Avocet Healthcare Ltd

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Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 05, 20 and 21 September 2018 and was announced. At our previous inspection on 20 September 2017 we found the service required improvement. This was because risks were not always assessed and known by staff, incidents were not always documented and reviewed and staff had not been recruited following a robust recruitment procedure. Staff were not supported to develop in their role, and people did not all feel care was provided in a manner that suited them. The service was incorrectly registered at a different address. At this inspection we found the provider had made improvements, however, they were still developing their governance and management systems.

The service is a domiciliary care agency. Avocet Health Care provides support to people who require support with daily tasks and personal care in their own homes. Not everyone using the service receives the regulated activity of personal care. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

At the time of our inspection, there were five people receiving personal care from the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered care homes, 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.

People and relatives told us they felt safe when receiving care and support from the service. Staff were knowledgeable about the risks to people's health and welfare and clearly described how they minimised the likelihood of occurrence. However, care records required further development to document robustly the actions required.
Staff had completed training in safeguarding of adults and were aware of their responsibilities for keeping people safe, and reporting incidents of abuse. Incidents and accidents were recorded, reviewed and lessons learnt to improve the service.

People were supported by sufficient numbers of staff who were appropriately checked to ensure they were suitable to work at the service. People's medicines were administered as the prescriber intended, however staff were not clear on when they were required to administer these. People were protected from the risk of infection when care was provided as staff followed clear guidance.

Care plans were based on the assessed needs of people, which meant that people received personalised care and support. People felt staff were sufficiently trained to support them effectively and staff felt supported by the registered manager. Staff were provided with regular supervision sessions, however, they had not been able to further develop their skills or knowledge.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and people's capacity to make decisions was assessed when required. They encouraged and promoted people's rights to make their own decisions about their care.

Staff supported people with nutrition and hydration, when needed.

Staff were kind, caring and passionate about their roles. Staff maintained people's privacy and treated them with respect and dignity. People told us they had good support, from staff who provided them with care that met their needs and preferences. People told us the care they received responded to their needs and felt valued by the staff who cared for them. People told us that staff supported them to maintain links in their community, show and interest in them and encourage them to participate in activities.

There was a clear complaints procedure in place. People knew how to make a complaint if they had concerns.

People and staff felt the service was well led. The views of people were sought about the quality of care provided, however, the registered manager did not formally seek the views of their staff or relatives. Since the previous inspection, improvements had been made in some areas, however, we found progress in achieving these required actions was not within a reasonable time frame and required further improvement. We found that although the registered manager had carried out their own review of the quality of care within the service, this did not address some of the areas we identified and brought to their attention.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe with the care provided to them. Staff were aware of how to keep people safe from harm and report their concerns.

People were supported by sufficient numbers of staff who were employed following a robust recruitment process.

Risks to people safety and welfare were well known and managed by staff, however records required further detail about the particular risk.

People received their medicine as prescribed.

People were protected from the risk of infection when care was provided.

Is the service effective?

Good

The service was effective.

People told us staff were sufficiently trained to support them effectively.

Staff told us they felt supported and had received training relevant to their role.

Supervision meetings with staff did not identify areas where staff could develop further.

Staff were aware of the importance of obtaining peoples consent.

People's nutritional needs were met when this was required.

Is the service caring?

Good

The service was caring.

Staff were kind, caring and compassionate, and involved people in their care and support.

People's privacy and dignity was promoted and protected by the staff team.

People felt staff listened to them and valued their views.

People had access to their care plans and information held about them.

Is the service responsive?

Good

This service was responsive.

People received personalised care that was planned and reviewed regularly to meet peoples identified needs.

Staff supported people where they were able to engage with the wider community and activities.

People knew how to complain if they had concerns. Staff were aware of the procedures to follow to manage complaints.

Is the service well-led?

Requires Improvement

This service was not consistently well led.

People were able to give feedback and influence the quality of the service, however staff opinions were not sought.

The registered manager carried out audits of the quality of care provided, however improvements that were required had not been completed in a reasonable time frame.

There was clear management structure in place with people and staff feeling supported by the management team, however staff views about the management of the service were not sought.

