Avon Home Carers Limited

Avon Home Carers

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Avon Home Carers is a domiciliary care service providing personal care and support to people in their own homes. At the time of our inspection 75 people were receiving personal care.

This inspection was announced. The provider was given 48 hours' notice because we wanted to make sure staff would be available to speak with us. The inspection was carried out by one adult social care inspector.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. 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. The registered manager was also the provider and owner of the agency.

We last inspected the service in May 2016. At that time we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Health and Social Care Act 2008 (Registration) Regulations 2009. Following our inspection we told the provider to send us an action plan detailing how they would rectify these breaches of regulations. We received the action plan as requested. At this inspection we saw the provider had taken the action they had planned.

At the last inspection the service was rated Requires Improvement.

At this inspection we found the service remains Requires Improvement.

It was clear to us the provider/registered manager and staff had worked hard to significantly improve the quality and safety of the service provided to people.

We identified areas of the service that require improvement to ensure people receive a service that is consistently safe. The provider/registered manager must continue to monitor and take action to ensure care calls are not missed. The provider/registered manager must take action to ensure medical advice is sought and documented when errors occur in the administration of medicines.

Other aspects of the service were safe. The provider/registered manager and senior staff understood their role and responsibilities to keep people safe from harm. Risks were assessed and plans put in place to keep people safe. Checks were carried out on staff before they started work to assess their suitability to care for vulnerable people.

The service was effective in meeting people's needs. Staff received regular supervision and the training needed to meet people's needs. The provider/registered manager and staff understood the principles of the Mental Capacity Act (MCA) 2005 and, worked to ensure people's rights were respected.

People received a service that was caring. They were cared for and supported by staff who knew them well. Staff treated people with dignity and respect. People's views were actively sought and they were involved in making decisions about their care and support.

The service was responsive to people's needs. People received person centred care and support. People were encouraged to make their views known and the service responded by making changes. The provider/registered manager and senior staff welcomed comments and complaints and saw them as an opportunity to improve the care provided.

The provider/registered manager ensured effective day-to-day leadership and management of the service was in place. A quality assurance system was in place. However, this system had not resulted in corrective action being taken to ensure medical advice was sought when errors in the administration of medicines occurred.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider's quality systems had not been operated effectively.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service remains Requires Improvement.

This is because there are some improvements required to ensure the service is consistently safe.

The provider/registered manager must take action to ensure people are not at risk as a result of a carer not arriving.

The provider/registered manager must to ensure people are kept safe from the risks involved in the administration of medicines.

Significant progress had been made to improve the management of risks to people. People were now kept safe because, risks were assessed and plans put in place to keep people safe.

The provider/registered manager and staff kept people safe from the risk of abuse and appropriately notified the correct authorities if concerns when identified.

Is the service effective?

Good

The service has improved to Good.

People's rights were respected because the provider/registered manager ensured care was always provided with the consent of the relevant person.

Staff received regular supervision and the training needed to meet people's needs.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Requires Improvement

The service remains Requires Improvement.

The provider/registered manager ensured effective day-to-day leadership and management of the service was in place.

The provider/registered manager ensured notifications were submitted to the Commission as required by law.

The quality assurance system had not resulted in corrective action being taken to ensure medical advice was sought when errors in the administration of medicines occurred.

Avon Home Carers

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 inspection took place on 5 July 2017. The inspection was carried out by one adult social care inspector and was announced.

Prior to this inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR) before the inspection. The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

Before the inspection we sent questionnaires to people using the service, relatives and friends of people, staff and health and social care professionals. The responses received were collated and used to aid the planning of this inspection. Where appropriate we have referred to these in our report.

We also directly contacted a range of health and social care professionals involved with the service and asked them for some feedback. Their comments have been incorporated into this report.

The provider/registered manager was not available when we carried out our inspection due to a longstanding commitment. The assistant manager was responsible for the service during this time.

We spent time at the provider's offices on 5 July 2017 and contacted people and families by telephone on 6 July 2017. We spoke with a six people and relatives of three other people.

We spoke with a total of eight staff, including the assistant manager, two supervisors, one senior care worker and four care workers. Supervisors were office based and allocated calls ensuring people received care as

planned, they were managed by the assistant manager. Senior care workers provided care and support and carried out spot checks on care staff as allocated by the assistant manager. The assistant manager was managed by the provider/registered manager.

