Care Quality Commission

Care Avenues Limited

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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?	Good
Is the service well-led?	Requires improvement

Overall summary

The inspection took place on 10 December 2015 and was announced. At our last inspection in September 2014 the service was complaint with all the regulations we looked at.

The service provided domiciliary care to 112 people in their own homes. There was a registered manager at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us that they felt the service kept them safe. Staff were aware of how to protect people from the risk of harm and how to raise these concerns when necessary. The provider managed risks to people in order to protect them from harm. However we noted that records did not always contain enough information to identify if people had been supported to take their medications safely.

Summary of findings

There were enough staff to keep people safe and to meet their needs. People confirmed that they were always supported by the number of staff identified as necessary in their care plans. Staff told us that they had undergone robust checks to ensure they could support people safely. However not all documentation and risk assessments had been completed to demonstrate action that the provider had taken when they had identified risks with relevant or prospective staff.

Staff had the skills and knowledge they needed to meet people's care needs. Staff received observations of their practice and told us they had regular contact with senior staff and the managers to support people in line with their care plans and best practice. However this was not always documented by the manager.

The provider conducted reviews to ask how people wanted to be supported however some people said they were not as frequent as they would like. People had been supported by relatives when necessary to help express their views. We saw that the provider had ensured people were supported in line with these wishes.

People told us that staff supported them to eat and drink enough to stay well. Staff knew what people liked to eat. People had access to other health care professionals when necessary to maintain their health.

All the people we spoke with said that staff were caring and happy to be supported by the service. People had developed positive relationships with the staff who supported them and spoke about them with affection. Staff and records generally refered to people in a dignified manner however we found this was not always the case.

People told us the service had responded appropriately when their needs and views changed. We saw that records were updated to reflect people's current care needs. Records contained details of people's life histories and who they wanted to maintain relationships with so that staff could provide the support people wished.

The provider had systems in place to support people to express their views about the service and people were aware of the provider's complaints process. When people had raised concerns about the service these were dealt with effectively and promptly.

People we spoke with said they were pleased with how the service was managed and felt involved in directing how their care was developed.

A new manager had recently joined the service and was currently in the process of registering with the Commission. They had clear views of the actions they wanted to take to improve the service and staff we spoke with were confident in their abilities to lead the service. The provider did not always notify the Commission of events they are required to by law.

The provider had processes for monitoring and improving the quality of the care people received which included observational audits of how staff provided care to people in their own homes. When necessary they had taken action in order to improve the quality of the care provided by specific members of staff. However systems in place to assess the quality of the service did not always ensure that audits and reviews were done regularly.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. The provider did not always assess how people were to be kept safe from the risks associated with their conditions.

The provider had not always recorded the action they had taken to ensure people were supported by staff who were suitable to do so.

People told us that staff supported them to take their medication safely. However medication records did not contain information to identify if people had taken their medications safely.

Requires improvement

Is the service effective?

The service was not always effective. The provider had not always conducted assessments when people were thought to lack mental capacity.

Staff did not always have the skills and knowledge needed to meet people's specific care needs.

People were supported to eat and drink enough to maintain their well-being.

Requires improvement

Is the service caring?

The service was caring. Staff spoke affectionately about the people they supported.

Staff could explain how they supported people in line with their known preferences and beliefs.

Good

Is the service responsive?

The service was responsive. People were supported by staff in line with their preferences.

The provider responded promptly to people's requests to change how their care was provided.

People were supported to express any concerns and when necessary, the provider took appropriate action.

Good

Is the service well-led?

The service was not always well led. The provider did not always notify the Commission of events they are required to by law.

Systems to identify trends and learn from incidences were not robust.

There was a new manager in place who had a clear understanding of how they wanted to develop the service. Understood their responsibilities.

Requires improvement

Care Avenues Limited

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 10 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure the provider had care records available for review had we required them. The inspection team consisted of two 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 service.

As part of planning the inspection we looked at information of concern we had received. We reviewed this information and any other information we held about the service. We also checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection.

