

WilsonParker Limited

Avail (Bury St Edmunds)

Inspection report

85A Guildhall Street
Bury St. Edmunds
IP33 1PR

Tel: 01284630575
Website: www.avail.co.uk

Date of inspection visit:
28 October 2021
01 November 2021
02 November 2021

Date of publication:
06 December 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Avall [Bury St Edmunds] is a domiciliary care service providing personal care to people in their own homes. Not everyone 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. At the time of this inspection there were 27 people using the service, 10 of these people were receiving support with personal care.

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

Risk management plans required more information to ensure care staff were provided with the guidance they needed as to how risks to people's health, welfare and safety were to be monitored and reduced. Medicines were not always managed in a safe way.

Care plans were brief and required more detail. We have recommended that communication plans are developed to support people to express their views.

We recommended the provider seeks advice from a reputable source, to ensure that end of life planning is considered in line with best practice.

Systems in place to ensure staff received appropriate induction, support and training that is necessary for their role needed improvement. It was not always evident staff had received induction support and training relevant to the role they performed.

The provider's oversight and quality monitoring systems needed improvement. The provider showed us how they planned to implement a new auditing system to enable more effective monitoring of quality and safety. However, these systems and processes were not yet in operation and needed time to embed to be fully effective.

People told us staff were kind, caring and treated them with dignity. They told us they had not experienced any missed calls and if staff were running late the office kept them informed.

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. However, staff were not provided with training in equality and diversity. We recommended the provider access this training to ensure staff awareness of equality, diversity and human rights, recognising this as a vital part of preparing staff for their roles.

People knew how to contact the office and raise any concerns if needed. Complaints were investigated and responded to appropriately.

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

Rating at last inspection and update

This is the first comprehensive, rated inspection since the service was registered with us on 25/04/2019.

Why we inspected

The inspection was prompted in part due to the service not having been rated since registration and to follow up on shortfalls we identified in relation to the management of people's medicines and the provider's response to safeguarding concerns identified at a targeted inspection in November 2020.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified breaches in relation to safe care and treatment, good governance and staffing at this inspection.

Please see the action we have told the provider to take at the end of this full report.

Follow up

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this full report.

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Avail (Bury St Edmunds)

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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one Inspector.

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

The service did not have a manager registered with the Care Quality Commission. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The nominated individual is referred to throughout the inspection report as the provider.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

What we did before inspection

We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

During our on-site visit we reviewed a range of records. This included four people's care records including medication records. We looked at four 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. We spoke with the provider, deputy manager, and care coordinator.

During our off-site inspection we spoke with four people who used the service and two relatives about their experience of the care provided. We also spoke with four members of care staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies and quality assurance records.

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 for this newly registered service. This key question has been rated requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong Where people had a diagnosis of epilepsy there was no risk management plan which would provide staff with the information needed to identify the specific triggers and signs for monitoring seizures. This meant care staff were not provided with adequate information to enable them to identify and reduce risks.

- Where people had been assessed as being at very high risk of developing pressure ulcers, there was not always a corresponding care plan in place outlining what the care staff needed to do to reduce risk. Therefore, we could not be fully assured that care staff had access to guidance specific to the individuals they were caring for. This put people at risk of receiving unsafe care.
- Improvements were needed in the quality of risk management plans to ensure clear guidance was provided for staff in how to reduce risks to people's safety.
- All of the care plans we reviewed contained a lack of information to guide staff in managing the risks in relation to people at risk of choking, falls, prevention and treatment of pressure ulcers, moving and handling, epilepsy, catheter care and management of medicines.
- Moving and handling care plans were not always sufficiently detailed to guide care staff in the specific support people needed with their mobility needs and keep them safe. This was especially important where people are supported by staff with complex moving and handling manoeuvres.
- Where people and their relatives told us two staff supported people to mobilise safely, this information was not always recorded in care plans. Care plans also did not provide a detailed description of the type of equipment with guidance for staff in using this safely.
- People supported by staff with eating and at risk of choking did not have risk management plans in place. This meant guidance had not been provided for care staff in how to identify and reduce risks.

● Using medicines safely

- Systems were not robust enough to demonstrate the provider had oversight of improvements needed relating to the management of people's medicines in line with the provider's medicines management policy.
- Medicine administration records (MAR), used to record how and when people should be supported with medicines including creams and lotions, did not always guide staff as to how these prescribed medicines should be administered. This meant staff did not have the guidance to know what these medicines were used for, how to apply and what part of the body to administer.
- Not everyone where staff administered creams and lotions had a MAR record in place to evidence medicines had been applied as prescribed.
- There were no medicines profiles which would describe for staff what conditions medicines had been

prescribed for, how people wished to receive their medicines and any side effects they should be aware of.

- Where people were prescribed as and when needed medicines [PRN], not everyone had a protocol in place. This meant staff did not always have guidance as to how and when these medicines should be administered to ensure people received their medicines as prescribed.
- Staff received on-line training in medicines management. However, staff competency to administer medicines safely had not always been assessed in line with the provider's medicines management policy.
- The provider's system for oversight of medicines and review of care plans did not identify the shortfalls we found at this inspection.

