Avocet Healthcare Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 20 September 2017. Avocet Health Care provides support to people who require support with daily tasks and personal care in their own homes. The service was supporting five people when the inspection took place.

There was a registered manager in place. A registered manager is a person who has registered with the CQC 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.

When we contacted the service to announce our visit we were informed that the service was being provided from a different location to that registered with CQC. The manager who was also the Nominated Individual had not informed us of this change. This meant that the provider was in breach of the conditions of their registration. We asked the manager to rectify this and shortly after this inspection CQC received an application from the provider to request changes to correct their registration.

We found t two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

People did not consistently have robust risk assessments, which identified and explored all the risks which people faced. Staff recruitment checks were not fully completed to ensure staff were suitable to work in the care sector.

People were protected from experiencing harm and abuse by staff who were knowledgeable about how to do this. Staff were aware of the potential signs of abuse. The service had systems in place for staff to respond to concerns.

Staff and the manager responded to accidents and incidents involving people who used the service. However, there was a lack of recording systems in place to evidence the action taken.

Staff received regular training and an induction to their roles when they started working at Avocet Health Care. However, the ways the manager checked staff's competency were not robust. Also, the manager did not always have an effective system to check staff had understood the training provided.

People were supported to make choices with their daily care needs. People were supported to have enough to eat and drink. Staff raised health concerns with people and passed any concerns onto the director who made contact with people's relatives.

We had mixed views about whether new staff were consistently caring towards people, but on the whole, the people and their relatives we asked were positive about the staff.

People's care assessments and reviews were not always centred on them as individuals. These records did not demonstrate people had been fully involved and asked about their views of their care in a meaningful way. However, people's care plans were detailed records guiding staff about people's daily care needs.

The manager was not completing audits to assess the quality of the care provided, and putting plans in place to make timely improvements. We found issues with elements of the governance of the service which the manager was not aware of until we inspected Avocet Health care.

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 was not always safe.

People's risk assessments did not explore all the risks people faced, with a plan of action for staff to follow.

Staff recruitment checks were not fully completed.

People received their medicines safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff knowledge and skills were not routinely being robustly monitored. With evidence to show this had taken place.

People were supported with their eating and drinking needs.

Staff ensured people had choice and were consenting to their care.

Is the service caring?

Good

The service was caring.

Although some people found it challenging to form positive relationships with new staff, most people found staff kind and caring.

People's confidential information was protected.

People's independence was supported by staff.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People did not always have person centred care assessments.

People had not had meaningful reviews.

The provider had a system to manage people's complaints and concerns.	
Is the service well-led? The service was not always well led. There were issues with how the service was registered with the CQC. There was limited quality monitoring of the service. Staff found the manager approachable.	**Requires Improvement**

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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 took place on the 20 September 2017 and was announced. The provider was given 48 hours' notice because the location provides a homecare service. Notice was given to make sure we could access the office. The inspection was carried out by one inspector.

Before the inspection we viewed the information we had about the service. We also contacted the local authority contracts team, safeguarding team, and 'Healthwatch', for their views on the service.

The manager had completed a 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 improvements they plan to make.

During the inspection we visited the service's office, spoke with three people who used the service. We also spoke with four people's relatives, the manager, director, and four members of the care staff.

We looked at the care records of three people who used the service. We also viewed records relating to the management of the service. These included risk assessments, two staff recruitment files, and training records.

Requires Improvement

Is the service safe?

Our findings

When we inspected Avocet Health Care we found elements of the service which was delivered in a safe way. However, we found some issues with the recruitment of staff which required improvements to be made.

We looked at a sample of two staff personnel records and found these did not have a full employment history. They only showed their most recent employment. The application forms did not ask staff to complete a full employment history. These two members of staff also did not have any references. We spoke with the manager about this who said they had obtained telephone references for these members of staff, but these conversations were not recorded. The director was visiting people in their own homes and the manager had no references or full employment history for the director. These are all important checks to ensure people are safe in the company of staff, when receiving care in their own homes.

The above concerns constituted a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Alternatively we found that all staff personnel records we looked at had a completed Disclosure and Barring Service (DBS) check. This is one check to see if new staff were suitable to work in a care service. The manager had also checked and kept a record of staff identities.

The manager showed us people's risk assessments. In two people's care records out of the three we looked at, not all of the risks which they faced, had been explored. One person was living with a long term condition, this had been identified, but this condition had not been explored to see what impact this had on this person's needs day to day and the potential associated risks. This person also had a wound which could become infected. This risk was not identified and there was no plan in place to support staff about what to do or spot the signs if there was an infection. Allegations had been made regarding another person's behaviour. The manager had not reassessed this situation and put a plan in place to support staff, if this person presented in this way to staff.