We looked at the care records of eight people using the service, three staff personnel files, training records for all staff, staff duty rotas and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistle-blowing, complaints, mental capacity and deprivation of liberty, recruitment, accidents and incidents and equality and diversity.

Requires Improvement

Is the service safe?

Our findings

People said they felt safe. Comments included; "Yes, I feel safe with all the staff" and, "I have regular staff, they know me well and yes, I feel safe with them". Relatives said they felt people were safe. Health and social care professionals also told us they felt people were kept safe.

At our last inspection we found the provider had not always taken action to reduce the risks to people's health and safety.

During this inspection we saw the provider had taken the action they informed us of in their action plan. As a result people were kept safe through plans being put in place and implemented to minimise risks to people.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. These covered areas of daily living and activities the person took part in, encouraging them to be as independent as possible. For example, risk assessments were in place for assistance with the moving and handling of people.

Staff told us they had access to risk assessments in people's care records and ensured they used them. Talking with staff it was clear they had a good knowledge and understanding of people's risk assessments and the measures required to keep them safe. Risk assessments and management plans were regularly reviewed by senior staff, with the involvement of other professionals where required. Some people had equipment in place to assist with care tasks, for example equipment to assist with moving and handling them. Where equipment was in place care was taken to ensure it had been regularly serviced and was safe.

Staff knew about the different types of abuse and what action to take when abuse was suspected. Staff described the action they would take if they thought people were at risk of abuse, or being abused. They were also able to give us examples of the sort of things that may give rise to concerns of abuse. There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team. The provider had appropriately raised safeguarding alerts in the 12 months before our inspection. On each of these occasions the provider had taken the appropriate action. This included sharing information with the local authority and the Care Quality Commission (CQC). The service also had a whistle blowing policy and procedure. This policy protected employees against detrimental treatment as a result of reporting bad practice.

People were supported by sufficient numbers of staff who had the appropriate skills, experience and knowledge to meet their needs. Care records detailed when people needed care and support. This had been agreed with people, their families and other health and social care professionals. Senior office based staff continually monitored staff's attendance at care calls. This was achieved through a live system that alerted senior staff when staff had not logged in at the person's home at the expected time. This meant immediate action could be taken to contact the staff member to find out if they were on route, following which the person was contacted to inform them of the reason for the delay.

Despite this system we saw some calls had been missed. The number was very small and people we spoke with who had experienced a missed call assured us they had not been at risk. They also said they were satisfied there had been a good reason for this. The assistant manager explained how they had reduced the number of calls missed. We saw there had been a reduction and the provider was taking action to reduce this risk. However, this requires improvement to ensure people are not at risk as a result of a carer not arriving.

People were protected from the recruitment of unsuitable staff. Recruitment records contained the relevant checks. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers.

We also saw the provider had used their disciplinary procedures appropriately within the last year to protect people from the possibility of harm. They had identified areas of poor performance and misconduct and, taken action when required.

Some people required assistance in order to take prescribed medicines. Where this was the case guidance for staff on what to do to keep people safe was in place and easy to use. Medication administration records were maintained to record that people received their medicines as prescribed. Staff administering medicines had been trained to do so. The provider had a system in place to respond to any errors with the administration of medicines. We saw there had been occasions where an error had been made and medical advice had either not been sought, or had not been documented on the person's records. On these occasions we saw no harm had come to the person. However, this requires improvement to ensure people are kept safe from the risks involved in the administration of medicines.

The provider investigated accidents and incidents. This included looking at why the incident had occurred and identifying any action that could be taken to keep people safe. We saw investigations had been completed thoroughly and where required changes made and people's care plans reviewed.

The provider had an infection prevention and control policy in place. Staff told us they had access to the equipment they needed to prevent and control infection. They said this included protective gloves and aprons. Staff had received training in infection control. Stocks of personal protective equipment were kept at the provider's offices. During our inspection we saw care staff coming to the office to obtain supplies of gloves and aprons.

Good

Is the service effective?

Our findings

People received an effective service that met their individual needs.

