

Avid Care Limited

Avid Care Ltd

Inspection report

Centurion House
London Road
Staines-upon-thames
TW18 4AX

Date of inspection visit:
22 March 2023

Date of publication:
11 April 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Avid Care Ltd is a domiciliary care agency providing personal care. At the time of our inspection there were 3 people using the service. All people who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People told us they felt safe and had confidence that staff had the skills and knowledge to respond to concerns appropriately. Staff supported people to take positive risks and this was promoted with guidance in people's care plans. Incidents and accidents had been recorded and lessons learnt to reduce the risk of them reoccurring.

People's needs had been thoroughly assessed and detailed care plans were in place. Staff were trained to be effective and confident in their role. People were supported to live healthy lives and there were good examples of joined up care with health professionals. Staff sought consent from people at every opportunity and were equipped to respond to concerns for a person's cognition if they felt they may require an assessment of their capacity to consent.

Staff spoke of people with respect. People told us they felt very well cared for and their carers were polite. People felt they were encouraged to be as independent as possible, and they could comfortably express their views and be in control of their care.

The provider supported individual communication needs exceptionally well. Care plans had been translated, and fluent staff allocated to people whose first language was not English. Staff had access to creative tools to communicate with people who had delayed speech and processing of information. Staff supported people to enjoy activities which were meaningful to them in addition to their care plan requirements. The provider responded to complaints sensitively and thoroughly; measurably improving care for people as a result. People had an equal opportunity to receive the same quality of care.

The registered manager was spoken of very fondly by staff, people and their relatives. There was confidence in the management, and pride in contributing to the ethos of inclusivity. The registered manager had committed to extensive, thorough monitoring and open communication which had proactively reduced potential risk or quality concerns. People and relatives were engaged with the provider and had trust in their ongoing care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 16 February 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Avid Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was completed by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 March 2023 and ended on 27 March 2023. We visited the location's office/service on 22 March 2023.

What we did before the inspection

We reviewed information we held about the provider. We sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This

is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 2 relatives about their experience of the care provided. We spoke with 4 members of staff including the registered manager and care workers. We reviewed a range of records. This included 3 people's care records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe. One person told us, "I feel safe with the support I receive."
- Staff had up to date training in safeguarding and a good understanding of what safeguarding meant. One member of staff told us, "It's about making sure people are safe from abuse; physical, mental, neglect for example." Staff had information in their personal files to refresh their awareness of different types of abuse.
- The provider had not needed to report a safeguarding concern to the local authority. There was clear guidance and contact details in peoples care plans for staff to refer to and to keep people informed. This included information about the Brent safeguarding adults board and guidance on how to protect people from abuse.

Assessing risk, safety monitoring and management

- Staff maintained detailed records to monitor people's safety. One relative told us, "They write updates every day so if [person] can't remember, I can check that to see she has been ok."
- Risks were assessed to ensure people were safe. There were assessments for all identified risks including choking, cognitive impairment, and individual health conditions. Care plans included a good practice guide for positive risk taking, explaining how people can be supported to take risks which are meaningful to them.
- Staff took action to mitigate any identified risks. Where staff had noted changes in a person's condition, they monitored and recorded updates at each visit. With the persons consent, staff notified the GP and requested a medical review.

Staffing and recruitment

- Staff were reliable and arrived at the times people expected. One relative told us, "She is always on time, never missed a call."
- Care staff were safely recruited. Care staff had relevant previous experience and completed a thorough induction upon recruitment. This involved shadowing other staff, completing training, and reading policies and care plans. All care staff held a valid Disclosure and Barring Service (DBS) check. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough competent staff to safely support people. People were supported by consistent carers who knew them well. If carers expected to be absent, the colleague replacing them would shadow beforehand where possible.

Using medicines safely

- The provider did not currently support anyone with their medicines. We saw the medicine policy and recording paperwork for when this support is required. Records were kept for the application of emollient creams alongside a body chart to show the areas it was needed.
- There were risk assessments in place for people who self-administered their medicines. We saw lists of peoples self-administered medicines and their side effects in care plans. Staff had completed training in medicines and told us they felt competent in supporting people should the need arise. One member of staff told us, "We are all trained and able to help...such as what needs to be taken at what time. Checking that prescribed drugs correspond with that person."

Preventing and controlling infection

- Staff followed good infection prevention and control (IPC) practices when in people's homes and there was a policy to support them with this. One person told us, "She wears gloves and a mask when needed. Every time when she is finished, she tidies up."
- Staff had received training in IPC and the registered manager used multiple methods to share information with staff, ensuring all had sufficient supplies of personal protective equipment.