During our inspection we spoke to the registered manager, another manager, a team leader, three office staff, human resources assistant and eight care staff. We looked at records including 14 people's care plans, five staff files and staff training records to identify if staff had the necessary skills and knowledge to meet people's care needs. We looked at the provider's records for monitoring the quality of the service to see how they responded to issues raised.

After our visit we spoke with four people and the relatives of six other people. We also spoke to one care staff who had recently finished working for the service.

Requires improvement

Is the service safe?

Our findings

People who used the service told us they felt safe with the members of staff who supported them. Relatives also shared this view. Staff we spoke with were knowledgeable about how to identify if a person was at risk of abuse and could explain the provider's policy for keeping people safe from the risk of harm.

The provider had assessed people's needs when they joined the service and produced risk assessments about how they needed to be supported to be kept safe. Although some of the assessments we looked at had not been reviewed, staff we spoke with were knowledgeable about the current risks associated with people's specific conditions and could describe the actions they would take to protect people from harm. A sample of records which had recently been reviewed showed that people's risk assessments had been updated with the latest information about how staff were to keep people safe. A member of staff explained how they would support a person with delivery of personal care to reduce the risks of them falling. There were staff meetings and supervisions for staff and we also observed a handover between the manager and senior member of staff. This gave staff the opportunity to share management information about any risks to people's care.

The provider had processes in place to notify the appropriate authorities when they felt people were at risk of harm although these were not always followed. For example, on one occasion the manager had notified the police and local authority of an incidence which put a person at risk of financial harm. We noted however they had not informed the commission in line with their legal duty.

There were enough staff to keep people safe and meet their needs. People confirmed that they were always supported by the number of staff identified as necessary in their care plans. However prior to our inspection we received information that some people who used the service experienced missed calls and a person who used the service told us, "I have regular workers in the morning and they are on time, but they sometimes miss the night call." After our visit we received further information that some people had experienced missed calls. We had subsequent contact with the manager who told us of the actions they had taken to reduce the risk of this happening again.

People told us that they were generally supported by the same staff who would stay their allotted time but this was not always consistent. Some people told us that staff would leave early when necessary to attend other calls. One person told us, "They usually stay, but may go early if they are busy." People told us however that staff would usually complete their tasks and support them in line with their care plans before departing. Staff we spoke with told us they were not under pressure from the provider to hurry their calls. During our visit the manager told us the service had recently been awarded a contract to provide care to a further ten people to use the service and we saw that additional staff were being recruited to support these people.

We observed a senior member of staff explain to the manager the action they had taken when a member of staff had informed them they were unable to attend a scheduled call. They had ensured that another member of staff had attended instead. The provider had established a resource of bank staff who they could call upon to support people at short notice when necessary to ensure people continued to be supported by the require number of staff to keep them safe.

Two members of staff who had recently joined the service told us they had undergone a thorough recruitment process and felt supported in their new role. We looked at the records of five members of staff who had recently joined the service. These confirmed that the provider had conducted checks, such as identifying if applicants had criminal records, in order to ensure staff were suitable to support the people who used the service. The manager told us they had discussed any identified risks with relevant staff or prospective staff however the discussions and any subsequent agreements had not been recorded.

Although most people who used the service did not require assistance from the service to take their medication, those who did so said they were happy with how they were supported. Staff we spoke with were able to explain how they supported people to take their medication in line with their care plans. One member of staff told us how they would recognise if a person had taken their medication inappropriately and how they would keep the person safe.

Requires improvement

Is the service safe?

Staff recorded when they helped administer people's medicines and these were regularly checked by the manager. We noted however that staff had not always kept up to date or accurate records of as required medications they had administered and this had not been identified in the routine checking by senior staff. This meant that there was a risk that people would be administered more medication by staff than it was safe to take. After our inspection the registered manager sent us further information of how they monitored and supported people to take these medications safely.

Requires improvement

Is the service effective?

Our findings

Prior to our inspection we received information that several members of care staff had not received the appropriate training they needed to meet people's needs. Several people we spoke with raised concerns about the skills and knowledge of the care staff who supported them. One person told us, "Staff were not taking care when dressing mum, they were tearing her clothes." Another relative said, "Once they sent me staff who did not know what they were doing." However they added this was quickly remedied.

