

Avondalecare (Kent) Limited

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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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Avondalecare (Kent) Limited is a care at home service providing personal care). The service provides support to people with mental health needs and or who are autistic. At the time of our inspection there were 9 people using the service. 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.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right Support: The model of care maximised people's choice, control and independence. People were supported to achieve their goals and agreed how to manage any risks with staff. People were supported by a small number of staff they knew well and trusted. Staff checked people had taken their medicines and reminded them if necessary. People were involved in recruiting staff who were of good character and had the skills to meet their needs.

Right Care: Care was person-centred and promoted people's dignity, privacy and human rights. People told us they felt safe with staff. Staff knew how to identify risks of abuse and were confident to raise any concerns. People were supported to understand infection control risks and how to manage them.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services lead confident, inclusive and empowered lives. Checks the provider completed had improved and any shortfalls were identified and addressed. Staff felt supported by managers who were approachable.

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

The last rating for this service was requires improvement (published 2 July 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 31 May 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what

they would do and by when to improve staff recruitment and checks and audits.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Avondalecare (Kent) Limited on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Avondalecare (Kent) Limited

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

This 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 houses and flats.

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 a short period notice of the inspection because 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 12 and ended on 15 June 2023. We visited the location's office on 12 June

2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 3 people who use the service about their experience of the care provided. We spoke with 5 staff including the registered manager, support staff and human resources staff. We also received information from 3 further staff about their experiences of working for the provider. We spent time observing interactions between staff and people in communal areas. We reviewed a range of records including 3 people's care records. We looked at 3 staff recruitment records and a variety of records relating to the management of the service including audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to ensure staff had the competence, skills and experience necessary perform their role. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Staff were now recruited safely. Recruitment processes had improved and checks of staffs' conduct in previous social care roles had been completed. Gaps in staffs' employment history had been identified and explored. The reasons for any gaps was now recorded. People were invited to join interview panels and ask questions about things which were important them.
- Disclosure and Barring Scheme (DBS) checks were completed before staff worked with people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The service had enough staff to enable everyone to have one-to-one support from the same staff. The local authority purchased support hours for each person to meet their needs. Some people had staff available to support them 24 hours a day, while other people had a number of hours per day or week. All staff had completed training around supporting people with a learning disability or autism.
- People arranged with their support workers when they would like their support, depending on what they wished to do. For example, one person arranged for their support worker to take them to the hairdresser regularly. Another person like to get up, washed and dressed early and staff supported this.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. This included the local authority safeguarding team, mental health team and Police.
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff were able to describe different types of abuse, including coercive control and were confident to raise any concerns with their line manager, their registered manager and provider. The registered manager had acted to protect keep and keep them safe when they were at risk of abuse or neglect.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were involved in managing risks to themselves and in taking decisions about how to keep safe.
- People had shared their goals and aspirations with staff and agreed ways to develop their skills and

independence. Any risks associated with these goals was assessed and action to mitigate them agreed. This included the safe use of sharp knives when cooking and making hot drinks.

- Staff supported people to manage the safety of their home. Together they assessed risks, including fire risks and agreed ways to minimise these. This included removing unwanted items and keeping their home clean and tidy.
- With people's agreement, staff helped keep people safe through formal and informal sharing of information about risks. For example, staff supported one person to be assessed for a bath seat so they could get in and out safely. The person was able to bath more often and this helped them keep their skin healthy.
- The registered manager had systems in place to review accidents or incidents and learn from these. No accidents or incidents had occurred since our last inspection.

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.

- We found the service was working within the principles of the MCA. People told us they had freedom to do what ever they wanted and had consented to their care and support..

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff followed clear guidance around 'when required' medicines to support people to remain calm and stay well. People were supported to have regular reviews with their GP and mental health team professionals.
- Staff reviewed the effects of each person's medication on their physical health. Staff monitored people for any side effects of medicines. If side effects were noted people were supported to have the medicine reviewed. For example, when a person showed side effects to a new medicine, staff contacted the 111 service and the medicine was stopped. The side effects did not reoccur.
- People had been assessed by a pharmacist in accordance with NICE guidance to understand any challenges they had with administering their own medicines. Where required people used pharmacy filled monitored dosage systems to help them take the right medicine at the right time. Staff reminded some people to take their medicines and checked medicines had been taken.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. Staff encourage people to keep their homes clean and reduce infection control risks.
- People were reminded about safe food hygiene practices to protect themselves from becoming ill. This included the storage of high risk foods, which needed to be kept chilled.
- Where people agreed stocks of person protective clothing (PPE) were stored in people's homes. This was to reduce the risk of staff transferring infection from one person's home to another. Staff wore PPE when supporting people with their personal care and disposed of it appropriately.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection the provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The service continually learned to improve care. Following our last inspection, the provider changed their recruitment processes to ensure the registered manager had access to all the information they needed to complete robust recruitment audits. These audits had been completed regularly and had highlighted any issues with the process. Any shortfalls had been addressed.
- Effective audits had been completed on other areas of the service including medicines and care records.
- The provider invested sufficiently in the service, embracing change and delivering improvements. This included a video door bell at the office which supported staff to assist people when the office was closed. Additional support had been offered to staff around the completion of recognised qualifications as well as quiet time to complete records and reports.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. At the time of our inspection, they were researching providers with an outstanding rating, to understand how to continue to drive the service forward for people and staff. Leaders were booked to complete training around to achieve an outstanding service.

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

- The provider and registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. This ethos underpinned the processes staff followed and the training and development they completed.
- Management were visible, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. The registered manager met people and staff regularly and understood the views. They liaised with professionals to support people to access the care and treatment they needed.
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. One staff member said told us, "Throughout the whole time I have (worked here) I felt very

supported and empowered by the management team" and "I feel the registered manager respects me as a manager and the way I work. I question everything and they will ensure my questions or concerns are answered".

- Management and staff put people's needs and wishes at the heart of everything they did. They researched local resources to support people, such as an out of hours support services for people with mental health needs, addiction support services and opportunities to join in with activities and meeting new 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

- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and an oversight of the service they managed. They completed regular checks on all areas of the service including observing staff supporting people.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service. The registered manager had completed Level 5 safeguarding training to improve their knowledge and enable them to train other staff. They told us they made the training personal to people and were able to answer staff's questions about specific situations.
- The 2022 staff survey showed all staff felt their roles and responsibilities were clear and they felt proud to be a part of the team. Most staff felt valued and supported and that they had opportunities to develop. Staff we spoke with confirmed this.
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements. The registered manager had informed us of specific events that had taken place so we could assure ourselves they had taken effective action.

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

- The provider sought feedback from people and staff and used this to develop the service. Staff told us they could make suggestions at any time and these were acted on.
- The 2022 people survey showed that most people felt staff supported them to remain safe, met their needs and involved them in planning their support. One person had stated, "Staff get me out in the community and make me feel safe. They make me smile on days I don't feel happy and make me feel loved. Staff tell me they are proud of me when I achieve something which helps me want to achieve things".
- There were informal events where people could share their views and discuss issues with staff and comments were actioned by the provider. People were invited to join events with staff such as barbeques and coronation celebrations which they enjoyed.

Working in partnership with others

- The provider engaged in local forums to work with other organisations to improve care and support for people using the service and the wider system. They were an active part of a local care organisation.
- The service worked well in partnership with other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing. For example, staff worked closely with housing providers to support people to live in good quality housing.