Learning lessons when things go wrong

- There were processes in place to evaluate incidents and accidents and learn lessons from them. The registered manager carried out regular audits. There were regular staff meetings with staff to share lessons learnt.
- The registered manager had identified that a person had delayed informing them of concerns they had because they had not identified it as important enough. As a result, they increased the avenues of communication with people and increased their encouragement of feedback.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People felt their assessments were thorough. One person told us, "They came spoke to me, asked me lots of questions about my conditions, medications. They looked around my house and asked me if their suggestions would help me."
- Peoples needs and choices were holistically assessed and reviewed regularly in line with best practice guidance and the law. Assessments included religious beliefs and cultural preferences, including whether people needed assistance to practice their religion in line with The Equality Act 2010. Assessments showed what was important to people as well as the family and community networks they belonged to.
- Care plans included guidance from Public Health England to support staff and informal carers to deliver care effectively.

Staff support: induction, training, skills and experience

- When asked if they felt staff were adequately trained to care effectively, one relative told us, "From what we have experienced I would say so yes." One person told us, "[Carer] seems well trained, she is professional."
- Staff were provided with an intensive induction programme where they reviewed policies, completed all mandatory training, numeracy and literacy tests, shadowed other carers and were required to pass a competency check. Staff were then introduced to the person they were to support. One staff member told us, "I was introduced to [person], I was told what to do and I have a list agreed with him in the care plan."
- The provider recruited staff who had the language skills to support people whose first language was not English and who had in depth knowledge of peoples cultural and religious context.
- On-going training was provided face-to-face by an external company and refresher courses were scheduled in good time of their due date. Training included courses relating to specific diagnoses and needs of the people being supported. Staff had regular supervision meetings to discuss performance and need for support.

Supporting people to eat and drink enough to maintain a balanced diet

- People said they were supported to eat and drink enough to maintain a balanced diet. One person told us, "[Carer] warms up the food my daughter cooks. Water and tea before she leaves, she puts close by for me." Another person told us, "[Carer] prepares a balanced breakfast for me, she makes sure she gives me water every morning and she leaves water close by before she leaves."
- People were supported by staff with eating and drinking to make sure they had access to a healthy, balanced diet and remained hydrated. Staff told us they ensured drinks were left within easy reach and daily care records reflected this.

- Staff had a good understanding of people's diets relating to diabetes and religious needs. One member of staff told us, "[People] have halal diets. We provide breakfast...we are aware of their dietary needs and no cross contamination."

Staff working with other agencies to provide consistent, effective, timely care

- The service worked in partnership with people, relatives and other agencies to support people to access the support they require. A member of staff told us, "[A relative] explained that they were unfamiliar with dementia and said can you help us understand to support her. I emailed her GP to see if a nurse could come and give information. I had found support groups in the area which they appreciated."
- Key contacts were detailed in peoples care plans. Records were kept showing communication between the service, relatives and health care professionals.

Supporting people to live healthier lives, access healthcare services and support

- People felt staff monitored their health and wellbeing. One person told us, "[Carer] asks me how I am, how I am feeling, if I am in pain. I have been generally well lately."
- People were supported by staff to access healthcare services in a timely way. There was guidance for relatives and carers to show how to respond to specific health concerns including asthma attacks and sepsis.
- Staff told us that they monitor peoples presentation and take into account other risks when responding to health needs, such as "anticipating their needs when there are heatwaves".

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People had signed a document to evidence their consent to care. Staff consistently sought consent from people whilst providing care. This was evident in daily records and feedback from people. One person told us, "Mainly when I need something, she will ask is this ok with you, can I do it?". Another person told us, "She never does anything without asking for permission from me."
- Staff followed the principles of the MCA. Staff had reviewed people's cognition and determined there was no reason to question the capacity of people currently receiving a service. There was information about the MCA in peoples care plans and staff regularly reviewed the capacity of one person with a diagnosis of Dementia to make decisions about their care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives said they felt treated well. One relative told us, "[Person] feels very at ease because they are so polite and friendly. Very professional and respectable. The manner they carry themselves in is very caring." One person told us, "They are a really good company, and they are kind. They listened to my needs and gave me a carer who met those needs." Another person told us, "She is very kind and very respectful."
- People received exceptional care from staff who actively promoted equality and diversity. People's protected characteristics were captured and definitions for terms used to describe sexual orientation and sexuality were included in care plans. Cultural needs were respected, such as a requirement to wear shoe coverings in a person's home.
- People told us their religious and cultural needs were supported by staff. One person told us that they felt their cultural and religious background was understood and they were grateful for the support to prepare for prayer and watch culturally appropriate television. Information had been circulated to staff about religious and cultural events. We saw information explaining how staff could support people who observe Ramadan.
- The provider encouraged people and their relatives to be involved in the service by informing them of good practice in relation to positive risk taking and empowering choice and control. Care plans and supporting information was written for people, their relatives and carers.