We found no evidence that people had been harmed however, the provider had failed to assess the risks to people's health, welfare and safety including the management of medicines. This placed people at risk of harm. This was a breach of regulation 12 [safe care and treatment]] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to protect people from the risk of abuse. A safeguarding log of incidents showed the provider responded to allegations appropriately. The provider had worked alongside the local authority to investigate and address any safeguarding issues raised about the service.
- Safeguarding training was mandatory for care staff and we saw records to show that this had been completed.
- People told us they felt safe with all the staff who supported them.

Staffing and recruitment

- There were sufficient staff to meet people's needs. The provider told us they had taken the decision to place a voluntary embargo choosing not to take on any new care packages in response to difficulties experienced nationally in recruiting staff to the social care profession. This would be in place until the situation improved.
- The management team worked to ensure people were supported by a consistent team of staff.
- There was a system in place to monitor late or missed calls.
- Required recruitment safety checks had been carried out to ensure that staff employed were suitable to carry out the work they were employed to perform.

Preventing and controlling infection

- The provider had an infection prevention and control policy in place. Additional guidance in relation to infection prevention and control during the pandemic was introduced to provide staff with current information about COVID-19.
- Care staff had received training in infection control. This helped them to follow good hygiene practices and prevent the risk of cross infection when providing people with care and support.
- People confirmed that staff always wore personal protective equipment [PPE].
- There was a system in place to ensure staff received regular COVID-19 swab testing.

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 requires improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were provided with mandatory, on-line training prior to commencing work in the community. We noted staff were not provided with training in pressure ulcer prevention. This meant staff had not been provided with the required knowledge in recognising the early signs of skin breakdown with guidance in steps they should take in referring to a clinical specialist.
- Staff told us they were provided with one opportunity to shadow a visit with more experienced staff. Staff also told us they would have benefitted from more shadowing opportunities to work with more experienced staff if this had been offered. One member of staff told us, "I have not worked in care before and I asked for more opportunities to observe other staff in using the hoist before I went out on my own. This was agreed."
- Not all newly employed staff had been provided with effective support to discuss their performance and identify any training support needs. One member of staff told us, "I have not had any supervision since I started work. As far as I know supervisions only take place if there are concerns with your work." Staff also told us they had not been provided with team meetings. One member of staff said, "I have not known any team meetings or supervision. I think supervision is once a year. I am fairly independent and will ask if I need support, but you can feel very isolated in this job."
- Other than on-line training no records had been maintained of staff inductions which would evidence shadowing opportunities and assessment of competency to work alone in the community, unsupervised. This meant people could not be assured staff had the required knowledge and skills to meet their needs and keep them safe.

We found no evidence that people had been harmed however, systems were not in place to ensure staff received appropriate support and training that is necessary for their role. This was a breach of Regulation 18(2)(a) [Staffing] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- Following our discussions with the provider, they showed us an induction check list they would use in future for newly employed staff to evidence a more robust induction.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- People's care and support needs were assessed before the care package started. The provider used information provided by the local authority in addition to information obtained from an assessment of the person and input from their relatives. Further work was needed to ensure care and risk management plans contained robust information to guide staff and keep people safe as referred to in the safe section of this

report.

- Care plans contained only brief information where staff provided support to people with food preparation and eating and drinking. For example, 'carer to prepare and serve food/drinks' but did not describe what was involved. Where people at risk of choking received support from staff with eating their meals, only brief information such as, 'cut into small amounts, soft foods to be given' with no description of the specialist food people and their relatives told us was needed.
- Staff received training in food hygiene, nutrition and hydration.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Where additional support with daily living was required, for example mobility, assistance was sought from health and social care professionals.
- Care plans identified for some people the professionals who were involved in the wider care and support of the person. These included GP, community nursing support and any other clinicians.
- Staff told us they would report any concerns in relation to the person's health to the management team and gave examples of how they had sought emergency services.

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There was evidence relevant legislation was understood by staff and was implemented appropriately.
- People, and where necessary, their families were involved in mental capacity assessments and best interests' decisions.
- People told us staff always asked for their consent before performing a task. One person said, "They [staff] always ask my permission, they don't always make assumptions about what I want done and how it should be done." Another said, "Yes, they [staff] ask for your consent about a number of matters, including asking 'is it alright to come in?' when entering my home."

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's feedback was positive about staff. They told us staff supported them with respect for disability and kindness.
- Comments included, "They are very good. Yes, always kind and respectful." And, "The overall care is good. They are all kind. They treat me with dignity when helping me with my washing and dressing me." A relative said, "They are brilliant, spot on. I have no concerns about their conduct, all very kind and helpful."
- We noted training for staff in equality and diversity awareness was not provided. This training is important to raise staff awareness of discrimination, preventing harassment, working as part of a diverse team, and providing assistance to those with complex needs.