Alternatively we found that some risks were explored in detail with clear plans for staff to follow in order to minimise these risks. For example for one person living with diabetes, there was a clear plan showing staff how to manage this risk and how to respond to changes in order to ensure this person was safe. Another person was at risk of falling. Again there was a detailed plan in place to try and prevent this from happening, when staff supported this person.

We concluded that although there were positive elements to people's risk assessments, improvements were required to ensure people's risks were fully managed

People were protected against the potential risk of being abused and harmed. We spoke with four members of staff who all had a clear understanding of what would constitute harm and how they must inform the manager. These members of staff were also aware they could report their concerns to the local authority

safeguarding team. We asked staff if they had this team's contact telephone number. None of them did, but they were aware it was recorded in people's 'introduction document' to Avocet Health Care. The manager later showed us this document and the safeguarding team's telephone number was recorded in this document.

When we looked at people's care records we found that people had environmental risk assessments in place. Where people's utility supplies were located in their homes was identified. If people had working smoke alarms and when these were last tested was also documented. Staff safety was also considered.

The manager had a system to responding to accidents and incidents. Staff were to inform the manager or director, who we were told would take action. We were shown an e-mail which the director had sent to a person's relative about an incident and we were told what action was taken. However, the manager did not have a system to routinely record and evidence the issues and action taken. We spoke with a person's relative who confirmed that the service took swift action to respond to any incidents involving their relative.

There was enough staff to meet people's needs. People told us that they saw regular staff at agreed times and they did not experience any missed care visits. The relatives we spoke with also confirmed this. Staff told us that the manager had ensured there was enough time to travel from one visit to another. Staff told us that they were under no pressure to leave a person who needed additional unplanned support. However, one person did say that on one occasion they felt the member of staff was rushing them.

The service supported two people with their medicines. These people told us that staff ensured they took their medicines. One person said, "They [staff] never forget, ever." The staff we spoke with also told us the processes they went through to ensure they supported people to have their medicines as the prescriber had intended. We were shown these two people's Medicine Administration Records (MARs). We saw that these documents were completed correctly and were being checked by the manager on a regular basis.

Requires Improvement

Is the service effective?

Our findings

When we spoke with people about how effective the care was that they received, we had a mixed response. We also found some issues with how the service was ensuring staff were competent in their work. Therefore we found that improvements were required in this area.

We asked people about how effective staff were in meeting their care needs. People were positive about the experienced staff, but less so of new members of staff. One person said, "Some are absolutely top rate. New ones are often not in the swing of things." Another person said, "Most are fine, but new ones, I don't feel they are trained." We asked these people how this made them feel. One person said, "I don't mind." Another person said, "It isn't good enough." The relatives we spoke with who had observed staff practice spoke positively about the knowledge and skills of the staff that supported their relatives. One relative said, "They [staff] are excellent."

All the staff we spoke with spoke positively about their induction. Staff spent a day learning about key subjects delivered in a class room setting. This training covered subjects such as fire safety, first aid, safeguarding, moving and handling, food hygiene, and medication administration. Some of this training involved practical training. This course was retaken each year. We saw records confirming this. Staff then spent a time shadowing experienced staff. One member of staff told us that they had worked in the care sector for many years, but still needed to go through this process before they started working independently. They felt this was positive. All the staff we spoke with felt their induction had prepared them for their new job.

However, we were shown a document completed by a senior member of staff after new staff had completed their induction. This was to check if new staff were competent in their work. These records did not fully evidence staff competency had been robustly checked. Staff told us that they did not have 'spot checks' soon after completing their induction.

The manager provided additional training throughout the year in additional subjects relevant to the people the service was supporting. For example, one person was living with a long term condition; staff received training in this area. This training was delivered in the form of a newsletter put together by the manager. There would be questions for staff to answer to show the manager that the newsletters had been read and staff had understood the training. However, the manager said staff did not always complete this training. A system had not been devised to ensure this type of training was effective.

We were told by the director and the manager that staff competency was checked on a regular basis. The director would visit people to observe staff practice. One member of staff said, "You never know [the director] is coming, [director] makes you jump, you are like, oh you are here." People we spoke with also confirmed these spot checks happened and they were asked about their views of staff practice. One person said, "I often see [director], he is nice." A relative told us that, "[Director] pops in from time to time, looks at paper work and asks my [relative] about the care."

However, these observations were not recorded. There was no system used to check and evidence what competencies were being observed. Staff said they did not receive individual feedback about these 'spot checks', but there was a global e-mail sent to staff if issues were identified.

When we looked at staff files we could see records confirming staff supervisions took place on a regular basis. The manager told us that on each supervision staff would be asked about their understanding regarding safeguarding and the safe administration of medicines. However, this was not always evidenced on these supervision records.