Supporting people to express their views and be involved in making decisions about their care

- Staff understood people's communication needs; they used this to support people to make choices. People had staff allocated to them who could speak fluently in their first language which was not always English. Staff understood the value of this, and one member of staff told us, "People should be on an even playing field."
- One person had delayed communication and staff were aware to allow time for a response to empower the person to make choices. We saw daily notes reflecting this approach. One relative told us, "They take their time with [person] when they ask [them] what [they] want."

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy and dignity whilst encouraging independence. One staff member told us, "I will make sure doors are closed when I am supporting with personal care and that intimate areas are covered with a towel."
- Staff spoke about people in a dignified way and focussed on people's strengths, reducing their dependency on care. One relative told us, "They put her things next to her, so she doesn't need to ask for

them." A member of staff told us, "I try to encourage [person] to allow me to set up items in the house so [they] can just put things in the microwave [themselves]."

- People were provided with a 'Service Users Guide' which clearly stated the intention to support people in maintaining independence in their own home. People were encouraged to do as much as they could for themselves. One person told us, "[Carer] helps me to get off the bed and encourages me to do things for myself." A member of staff told us, "[Carer] will encourage [person] to support her weight more and alleviate the reliance on aids."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service was especially person-centred; people were at the heart of the service and staff strived to meet their every need. We saw flexibility in support responding to the availability of a person's caring relative. The provider was proactive in thorough consultation with the person and their family. One relative told us, "I can't lift for two weeks so it means more carers and it puts my mind at ease that [they] will be coming in. We've been lucky that we have those conversations."
- Staff provided encouragement and reassurance outside of planned care visits when a person needed to decide whether to seek medical assistance. Care was adapted during the persons recovery and reflected in the care plan. One relative told us, "Naturally the course of the care changed across that time based on where [person] had pain."
- Care plans were created around the person and what support they needed from staff. Care plans included the needs of animals in the household and peoples dreams and wishes for the future. They contained information about people's needs and conditions, including those not directly supported by the provider. One person told us, "In my care folder there are documents that give detail information about all my conditions."
- Daily notes captured direct quotes from people receiving care in line with the providers guidance. Personalised records reflected the persons mood at the time of the care visit. One member of staff told us, "I speak to [person] everyday and ask what's been happening. I would ask [them] how [they're] feeling and write down what [they] said."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff were aware of the accessible information standard (AIS) and the importance of providing people with information in a format they could fully understand. The service supported people from different cultural backgrounds and provided information in a variety of languages. Care Plans were fully translated with a copy in people's homes and staff who could speak peoples first language were allocated to them. One person told us that they asked for a carer who spoke their language and they were provided with one.
- Accessible information guidance was clearly documented in peoples care plans. This included support for someone who may struggle to verbally communicate by using cue cards, pictures, gestures and computer

programmes. Care plans were enhanced with pictures to illustrate the care being provided.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people with their interests when they had the opportunity, even when this was not part of the care plan. A member of staff told us, "There is a dice game I help him play if we have spare time."
- The service enriched people's lives, as well as making a significant difference to their family members, by helping people to remain stimulated and fulfil their wishes. Staff focused on people's well-being and preferred activities. One member of staff told us "[Person] loves politics and current affairs. The carer has a similar passion and they share that common ground and they enjoy those conversations."

Improving care quality in response to complaints or concerns

- People told us they felt able to tell the provider about any concerns. One person told us, "[Registered manager] and [care coordinator] call us often and they often come for visits. They always ask questions about the care."
- Any concerns raised to the registered manager had been fully investigated, following the provider's process, and outcomes were shared with people, relatives and staff. Lessons learned from concerns had been shared with staff via meetings and learning groups. We saw robust actions plans and monitoring of ongoing impact.
- There were several methods and opportunities for people and their relatives to raise a concern or make a complaint. We saw blank complaints forms in care plans for people and relatives to complete, along with information about the social care ombudsman.