At our last inspection we found the provider/registered manager had not always ensured care was provided with the consent of the relevant person.

At this inspection we saw the provider/registered manager had taken the action they had detailed in their action plan to us. As a result the required improvements had been made.

We checked to identify if the provider was complying with the requirements of the Mental Capacity Act (MCA) 2005. We saw people now received care and support consistent with the MCA with consent being established and clearly documented before care was given.

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.

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA). The assistant manager had a good understanding of the MCA. Staff had received training on the MCA. They understood their responsibilities with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, and respected those decisions.

Some people had a DNACPR in place. This is a statement that the person is not to be given cardio pulmonary resuscitation in the event of it being required to sustain life. People's care plans clearly recorded this decision. Staff knew where this information was and told us they would ensure people's wishes were respected by other health and social care professionals.

People they received care and support from familiar, skilled, consistent staff, who usually arrived on time. Comments included; "They're lovely, very good at what they do", "Yes, they are professional with helping me with moving and handling", "They're usually on time but the office lets me now if they're going to be late" and, "I understand they may be a bit later than arranged, but it's not a problem for me". Relatives said people's needs were met. One family member said, "I'm ecstatically happy with the care they provide. It's usually regular staff and they all know what they're doing". In our questionnaires we asked if the respondent would recommend the service to others. Of the responses we received to this question; 95% of people using the service, 75% of relatives and friends and 100% of staff, said that they would. This shows a high level of confidence in the service provided.

We viewed the training records for staff which confirmed staff received training on a range of subjects. Staff received training in core areas such as keeping people safe from harm, first aid, moving and handling people, infection control and equality and diversity. Staff said they had received the training required to

carry out their roles effectively.

Staff were supported to complete health and social care diploma training. Health and social care diploma training is a work based award that is achieved through assessment and training. To achieve an award, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Newly appointed staff completed their induction training. An induction checklist monitored staff had completed the necessary training to care for people safely. The induction training programme was in line with the new Care Certificate that was introduced for all care providers on 1st April 2015.

Formal and 'on the job' supervision of staff was being used to improve performance and assist staff with their career development. Formal supervisions are one to one meetings a staff member has with their supervisor. 'On the job' supervision is when a staff member's supervisor joins them when they are providing care to assess how effective they are. Staff told us they felt they benefitted from informal role modelling and coaching and, from their formal supervision sessions.

Annual appraisals were carried out with staff. Staff said these were useful. We saw that these had been carried out thoroughly and included feedback to staff on their performance, details of any additional support the staff member required and a review of the individual's career goals and training and development needs.

People's care records documented how their needs were met. Individual plans were in place and specialist input from other professionals had been obtained when required. We saw staff worked closely with a variety of professionals to ensure people's needs were met. These had included; District Nurses, GP's, Occupational Therapists, Social Workers, Physiotherapists and Mental Health professionals. This often involved telephone contact, however where required staff also provided practical support and assistance for people to attend healthcare appointments.

One health and social care professional told us, "Of all the agencies I have had dealings with Avon Home Care has been one of the most professional agencies I've dealt with. All of the carers I've met are well trained in moving and handling and transfers. They are courteous, friendly and provide a good level of care to their service users. The carers have good knowledge and understanding of equipment I have supplied and they are happy to take advice and direction from professionals involved in their service user's care".

Good

Is the service caring?

Our findings

People received a caring service.

People told us they felt staff were caring. Comments included; "I have wonderful carers, they're all very helpful, we also have a chat and cup of tea, they're very very kind to me", "They are very kind and caring" and, "I'm very happy, they are kind and caring, lovely really". Relatives we spoke with also said the care staff were caring. In our questionnaires we asked if care workers were kind and caring. Of the responses we received to this question; 100% of people using the service and 100% of relatives and friends said that they were.

During our inspection we saw staff were kind, caring and compassionate. We heard managers and senior staff answering the telephone to people using the service, relatives, staff and other professionals. They spoke to people in a clear, respectful and caring manner and ensured people's needs came first. The morale of each staff member we spoke with was positive and they were all enthusiastic about the service they provided. When speaking with us, care staff spoke about people with kindness and compassion and clearly respected them as individuals. Care staff also demonstrated a good knowledge of people's life history and their likes and dislikes.