During our inspections we spoke with four members of staff who were able to give us an understanding of what people's care needs were. Staff were supporting one person who had a particular health need. All the staff we spoke with told us what they did to effectively meet this need. Staff were also able to tell us the potential issues associated with this person's need. How they monitored this need and what action they would take if this health issue deteriorated. Staff also told us how they supported one person to move from one position to another. We spoke with this person who said staff did this without causing any discomfort. A relative also confirmed staff supported their relative to move using specialist equipment effectively.

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.

The staff we spoke with all had a good understanding about the need to obtain consent from people when they supported them with personal care tasks. We could see that people had signed an agreement to receive care and also for the manager to contact their relative or health professional if there was a need to. However, they had not signed to agree for the manager to contact a social care professional.

People who were supported with food and drinks told us that staff asked them what they wanted and they were satisfied with what staff had made them. We looked at people's daily notes. These included what staff had prepared people to eat and drink. Staff regularly commented that they had asked people what they wanted. On some occasions on one person's daily notes they had recorded that the person they were supporting was not hungry and requested a small snack. Staff had recorded they had also made something more substantial and put it in the fridge for later. The director told us about one person whose voluntary support network to assist with food and drinks had come to an end. Staff were now providing this support because they realised this person was not eating enough to maintain a healthy weight. The director and this person's relative told us that at present, this part of the service was not being funded by anyone.

Two people's relatives told us that the director had contacted them when they had concerns about their relative's health. One person's relative told us that this intervention was always appropriate, timely, and with their relatives consent. One person told us about a time when a member of staff had called the paramedics because they were concerned about their health. This person said, "I went in for three days, but stayed three weeks."

Good

Is the service caring?

Our findings

People gave us examples when staff were kind and thoughtful and mentioned individual members of staff who they had formed a good relationship with. We had some mixed views when we asked people whether staff were caring and kind towards them. Most people said staff were kind and polite although some people found it difficult to form positive relationships with new members of staff. We advised the manager about this who said they would address the issue with new staff.

People's relatives told us that they had seen staff being kind and thoughtful towards their relatives. One relative said, "If you came to our house and saw the carers, you would see they are part of the family." Another relative said, "They [staff and director and manager] are lovely. These guys give peace of mind."

Some of the staff we spoke with knew the people they were supporting. They were able to tell us about what people liked in terms of their preferences with their day to day care needs, and some information about their backgrounds and past experiences.

A person had told us how staff encouraged and assisted them to wear something different if they had a food stain on an item of clothing. This person also told us, "They also say if something (clothing) doesn't match." The staff we spoke with also explained to us how they encouraged people to make choices about their daily lives. Staff told us that they asked people what they wanted to wear when they supported people with their personal care needs. Also what they wanted to eat and drink when staff supported people with their meals.

People's relatives told us that staff took practical action to address an issue with the support people received. When we looked at people's daily notes we could see that staff had recorded if a person had been distressed or disorientated. Staff had recorded what action they had taken to support these people in these situations. We saw recorded that individuals had been "Comforted," when they were distressed. Relatives told us that the manager or director telephoned them if staff had raised concerns about people being unwell. This was in order for their relative to make contact with their GP.

The manager had recently temporarily moved the management of the service to a different office. When we visited we could see that people's information was kept securely. Staff spoke about the importance of keeping people's information private. The director told us that people's records in their own home are kept somewhere discreet.

We asked the people we spoke with if they were treated with dignity and respect, when care staff supported them. One person said, "Very good, respectful." A person's relative said, "They [staff] are polite."

The staff we spoke with gave us examples of how they promoted people's privacy and dignity. Staff told us that they ensured doors and curtains were closed when supporting a person with their personal care needs. Staff also said that they also asked people what type of support they wanted and explained what they were doing for the person as they supported them.

We looked at the daily records for three people which staff completed about people's daily needs. We also looked at these people's assessments. These were consistently written in a respectful and polite way.

People told us that staff supported them to maintain their independence. When we spoke with people who used the service they told us that they completed elements of their personal care themselves. These people were very clear that they directed staff about what they wanted staff to do. A relative told us how the director had spoken with social services and arranged for staff to support a person to safely access their community when they wanted to. One person told us, "They [staff] don't boss me about."

Requires Improvement

Is the service responsive?

Our findings

When we reviewed a sample of three people's records we found that people's care assessments and care plans were individual to each person. Staff had an initial step by step guide to assist people for each care visit they made. These guides directed staff to respond to people's individual care needs. People's care plans were also personal to each person we looked at. Giving detailed information for staff to follow with explanations.

During our inspection we also looked at three people's care assessments. These records did contain personal information important to each individual. They commented on people's wishes to remain as independent as possible, giving guidance for staff to promote this. In one person's record it discussed the goals the person had made regarding their future and the role care staff would play in supporting this person to achieve these goals. This person also had certain spiritual needs and attended a religious meeting on a weekly basis. This person's care visit was re-arranged on this day to support them to attend this meeting.