Several people said the lack of staff knowledge was because people were not always supported by consistent staff, and they often had to tell new care staff about the support they needed. The relative of one person told us, "Some are trained, some are not. Many times the new carer comes and shadows a more experienced carer but when they come back on their own they still don't know what they are doing." Two people said that religious beliefs of some staff who supported them had meant that they had not always received the care they required. Examples included staff refusing to provide personal care to someone of the opposite gender and a person's relative told us that because of attendance elsewhere by staff, "[Person's name] did not get their lunch until quite late."

The manager had reviewed staff training records and explained the actions taken when they had identify gaps in people's skills and knowledge. The manager had experience of providing training in the care industry and showed us a new training programme they were developing for all staff. This corresponded to current good practice promoted by The Care Standards Agency and included detailed information for staff about the specific conditions of people who used the service.

We spoke to two members of staff who had recently started working for the service. They told us they had attended several training sessions and showed us they had completed written competency assessments to test their knowledge. They told us they would not be able to support people who use the service until they had completed this training and been observed practicing when shadowing senior members of care staff. We noted the provider had a well- equipped training room at their offices which enabled care staff to conduct practical training sessions with equipment such as resuscitation and lifting and hoisting people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

All the people we spoke with said that staff would seek their consent to provide before providing personal care. In the case of four people who had been identified by the service as lacking mental capacity to make decisions about the care they received, staff told us that when necessary they had involve people's relatives and other health care professionals in helping them to make decisions. Although records showed that staff had sought people's views about how they wanted to be supported the manager told us that formal mental capacity assessments had not been conducted. This meant that people were at risk of not receiving the appropriate support they needed to make decisions.

Some people we spoke with required assistance by staff to eat and drink enough to keep them well. People told us that staff provided this support and one person told us, "The care staff know what I like to eat and drink." A relative said, "The staff are very good at encouraging [Person's name] to eat and drink." Staff we spoke with demonstrated knowledge of how to support people to eat meals which were in line with their cultural heritage and religious beliefs.

Staff we spoke with explained how they supported people to access other health care professionals when necessary to maintain their health. A member of staff we spoke to explained the actions they had recently taken to contact a person's GP when they became unwell. People's care records contained evidence of regular support and visits from other health care professionals.

Good

Is the service caring?

Our findings

People who used the service told us they had developed positive relationships with the staff who supported them. People told us that staff were approachable and took an interest in their general wellbeing and happiness. Some people told us that it had taken some time to develop close relationship because they had not always been supported by consistent staff, however people told us this was improving.

We spoke to nine members of staff who provided personal care and they all spoke affectionately about the people they supported. A member of staff said they had developed caring relationships with all the people they supported and hoped that they would let them know if they ever wanted additional support. They told us "The people I look after can call me anytime, they know that."

People told us they could express their views to the staff who supported them. Care plans which had been updated contained information about people's life histories and how they wanted to be supported. Staff we spoke with could demonstrate they knew the preferences and wishes of the people they supported. They told us about people's favourite meals and how they liked to spend their time. This included supporting people to follow their cultural traditions and engage in their religious beliefs.

People told us that they were involved in planning and making decisions about their care through meetings with senior staff and being involved in reviewing their care plans. People said the provider had listened when they raised concerns which made them feel valued. When necessary the provider had taken additional action to help people express their views, such as involving family members and other health care professionals to speak up on people's behalf. People told us that care staff would seek their opinions before providing care and respected their wishes. Although there were no plan in place to ensure people's care plans were regularly reviewed we saw that the manager was taking action to ensure regular reviews would occur.

People told us how care staff supported them to maintain their privacy when providing personal care. One person told us, "When they look after my personal care it is private and they speak and make jokes [to put me at ease]." The relative of two people who used the service said, "When the staff administer personal care, it is always done respectfully and dignity is maintained." The majority of staff we spoke with and care records showed that people were referred to in an appropriate and dignified manner. However on two occasions we found examples of staff using inappropriate language such as referring to a person as, "Having the mind of a child," and referring to a person's personal care as, "Nappy care."

Good

Is the service responsive?