The service was correctly registered with the Care Quality Commission as required and the registered manager was aware of their obligation to inform CQC of significant events.

Avocet Healthcare Ltd

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 checked 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 05, 20 and 21 September 2018. We gave the service 48 hours' notice of the inspection because we needed to ensure the registered manager would be available.

The inspection was undertaken by one inspector.

Prior to this inspection we reviewed information we held about the provider. We reviewed a copy of the Provider Information Return (PIR) submitted to us. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed statutory notifications sent to us by the registered provider. Statutory notifications include information about important events which the provider is required to send us. We reviewed a copy of the providers action plan, which was a document that set out how, and by when they would make the required improvements found at the last inspection.

During our inspection, we visited the office to look at records and talk with the registered manager and returned on 20 September 2018 to speak with staff. We looked at the care records for two people who used the service and records relating to the management and running of the service. These included three staff recruitment files, care plans relating to peoples care and support needs and records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe with the care provided to them. One person said, "I feel safe, I feel they have my interests at heart, there are no worries on that part."
People were protected from harm and abuse because staff knew how to report any concerns. Training records showed that staff had been provided with training to keep people safe and identify when people may be at risk of harm or abuse. One staff member said, "Safeguarding is making sure they are kept safe and protected from harm. We report our concerns, anything that is not the normal for that person. We would report the big things like a bruise, but we would also report things like a change of mood, or they just become tearful or not the person I know."

We saw recently that one person had a fall that their relative then informed the registered manager of. We saw from records and discussion with staff that the registered manager had reviewed the incident and updated the care plan to ensure they were not at risk of harm.

There were systems in place for staff to report incidents and accidents and we saw these had been recorded and reported accurately. The staff we spoke with felt that any learning that came from incidents, accidents or errors was communicated to the staff through team meetings and supervisions.

Risks to people's safety and welfare were well known by the staff who supported them. Staff carried out an assessment of the environment where people received their care to ensure it was safe to do so. For example, there was enough room to use the hoist and people's homes were free from hazards such as fire risks or trip hazards. Staff were able to confidently describe to us the actions they took to manage the risks to people. For example, one person was seen by the paramedics due to a fall. Although they did not sustain an injury, the registered manager ensured the falls assessment was reviewed, that the person had the necessary equipment in place to support their mobility, and reviewed how staff assisted them in high risk situations such as in the shower. Records demonstrated this had taken place, however, the risk assessments lacked clear instruction to staff. For example, when instructing staff how to hoist a person using a sling, the care plan did not record the type of sling, hoops setting or possible risks to the person as they were anxious. We have reported on this as an area that requires improvement in the 'Well led' domain of this report.

People told us there were sufficient numbers of staff to support them. One person said, "There are enough of them, there is the odd time they are a bit late, but the office phone ahead and let me know so I don't worry too much. Staff told us they felt there were enough of them to support people and they were given sufficient time to carry out their tasks. One staff member said, "No matter how much time has been spent we do what we need to do. If we have to be there for an hour, we could be done in half an hour, but we stay, there is no pressure to make the calls shorter. They like having a chat when we are done, so we stay and talk, we do the extra bits like if the dishes are piling up, or in the morning we will put on a wash, then put it to dry at lunch and at night put it away." A second staff member said, "We have enough time to get the care done, there are always issues that crop up and we can go over time if someone needs a bit of extra help. If this happens we call [Managers] so they can let the next client know."

There had been no missed visits prior to this inspection, and people confirmed that if a staff member was delayed, the call was covered by the registered manager or provider. This ensured people received their care when required.

All staff employed by the service underwent a robust recruitment process before they started work. Records confirmed that appropriate checks were undertaken before staff began work at the service. We saw criminal records checks had been undertaken in addition to a full employment history, written and verified references and evidence of personal identification, to show staff were suitable to work at the service.