However, we found that this level of person centred planning was not consistently applied to each person's care assessment and reviews. The other two people's care assessments did not show that they had been asked about their goals and how staff could support them to achieve these. People's care assessments did not contain information about people's backgrounds, their past achievements and experiences, and the people who were important to them. When people had reviews of their care, these documents showed that the director visited them and asked their views of the care they received. They did not show that people had been asked key questions about the care and support they had received. Sometimes these conversations were conducted with a member of staff present. People's care plans were not reviewed during these conversations. We asked two people about their care plans, and they did not know what these were.

We concluded that although there was person centred planning taking place, people's assessments and reviews were not always person centred. Some people had raised issues about elements of their care, which had not been identified and recorded in their reviews showing what action was taken to address these issues.

When we spoke with people and people's relatives who were present when care staff visited. We asked them if staff spent time chatting or having a conversation with them. We had a mixed response. Two people told us it was dependent on the individual care staff. One person said, "No time to chat, they haven't got time dear." Another person said, "Some [staff] do and some don't (have a chat)." This person also said, "One carer told me, having a little chat is all part of it."

Staff told us that they tried to have chats with people when they assisted them with their personal care needs. Staff also said that if they finished early they would sit and have a conversation with the person they were supporting. Two members of staff told us that the manager and director had been very clear with staff to utilise this time and not to leave early.

People and their relatives told us, apart from one person, that they had care visits at their agreed times. The one person who made reference to staff sometimes being late, and this making them feel cross, said this did not happen every morning. We looked at this person's daily records and saw staff had regularly visited this person at the time they wanted. The director said they were aware of this issue. People and their relatives said they generally saw regular staff during the week but different staff at the weekends. Most people said they understood the reasons why. However, most said they were not happy about this.

The manager showed us the complaints policy which was given to each person receiving support from the service. It gave clear guidance about what they or their relatives needed to do to raise a complaint. The manager told us that they had not received any complaints.

Requires Improvement

Is the service well-led?

Our findings

When we visited Avocet Health Care we found some positive examples of the service being well led. However, we also found that this was not consistently the case, and improvements were required.

The provider was in breach of the conditions of their registration. The location from which the service was registered to operate at was some miles away from where the regulated activity, personal care, was being managed from. When the service moved from this office the manager did not inform us of this. We asked the manager to rectify this and an application to make changes to the Avocet Health Care registration was received by CQC, shortly after we had raised this issue.

The manager was not completing audits to check and test the quality of all aspects of care being given. People's care assessments and reviews were not being checked to ensure these were accurate and meaningful documents. We found people's reviews were not thorough, had they been, the issues which people raised, about the social engagement from staff, and feeling comfortable with all staff, could have been addressed by the manager and director. The manager was not checking the culture of the service.

We found shortfalls in how staff competency was being checked. There was no detailed record of staff competency being tested. We understood this was happening, but we could not see how robust these checks were because they were not recorded. The director could not show us if they referred to any guidance about how to complete a full competency check on a member of staff. When new members of staff were being assessed to see if they were ready to work independently, this assessment was not fully evidenced. The manager had not considered new ways to ensure staff completed the training provided and had understood this training.

However, the manager was completing audits of people's daily notes. We looked at a sample of these audits. We found no issues with these records. When we checked the audits of people's MAR charts we could see the audit had confirmed these were completed accurately. We had found some anomalies and inconsistences. We spoke with the manager about these. They were able to explain them and told us what checks they had completed to ensure staff had given people their medicines as prescribed. However, the audit record did not reflect the issues initially identified and what action the manager had taken to resolve these issues.

We also found that staff were not being asked or had given a full employment history with any gaps in work explained. There was no record of the director's employment history and staff (including the director) did not have two references. The manager had not identified these shortfalls in staff safety checks.

The above concerns constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we spoke with people and their relatives most did not know who the manager was, most thought it

was the director who made regular contact with them.

The staff we spoke with spoke positively about the manager and the director. They confirmed that they received regular e-mails and contact from the manager, which was useful in their work. Staff said they had confidence in the manager and felt they could approach them to raise any concerns. Staff also told us that they were able to access support and advice from either the manager or the director during the day, at night and weekends. One member of staff said, "It [telephone] only rings twice and they answer it."

The manager had good knowledge of the other information they must share with us by law. The manager showed us and talked to us about some of the regulations which we use to govern the services' practice.

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 Regulation 17 HSCA 2008 (RA) Regulations 2014: Good Governance The management of the service had failed to have effective systems and processes in place to monitor and improve the safety of the service provided. Regulation 17 (1) and (2) (a) (b) and (c).

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Regulation 19 HSCA 2008 (RA) Regulations 2014: Fit and proper persons employed. The management of the service had failed to ensure those employed to carry out the regulated activity were suitable to do so. Regulation 19 (1) (a) (2) (a).