End of life care and support

- Peoples end of life wishes were recorded and staff had received training in delivering end of life support. At the time of the inspection no one was receiving end of life support.
- Care plans included information relating to religious and spiritual beliefs, where the person would prefer to receive care, how they would like things done and practical concerns such as pets. One member of staff told us, "People need to feel loved and comfortable and know someone is there for them. Certain medication might be needed. Certain preferred physical positions."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People's needs were central to the support staff provided, this empowered staff to always go above and beyond to support people. As a result, personalised care was delivered to everyone which achieved excellent outcomes for people. The registered manager was passionate about delivering high quality support to people and told us, "[People] are happy with us and every time they give us a compliment or a card, we see those as big achievements. We have service users who don't speak English and having carers who speak their language and translate documents are key achievements for me personally."
- Staff had been empowered within their supervision meetings to use their initiative when exploring creative ways to respond to peoples changing needs, whilst promoting choice and control. One staff member told us, "[Registered manager] tells you what is expected, gives you the tools and does not micromanage. We work very well together. She is collaborative. She is the manager and has the experience, she asks for my feedback and my input."
- The registered manager had a strong ethos of equality and inclusivity which was consistent throughout the service. The registered manager told us, "As a mum and female, as someone of colour to be sat here managing a successful company, I am very proud." One staff member told us they were very proud to be "working in an establishment where we don't cut corners".
- Staff, people and their relatives spoke highly of the registered manager and the service. One person told us of the registered manager, "She has the feeling there, she wants to help and do things for you." One relative told us, "The carers would all be clued up because the registered manager gives me confidence. The attitude she comes in with is positive. [Person] comes first, she always asks questions, makes [Person] feel very comfortable."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour and had passed their learning to staff. Staff we spoke to told us it was important to apologise when things had gone wrong but to also use incidents to learn, reflect and improve. Staff had investigated concerns with cooperation from people and their relatives. One member of staff told us, "Compliance is so important to [registered manager], and keeping that momentum going."
- Outcomes had been shared from a complaint and plans for improvement had been agreed with people and staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager was fully aware of their legal responsibilities and had an effective quality and assurance system in place to monitor and improve the quality of care provided. They had not yet been required to notify the CQC of significant events but had a good understanding of when this would be necessary.
- Staff had a clear understanding of their roles and responsibilities. There was a comprehensive employee handbook detailing clear expectations relating to the ethos of the provider and professionalism. Staff were also challenged to quizzes to check their understanding of their role. One member of staff told us, "We are all trained and able to help. We make sure care plans are always read and followed." Staff knew how to seek support if they felt they needed to. One staff member told us, "Management are available when I message and there is a lot of information provided via training and when you contact the office for support."
- The registered manager had comprehensive systems of spot checks, competency checks, and audits to inform their oversight. One member of staff told us, "They don't say when they are coming and just see what I am doing." The registered manager had a plan to involve electronic monitoring systems. The registered manager told us, "I want to buy into electronic systems and track everything systematically. Use software with the aim to achieve even better-quality assurance, tracking, organisation in a paperless and more efficient way."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were in place to gather feedback from people, relatives, and staff. Everyone was encouraged and empowered to share their views and give feedback about the service and the care provided.
- The registered manager had taken learning from their experience as a carer and told us, "I don't want my staff to feel isolated and feel like a lone worker. I want them to feel they are part of something bigger." Staff told us they were in regular and meaningful contact with the registered manager and care coordinator. One staff member told us, "We use instant messaging, regular emails and a weekly meeting on the phone with the manager."
- Staff were supported with their own health needs. One staff member told us, "I am big on mental health. Physical health is much more widely known. I make sure comms are going out in newsletters, so staff know how to get support."
- Accessible ways were available to people to share their feedback in their own language and face to face. People and relatives were contacted each month, with alternating methods of telephone surveys a questionnaire, alongside a spot check. One person told us, "They always ask questions about the care and [carer]." One relative told us, "They phone up very often making sure we are satisfied with the carers coming out to us."

Continuous learning and improving care

- A strong emphasis was placed on continuous improvement. Reflective practice was routinely carried out by staff of all levels to consider their performance and interactions with people. Staff supervisions detailed performance discussions and aims for progression.
- Newsletters sent to staff reflected awareness days and months to prompt a broad range of learning. This included disability awareness month, dignity action, anti-slavery, Ramadan and AIDs day. We saw that these had prompted staff to discuss and revisit policies in the next staff meeting.

Working in partnership with others

- Staff worked in partnership with other healthcare professionals, the community and external partnership agencies to improve the quality of care provided. Professionals told us that staff always asked for further advice or training to improve the care they provided to people. The registered manager belonged to a

network of other care providers, sharing learning and mentorship and had commissioned a consultancy to support in quality assurance and establishing a robust and compliant service.

- The provider kept record of when people's equipment was due servicing so they could support with contacting external agencies to arrange this. When one person received a new diagnosis, staff supported the person and family to understand the diagnosis with support from health professions and support groups.