People told us they received their medicines as the prescriber intended. We saw from Medicine Administration Records [MAR] that these were completed when staff administered peoples medicine and the registered manager audited these records regularly when they completed staff competency observations regularly. However, staff were not clear on whether people managed their own medicines or whether they required these to be administered. This led to confusion among the staff, and we found people who did require their medicine administered and to be observed when taking this may not receive their medicine as prescribed. One person told us staff left their medicine in a pot when they left their home. Staff were of the opinion they administered this persons medicines. This meant they would have been required to observe the person take the medicine in front of them, then sign the MAR to record this had been completed. We asked the registered manager to review, and when we returned on the second day of the inspection found they had taken appropriate action to ensure this person took their medicines safely.

People were protected by the prevention and control of infection. All people we spoke with told us staff wore uniforms, gloves and aprons, and were well presented. Staff received training in relation to infection control and food hygiene. There was guidance and policies that were accessible to staff about infection control.

Good

Is the service effective?

Our findings

Pre-admission assessments had been carried out to identify people's backgrounds, health conditions and support needs to determine if the service was able to support people effectively. Using this information and the person's level of dependency, care plans were developed. The service assessed people's needs and choices through regular reviews with them. Where changes had been identified, this was then reflected on the care plan. This meant that people's needs and choices were being assessed to achieve effective outcomes.

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities. One person commented, "They are all very able and I am happy with how they look after me."

Staff told us they received training in various areas relevant to their roles, such as safeguarding adults, mental capacity and medicines management. The provider told us they were continually reviewing the training provided to staff and had recently contacted a local training provider to develop this further. They told us they were organising a refresher of all training for staff, and were further looking to develop lead roles in areas such as safeguarding, moving and handling and dementia. This would enable staff to offer day to day peer support to each other based upon best practise. Staff told us they felt the training provided enabled them to carry out their role safely. One staff member commented, "Training was really good I thought, and we have been booked onto more training. They [Management] have recently updated the training to make it a lot more informative."

Staff told us they felt supported from when they first started working at the service. They told us they had completed an induction and worked alongside an experienced staff member until they were assessed as competent to work unsupervised. One staff member told us, "First day I had someone watch providing the care. We received training in general care, we learned about the individual clients and their needs. We did days shadowing, then the registered manager signed me off." Staff told us they received ongoing regular supervision, observations of the care they provided and feedback from people who used the service. This formed part of the ongoing discussions regarding supporting people effectively and their ongoing development. A member of staff commented, "Supervisions are with [Registered manager], we talk about the clients, and concerns that come up, how we are both in our work and as a person. We are looking at train the trainer courses which will be really good."

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. Staff were aware of how to support people who may not be able to make their own decisions. One staff member said, "We support them to make their own choice, we may not agree with their choice, but if it is in their best interest and benefits them then we will be in support of it."

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. One person told us, "They come in and ask me if I am ready to get up, if I am then they help me if not they ask if they can get on with something else." A second person said, "I suppose they do ask me before helping, I'd never thought about it before, but yes they do, and if I say no then it's no."

Where required, staff supported people to have sufficient food and drink. None of the people using the service required assistance with eating their meal, but did require assistance with prompting and preparation of their food. Staff told us they spoke with people and were aware of people's specific dietary needs. For example, staff told us about the management plan for one person's diabetes. They described to us the potential side effects they needed to monitor such as thirst, tiredness, or weight loss. Food prepared for this person by staff was healthy and supported healthy management of the persons condition and staff were kept informed of any changes following reviews with the persons doctor. People told us that when staff left their home, they ensured they left snacks and drinks prepared and in reach for them.

People told us that staff were quick to contact either their health professional or speak with their relative to organise this when needed. Where people saw the doctor, consultant, nurse or other community professional, the registered manager ensured they were updated and made the relevant changes to the care plan. This meant that people were able to access health professionals when needed.

Good

Is the service caring?

Our findings

People told us they had a caring relationship with staff, the registered manager and the provider. They told us they felt comfortable with the support provided and that they had developed friendships with staff. One person said, "They do work hard when they are here, but they are sensitive and caring with me. [Registered manager] has helped me on a few occasions, they are absolutely perfect, very kind to me and I feel their warmth and kindness when they are here."