Care staff felt the allocation of their work by senior staff allowed them time to talk with people and not feel rushed. They said, "I have regular clients, although it does change sometimes, but I think it's great we have time to spend talking to people" and, "I have regular calls. Along with another member of staff we do most of the calls where two people are needed. Because we know people's needs we can work effectively and have time to talk to people and work at their pace".

The service provided to people was based on their individual needs. Senior staff told us they took people's wishes and needs into account and tried to be as flexible as possible in accommodating any changes to visit times. When planning the service the provider took account of the support the person required, the preferred time for calls and where possible the care staff they liked to be supported by. The views of the person receiving the service were respected and acted on. Senior staff said they matched the skills and characteristics of care staff to the person. Where appropriate family, friends or other representatives advocate on behalf of the person using the service and were involved in planning care delivery arrangements.

Staff promoted people's independence. Care plans stressed the importance of encouraging people to do as much for themselves as possible. When speaking with staff, they were aware of people's level of independence and were able to demonstrate how they supported them to maintain their independence.

People's privacy was respected and their dignity maintained. Staff explained to us how they sought consent from people before starting any care tasks and, how they ensured people's privacy was maintained at all times when supporting them with personal care. They said people were given the information and explanations they needed, at the time they needed them. Prior to commencing care with a person they and

where appropriate their families, were given information on how the service was organised and who to contact if they had any questions. People and relatives said they received the information they required.

There was an up to date policy on equality and diversity. Staff had received training on equality and diversity and understood the importance of identifying and meeting people's needs. The care planning system used included an assessment of people's needs regarding, culture, language, religion and sexual orientation. Talking with staff it was clear they understood the values of the service and, recognised the importance of ensuring equality and diversity and human rights were actively promoted.

One person using the service did not speak English. The regular care worker allocated to them spoke their first and preferred language. On rare occasions when the carer was not available staff liaised with the person's son to assist with communication. Another person who had recently died had been transgender. Staff had been supported by manager's to gain a better understanding of Lesbian Gay Bisexual and Transgender (LGBT) issues.

The service worked with some people receiving end of life care. People and relatives we spoke with confirmed staff worked cooperatively with other health and social care professionals to provide good end of life care. Staff we spoke with had a good understanding of the principals involved in providing care for people at the end of their lives.

Good

Is the service responsive?

Our findings

People received a service that was responsive to their individual needs.

The service provided was person centred and based on care plans agreed with people. People's needs were assessed and plans put in place to meet their identified needs. These initial assessments and plans were carried out by the provider/registered manager. They stated in their PIR that the initial assessment and plan was, 'Led by the service user and is completed in co-operation with family, friends and appropriate healthcare professionals. The assessment is designed to ensure a holistic package of care is delivered and is structured to facilitate service user choice'. This showed an understanding of person centred care. Agreed care plans were regularly reviewed with the involvement of people and altered when required.

Care plans were held at the agency office with a copy available in people's homes. Staff said the care plans held in people's homes contained the information needed to provide care and support. They said senior staff took care to ensure any updated information was placed in care records in people's homes and at the office.

People's care plans provided a good picture of people as individuals, identified their needs and gave clear guidance on how their needs and wishes were to be met. Other health and social care professionals had been consulted were required and their advice built into people's plans. Care plans were regularly reviewed with the involvement of the person and other relevant people.

The changing needs of people were monitored to make sure their health needs were responded to promptly. Care staff had identified when people were unwell and contacted people's GP's and other health and social care professionals when required. One care worker told us they had identified a person's moving and handling assessment was not working well. They said, "The assessment and plan wasn't working for him. So, I got the Occupational Therapist (OT) back who made the changes. (Person's name) and the OT were pleased with the result".

People said they felt able to raise any concerns they had with staff and that these were listened to. Relatives said they knew how to contact the provider if they wished to and were confident they would be listened to and changes made if required. One said, "We've never had a problem but if we did we could easily contact (Provider/Registered Manager's name) or ring the office. They're just a phone call away". Another said, "They always listen when we make suggestions or ask for something to change".