Our findings

People we spoke with were generally pleased with the support they received from the service and staff we spoke with knew people's personal preferences and how they liked to be supported. The relative of one person who used the service said, "The staff who we have now are very good with them." Two care assistants told us about one person's specific interests and we noted that both members of staff knew how the person liked to be supported. Records contained information for staff about people's preferences and how they wished their care to be provided.

The care records for one person showed that care staff had worked with other agencies to have the person's bed moved downstairs so they could continue to support a person when their health deteriorated. People told us that staff generally attended their calls on time to ensure people received the care identified as necessary in their care plans to stay well. One person told, us, "I have regular staff in the morning and they are on time." However one person told us they did not always receive their calls when expected. They said, "When the carer comes on time I am happy, but when they are late it makes me stressed." The manager told us and we saw that they monitored call times and had taken action such as rearranging staff rotas in order to reduce the number of late calls.

People told us that staff would ask their opinions of the service and most people said they had been approached by senior staff for their views. People told us that when necessary the service responded appropriately to their views. This included taking action to ensure people were supported by staff they said they liked and ensuring staff were equipped with the skills and knowledge to meet people's changing care needs.

People told us and records confirmed that they were involved in reviewing their care plans Although one person told us it had been over a year since they had discussed their plans with senior staff, we saw that the manager was currently undertaking a programme to review all care plans. We noted records which had been reviewed contained clear and up to date information for staff about people's preferences and how they wanted to be supported.

People we spoke with were aware of the provider's complaints process and felt concerns were sorted out quickly without the need to resort to the formal process. People told us that when they had raised a concern about the service they had been resolved promptly and had felt listened to. We saw that there were clear processes in place to manage complaints effectively and the manager was aware of their duty of candour to provide complainants with open and honest responses. The manager kept detailed notes of each complaint but they did not always contain a summary of the action taken to resolve the concerns. This could result in similar incidences occurring again

Requires improvement

Is the service well-led?

Our findings

All the people we spoke with were happy to be supported by the service and pleased with how it was managed. People told us that when they had raised concerns about the quality of the care they received, the service had responded effectively to their concerns and was improving.

Staff we spoke with said they had supervisions and staff meetings with senior staff in order to review the quality of the care people received. All the staff we spoke to said they were confident to raise any issues of concern with the management team and one member of staff told us about the positive response and apology they received from the registered manager when they had raised a concern. The manager told us that they liked to operate an open door policy and would encourage staff to raise concerns and express their vision for the service.

There was a new manager at the service who was currently applying to become the registered manager. They had clear views of the actions they wanted to take to improve the service and showed us that they had already taken action to improve the service's staff training programme. We saw that they were aware of their responsibilities to notify the local safeguarding authority of concerns about people's safety. However they or the current registered manager had not always notified the Commission of specific incidences as they are required to do by law. People we spoke with told us that the quality of the service had improved since the new manager had started and felt confident in their ability to manage the service. One person who uses the service said, "He keeps his word when you talk to him about the service."

The provider had processes in place for monitoring and improving the quality of the care people received. People told us they were happy to express their views about the service to the staff who supported them. People who used the service and staff told us that care records were reviewed although there was no process in place to ensure this was done frequently. Some had not been reviewed for over twelve months although people we spoke to generally stated reviews had been positive and when necessary their care plans had been updated to reflect their views about how they wanted to be supported. People told us that staff generally followed these plans.

A care co-ordinator told us that it was standard practice to visit people in their homes to seek their views of the service and conduct observational audits of how staff provided care. However there was no evidence of a formal system in place to check that these were occurring regularly. In two of three records sampled the manager was sure visits had taken place but was unable to provide any recorded evidence. Staff we spoke with however confirmed they had been observed by senior staff when providing care and had received guidance when appropriate. The manager said they wanted to develop the system for recording and quality of reviews.

Systems were in place to identify and respond to incidences of concern although these were not always reviewed for trends. Processes for monitoring staff training and performance were in place and up to date. This had enabled the registered manager to take action when necessary to improve the quality of the service.

There were systems in place to monitor that people were getting their calls in line with their care plans. The manager monitored these and was able to demonstrate that missed or late calls would be quickly identified by the system. The manager did not regularly analyse this information to identify if the number of late or missed calls was decreasing however people we spoke with told us they were.