Staff were kind, caring and compassionate and demonstrated to us their knowledge of people, what was important to them, their likes and dislikes, and the support they required. Staff knew how to promote people's dignity and privacy. A member of staff told us they closed curtains and blinds, and placed a towel on people's bodies when carrying out personal care to ensure people's privacy was maintained. They told us one person did not like using the hoist, therefore they had listened to their anxieties and involved the person when transferring. One staff member said, "For [Person] they don't like the hoist, they get upset, so we give [Person] control. They press the button and we tell them when they are going up, and when they get to the height that they can stop. We close the curtains, keep them covered when washing and would discreetly ask people to leave the room if we need to support the person intimately."

Where staff were aware of these specifics of ensuring people received care that was kind and promoted their dignity, and based on their views, care records reviewed did not record this level of detail. Where the service at the time was small, and staffing levels were constant, meaning staff saw the same people, the registered manager told us they would ensure personal care plans records these accurately. However, due to the staff awareness of these preferences, we found people experienced care that was personalised and promoted their dignity, but not documented.

People were involved in decision making and their preferences of how to be supported were recognised in their care plans and were respected by staff. This was confirmed by people and staff we spoke with. One staff member said, "At night [Person] likes to order their own nightwear so we get them out and they choose what they want. It's the same with the clothes as well. Its good fun and we can have a laugh as it's just like a clothes show." Care plans were signed to confirm people were involved in developing them. There were arrangements in place for people to have access to their care plans which ensured people, and where appropriate, their relatives knew what their needs were and how staff met these.

People told us that staff supported them to maintain their independence. When we spoke with people they told us staff encouraged them to carry out as much of their own personal care that they could manage. People were clear with what they were happy for staff to assist them with and what they wanted to do themselves. One person changed their own dressing regularly and told us this was one area of their care they felt uncomfortable allowing staff to assist with. They told us the staff respected their view and helped them prepare the dressings but left them alone when redressing.

Details of advocacy services were available for people. Advocacy services represent people where there is no one independent, such as a family member or friend to represent them. At the time of the inspection people

did not require an advocate.

Good

Is the service responsive?

Our findings

People received personalised care that met their needs. People told us they were involved when their care was planned and was continually reviewed with staff and the registered manager. One person said, "Staff are perfect, I like them they know just how I want things done, what's important to me and make it happen. I think things are exactly how I want them to be."

People were supported by staff who knew them well. People told us they knew all the staff that supported them and felt staff knew them well. One person said, "[Staff member] in my view was perfect, I thought of them as a friend and was very happy with how they care for me." The registered manager told us that at that time the staff team was small which they felt enabled them to have arrangements in place to make sure people had continuity of care so that the same staff visited people. This was confirmed by people.

People told us that staff focused on enabling them to remain independent and told us that staff offered people support and guidance to enable them to achieve various goals. One staff member said, "We make sure we give people their own choice about keeping independent. It's different for different people, some people have much bigger goals about how they keep doing things for themselves, for others it's about encouraging them to care for themselves in the best way they can." It was evident from speaking with people that they enjoyed conversations about their lives with staff and the relationships they had built.

Although people were happy with how staff supported them and involved them in developing and shaping their care, we found care records lacked detail. For example, for one person the care record barely mentioned their family background and history, things they enjoyed and what was important to them. However, staff were able to tell us about the persons family, the jobs they had undertaken, friends they had, favourite foods and cultural or religious needs. The registered manager told us they were reviewing the care records to capture the intimate information that staff knew about people.

Staff supported people with interests, hobbies and activities in the time they had available to them. One person said, "They share an interest in me, what I like to do. If they have time we might watch the television together, do a crossword, sometimes just chat, they do their best to keep me entertained and not lonely. I look forward to when they come, they brighten the day a little." Staff told us, "They like having a chat when we are done, so we stay and talk, show we are interested in what they are doing, maybe talk about their plans and what they are doing that week." Although staff are not responsible for the provision of activity, we were satisfied that whilst with people providing care they took the extra time to genuinely show an interest in people and encourage them to be part of their wider community.

People we spoke with knew how to make a complaint. One person told us that they knew how to complain but they did not have a reason to make a complaint. Another person said, "I know I can go to [Registered manager] or [Provider] and they will deal with it, but I don't need to." The service had a clear complaints procedure in place and this explained the role of the local authority, the Ombudsman, and the Care Quality Commission in dealing with complaints. Staff were aware of the complaints procedure and how to manage complaints. There were no complaints recorded at the time of the inspection. People told us they were able

to freely discuss any grumbles or concerns with the registered manager or provider as they saw them regularly, either when they assisted them with care, or when they were carrying out spot checks.