There was a clear procedure for staff to follow should a concern be raised. A record of complaints was kept at the agency office. Six complaints had been received in the 12 months leading up to our inspection. We looked at the records of these and saw each had been appropriately investigated, with the outcome recorded and feedback provided to the complainant. However, we found it difficult to identify this. The complaints file was not well organised or easy to navigate. We spoke with the assistant manager about this. They said they understood that organising this information better would make any analysis of themes and trends easier. They said they would ensure the administration of the management of complaints improved.

The assistant manager told us they valued complaints and saw them as a way to improve the service provided to people. Care staff told us they were able to raise concerns with managers. Comments included; "We can tell (Assistant Manager's name) or (Provider/Registered Manager's name) anything and they will look into any problems we bring up" and, "We're encouraged to bring up anything we're not happy with". Care staff were confident any concerns they expressed would be dealt with appropriately by the provider/registered manager and senior staff.

A compliments file was kept and we were encouraged by the assistant manager to view this. The file consisted of files, notes, letters and printed emails. These identified aspects of the service the author had been particularly pleased with. Some spoke of Avon Home Carers as a whole, others identified individual staff members. Staff told us compliments were feedback to them when appropriate. They said they welcomed this and that it made them feel 'valued'.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we found the provider had not notified the commission of a number of safeguarding referrals affecting people using the service.

During this inspection and as part of our ongoing monitoring of the service, we saw the provider had taken the action they informed us of in their action plan. As a result they had ensured the commission received notifications as required by law.

Quality assurance systems were in place to monitor the safety and quality of the service being delivered. These included satisfaction surveys for people using the service and staff. A programme of quality audits was in place. These included audits of, care plans, accidents and incidents and health and safety. These audits showed the provider/registered manager carried our regular analysis of key areas to identify themes, trends and areas for improvement. However, these systems had not resulted in corrective action being taken to ensure medical advice was sought when errors in the administration of medicines occurred.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance.

People told us they were cared for in a person centred manner. People received good care and support when they wanted it and were encouraged to be as independent as possible. This showed the vision and values of the service was being put into practice. People using the service, relatives and staff understood the aims of the service provided.

The management structure was clear and effective. Staff we spoke with understood their roles and responsibilities. Staff spoke very positively about the leadership and management of the service. They said the provider/registered manager and senior staff were approachable and could be contacted for advice at any time. They also recognised the role of managers in improvements made in the previous 12 months. Comments included; "(Assistant Manager's name) brought in changes after the last CQC inspection. Things are much better now. Now we work as a team", "(Provider/Registered manager's name) leads by example. He does a lot of the training and meets service users regularly" and, "Avon Home Carers is now well managed". Other professionals also commented positively on the professionalism of the senior staff.

Staff said they were able to contact a manager when needed. The assistant manager told us the service operated a 24 hour on call service, for staff to contact a senior person for advice, guidance or support.

The assistant manager told us about the staff incentive scheme that had been introduced. They explained that based upon performance measures including feedback from service users and low sickness absence, staff were given rewards. These included; a carer of the month award, a ten pence increase on the hourly rate for a month, flowers, chocolates and cinema vouchers. Staff we spoke with were aware of this scheme and spoke positively about it.

Accidents, incidents, and safeguarding alerts were appropriately reported by the service. The manager investigated accidents, incidents and complaints. This meant the service was able to learn from such events.

Health and safety management was seen as a priority by the provider/registered manager. Action had been taken to minimise identified health and safety risks for people using the service, staff and others. For example, environmental risk assessments had been completed for each person and a lone working risk assessment had been completed to cover staff working alone in people's homes.

The policies and procedures we looked at were comprehensive and referenced regulatory requirements. These had all been reviewed and updated in June 2017. Staff we spoke to knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.

Copies of the most recent report from CQC was on display at provider's office and accessible through the provider's website. This meant any current, or prospective users of the service, their family members, other professionals and the public could easily assess the most current assessments of the provider's performance.

At the end of our inspection feedback was given to the assistant manager. They listened to our feedback and were clearly pleased with the progress they had made. This showed a commitment to providing a high quality service valued by people and families.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's quality assurance systems had not resulted in corrective action being taken to ensure medical advice was sought when errors in the administration of medicines occurred. 17 (2) (b).