We recommend the provider access training to ensure staff awareness of equality, diversity and human rights, recognising this as a vital part of preparing staff for their roles.

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

- People and their relatives were positive about the service. People told us "They [staff] ask me what I need and how I like things to be done. Some are better than others that asking your opinions." And, "Yes, they [staff] ask me what I want to wear and what I want to eat."
- A relative told us, "I am on it with checking who is coming and making sure my views about sending the same staff are heard. I find the office staff very helpful and listen to any concerns or requests I might have."

Respecting and promoting people's privacy, dignity and independence

- Everyone we spoke with told us they were treated with dignity and their privacy respected when accessing their homes and when staff supported them with person care.
- As referred to in the responsive section of this report further work was needed to ensure care plans describe how people's independence was promoted. For example, what level of support was needed when providing personal care and what people could do for themselves.

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 requires improvement: This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care plans were brief and required more detail, to provide personalised guidance for care staff on how to meet people's individual needs, particularly where people were living with dementia, and health conditions.
- Care plans did not always reflect how people's choice, wishes and preferences had been assessed. For example, in how they wished their care to be delivered, the level of support with personal care and how they wished to receive their medicines.
- Not all health conditions and related risks were detailed within people's care plans. These shortfalls have been referred to in more detail within the safe section of this report.
- We were not assured people had been consulted as to their wishes in relation to end of life care. It was not always clear who had been consulted about decisions related to end of life planning and there was no timescale for review of decisions made.

We recommend the provider seeks advice from a reputable source, to ensure that end of life planning and care delivery is in line with best practice.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The manager carried out an assessment of a person's communication needs. This identified if the person was living with a hearing or visual impairment and or difficulty communicating verbally.
- Further work was needed to ensure where people were living with dementia and had limited communication skills, a communication care plan was provided.

We recommend this include a description of the type of dementia and how this presented with guidance for staff in how best to support people to express their views in the most effective way.

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

- Where people required support to access the community as part of their care package this was provided.
- People told us the management team worked to ensure they were provided with consistent care staff who knew them well. One person told us, "Where possible, they [manager] know it is important to me to have carers I know, and they do try to accommodate this."

Improving care quality in response to complaints or concerns

- The provider had a system in place to receive and respond to complaints. A review of complaints showed these had been responded to and where needed the provider worked with the local authority to resolve issues.
- People and their relatives told us they knew who to contact should they have any concerns about the quality of the service received. They also told us where concerns had been raised these had been responded to in a timely manner.

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 requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Further work was needed to ensure effective systems and processes in the oversight and governance of the service. The current arrangements had not identified and addressed some of the issues we found during this inspection and our findings from the targeted inspection we carried out in November 2020.
- The provider's safety monitoring and auditing systems required improvement to ensure effective oversight of incidents and accidents with analysis of trends and action plans evidenced. The provider had not identified when risk assessments did not contain sufficient information to guide staff in reducing risks to people's safety.
- Systems and processes to ensure people's medicines were safely and effectively needed improvement.
- The provider showed us how they planned to implement a new system of quality and safety monitoring to improve oversight and governance. This new system had not been fully implemented and needed time to embed to be effective.

We found no evidence of harm. However, the provider failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. This was a breach of regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

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

- The provider did not have a manager registered with the Care Quality Commission [CQC]. The previous registered manager left in January 2021. There had been two management changes within the last 12 months.
- The provider told us the current deputy manager was in the process of applying to register as manager with the Care Quality Commission [CQC].

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Management changes in recent months had impacted on staff morale and service consistency. However, staff felt things were improving.
- The provider was working to further improve staffing levels and morale. Staff told us if the provision of

supervision and staff meetings were available this would improve opportunities for them to discuss their performance, training needs and raise any concerns or suggestions they might have. One told us, "I think they do care about us. You can always get in contact with someone in the office when you need them, but it would be nice to meet with other staff and share and learn from each other."

- The provider told us surveys to gain the views of people who used the service was carried out in March 2021. The survey results consisted of a number rating of satisfaction from 'one' to 'fantastic' but did not evidence any comments received or actions taken in response to people's views.
- The majority of people we spoke with were positive about the quality of the care they received. One person said, "I have not experienced any issues. The staff are all very good." Another said, "The staff do their best. They are professional. We are kept informed, communicated with when needed, If I have any concerns, I will speak to someone in the office."

Working in partnership with others

- Staff told us they would work in partnership with other agencies, such as health professionals and local authorities. People told us staff supported them to access health care services when needed such as their GP and community nursing staff. One person said, "If I need to see my doctor, they [staff] call for me."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>There was a failure to assess the risks to people's health, welfare and safety of people and provide the guidance needed for staff to reduce these risks. People could not be assured their medicines were managed in line with best practice guidance. We were not assured people had received their medicines as prescribed.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not robust enough to demonstrate the provider had oversight of improvements needed relating to risk management including the management of people's medicines.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Systems were not in place to ensure staff received appropriate induction, support and training that is necessary for their role.</p>