At the time of this inspection, the service did not routinely support people with end of life care, however as part of the registered managers ongoing improvements they were looking at developing this area of the service in the near future.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection we found the service was incorrectly registered with the Care Quality Commission. They had moved the office address and failed to inform CQC of the change as they are required to do. At this inspection they had updated the address and were now correctly registered.

At our previous inspection we found the registered manager had not evidenced where they checked staff competency, and staff had not completed required training. Staff when employed had not provided a full history of their previous employment, and reviews of care had not taken place. We found that at this inspection the registered manager had taken action to address a number of these areas, but there continued to remain areas for improvement.

There were areas throughout the inspection that we identified required further improvement that although the registered manager had taken action to improve, had not been identified and completed in a timely manner by the registered manner since the last inspection. For example, there was not a clear policy to guide staff about prompting people's medicines, or when they administered them. This led to confusion among the staff and management about when to administer medicines.
People's care records, although having been reviewed, documented their health and personal care needs did not record how to provide specific interventions to people. For example, where people lived with mental health needs, there was no information for staff about how to manage a depressive or manic episode.

Training although provided to staff in key areas, had not allowed staff to develop their skills further, and was not specific to the needs of the people they supported. For example, staff had not received training in relation to diabetes, however they were supporting a person who administered medicines to manage this condition.
The registered manager submitted to us an action plan that described how they were going to make the improvements, however we were unable to see how these improvements benefitted the care people received. This meant that although the provider had systems in place to monitor the quality of care provided, they had not effectively identified and sought to improve the quality of care people received. This is an area that requires improvement.

People were positive about the management of the service. One person told us, "This is a very good company, it's not a big company so I get to see the managers, and I think they are doing a good job." Staff told us they thought the management team were approachable, supportive and willing to share their views about the running of the service with them in an open manner. One staff member told us, "It's a great company, when we need to speak to the management they are there and hands on."

The registered manager and provider were present during the inspection. They both told us they were committed to improving the service and had developed a service improvement plan that addressed the areas we spoke with them about. For example, where we identified that people's records were not written with as much detail about the person as needed, the action plan clearly noted how this would be managed and within a reasonable time frame.

The service had a clear management structure in place. This included the provider, who also worked full-time supporting the registered manager and carrying out hands-on support covering for staff who could not attend to people. This meant people and staff had daily contact with management and therefore felt part of the wider team and well informed.

Staff were satisfied with the management of the service. They told us the provider and manager were approachable, supportive and there was a positive and open culture with the organisation. One staff member told us, "They [Registered manager and provider] are always available to us, if it was the middle of the night we could phone and they would support us." Staff told us they attended regular meetings with the registered manager and provider and felt these were useful to discuss issues relating to people and any emerging day to day issues. However, staff told us they were not kept informed of developments within the service, or asked for their views or feedback on how the service was managed. One staff member said, "Team meetings are bi monthly, they are mostly based on sharing our knowledge and concerns about the clients each carer shares their tips. We don't talk about our ideas of what we think would improve the company though." We were also unable to review minutes of team meetings that recorded the discussion, set actions arising from the meeting and subsequently reviewed them to ensure they were completed.

People's feedback was collected on an ongoing basis throughout the year. When the registered manager carried out their spot checks, they spoke with people about the quality of care they received. The feedback had been positive that they had previously collected, however they had not formally sought the views and opinions of staff. Feedback from people and relatives was collected in different ways. These included talking to people in person by telephone and through survey questionnaires.
We found where CQC or the local authority required to be notified of events or incidents the provider had systems in place to ensure this occurred without delay.

The registered manager had recently joined a local training and support organisation, and explained they were attending meetings with other managers for peer support and to further develop their own knowledge. They told us they felt this was a positive step as they would be able to share practise with other managers and work closely with other organisations, such as the training and support organisation to further develop and improve their service.