Domiciliary Care worked successfully with healthcare services to ensure people’s health care needs were met. The service had supported people to access services from a variety of healthcare professionals including GPs, occupational therapists, dentists and district nurses to provide additional support when required. Care records demonstrated staff shared information effectively with professionals and involved them appropriately.

Staff told us they asked people for their consent before delivering care or treatment and they respected people’s choice to refuse treatment. People we spoke with confirmed staff asked for their agreement before they provided any care or support and respected their wishes to sometimes decline certain care. Care records showed that people signed to give their consent to the care and support provided.

The management had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lacked mental capacity to make particular decisions for themselves. Care records showed the service recorded whether people had the capacity to make decisions about their care. For example care records described how people might have capacity to make some daily decisions like choosing their clothes or what they wanted to eat or drink. However, more significant decisions about their care would need to be made on their behalf in conjunction with their family and other healthcare professionals. For example any decisions about hospital treatment or substantial changes to their care package.

Good

Is the service caring?

Our findings

People received care, as much as possible, from the same care worker or team of care workers. People and their relatives told us they were very happy with all of the staff and got on well with them. People told us, “The continuity of staff is good”, “They [staff] are a good set of girls” and “We are happy with the care”. Relatives said, “They [staff] get on well with my husband” and “Staff have a good understanding of mum’s needs”.

One person told us they had a small group of regular staff who visited them and had requested that any new staff were introduced to them before they were booked for visits. They told us new staff were always introduced and worked alongside existing staff to learn and understand their needs and daily routines before working on tier own.

Staff had a good knowledge and understanding of people. There was a stable staff team with several staff having worked for the service for many years. Staff were motivated and clearly passionate about making a difference to people’s lives. Staff told us, “It’s brilliant”, “I enjoy the work” and “People are well looked after”.

Staff respected people’s wishes and provided care and support in line with those wishes. People told us staff always checked if they needed any other help before they left. One person told us, “Staff do extra jobs for me in the garden such as opening the sheets around my tomatoes”.

For people who had limited ability to mobilise around their home staff ensured they had everything they needed within reach before they left. For example, drinks and snacks, telephones and alarms to call for assistance in an emergency.

People told us staff always treated them respectfully and asked them how they wanted their care and support to be provided. People told us staff were kind and caring towards them. Comments about how staff treat people included, “They [staff] don’t rush you”, “I am happy with the way staff treat me” and “They [staff] are always cheerful”.

Staff were aware of issues of confidentiality when visiting people. Staff told us they did not talk about other people when they carried out their work. One person told us, “Staff don’t talk about other people when they are with me, which assures me that they don’t talk about my affairs to other people”.

People told us they knew about their care plans and the registered manager and supervisor regularly asked them about their care and support needs so their care plan could be updated as needs changed. Care plans detailed how people wished to be addressed and people told us staff spoke to them by their preferred name. For example some people were happy for staff to call them by their first name and other people preferred to be addressed by their title and surname. People told us staff always called them by the name of their choice.

Good

Is the service responsive?

Our findings

Before, or as soon as possible after, people started using the service the registered manager visited them to assess their needs and discuss how the service could meet their wishes and expectations. From these assessments care plans were developed, with the person, to agree how they would like their care and support to be provided.

Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. Care plans gave staff clear guidance and direction about how to provide care and support that met people's needs and wishes. Details of people's daily routines were recorded in relation to each individual visit they received or for a specific activity. This meant staff could read the section of people's care plan that related to the visit or activity they were completing. For example one person's care plan had a section specifically detailing how the person liked to be supported to have a bath. The section recorded step-by-step instructions for staff to follow to ensure the person received their care exactly how they had requested. Details included specific instructions about how to support the person to wash their hair because they did not like water on their face.

Care plans were reviewed monthly and updated as people's needs changed. A complete re-assessment of the persons' needs and wishes was carried out annually with people and their families. People told us the registered manager or supervisor visited them regularly to discuss and review their care plan. Staff told us care plans were kept up to date and contained all the information they needed to provide the right care and support for people. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

The service was flexible and responded to people's needs. People told us about how well the service responded if they needed additional help. For example providing extra visits if people were unwell and needed more support, or responding in an emergency situation. People told us, "They [the service] have changed the times of visits to fit around us" and "The service changes times of my visits to fit in with when I need to go out".

People said they would not hesitate in speaking with staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. People told us they were able to tell the service if they did not want a particular care worker. The registered manager and supervisor respected these requests and arranged permanent replacements without the person feeling uncomfortable about asking for the change.

Good

Is the service well-led?

Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. A registered manager was in post who had overall responsibility for the service. They were supported by the owner and a supervisor who was office and field based.

People and relatives all described the management of the service as open and approachable. People told us, "They [the service] are a good company" and "I would recommend them [the service]". The registered manager was clearly committed to providing the best possible care and support for people. Staff were enthusiastic about working for the service. Staff said, "Best company I have worked for", "Good support" and "If I had any problems I would go to the manager or supervisor and I know they would listen".

Staff were encouraged to challenge and question practice and were supported to make improvements to the service. Staff used feedback forms, which they took into the office weekly, to advise the service of any changes to people's needs. If the changes were urgent these were communicated by telephone. The supervisor advised us that this information was used to update care plans. Staff confirmed that when they had informed the office of changes to people's needs these were updated in their care plans in a timely manner. There were regular staff meeting where staff also had the opportunity to share their views and be advised of updates to the running of the service.

The registered manager and supervisor monitored the quality of the service provided by regularly speaking with people to ensure they were happy with the service they received. People and their families told us someone from the office rang and visited them regularly to ask about their views of the service and review the care and support provided. The service also gave people and their families questionnaires to complete on an annual basis and we were advised that the next surveys were due to be sent out in September 2015. The supervisor worked alongside staff to monitor their practice as well as undertaking unannounced spot checks of staff working to review the quality of the service provided. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed.

The service had effective systems to manage staff rosters, match staff skills with people's needs and identify what capacity they had to take on new care packages. This meant that the service only took on new work if they knew there were the right staff available to meet people's needs. There were electronic systems that recorded when care plan reviews, staff supervision, appraisals, spot checks and staff training was due. This reminded management when these checks were due to help ensure that the quality monitoring systems were effective and kept up to date.