

Kent Domiciliary Care Limited

Avelo Care

Inspection report

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Date of inspection visit:
09 January 2023
30 January 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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Avelo Care is a domiciliary care agency providing personal care to people living in their own homes in the community. The service provides support to older and younger people with dementia and people with physical or sensory disabilities. At the time of our inspection there were 49 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. 16 people were in receipt of personal care at the time of our inspection.

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

People and relatives told us staff were extremely kind, compassionate and they were treated with respect. The provider supported people in a way which considered their wider holistic needs which had a significant impact on their mental wellbeing. Additional support was offered to people which surpassed their agreed packages of care. People were put at the centre of the service and the provider and staff demonstrated a highly empathetic approach which was sensitive and compassionate. People were supported in a way which allowed them to take as much control over their lives as possible. Their choices and views on the care they received was listened and responded to in an individual way. Promoting people's independence was a fundamental part of the service's culture and values. The provider understood the importance of supporting the wellbeing of staff which created a positive culture where staff felt well supported and listened to. A positive approach to equality and diversity was well embedded in the service.

People were protected from harm and the risks of abuse. The provider recorded accidents and incidents and analysed them to identify patterns and trends. Staff were recruited safely, and people received support from staff who understood their needs. The provider had good oversight over staff calls and the support people received. Risk assessments were implemented, and action taken to reduce the risk of harm to people and staff. Medicines were managed safely; people or their relatives managed their own medicines and other people were supported by staff. There were effective infection, prevention and control measures to keep people and staff safe.

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. People were assessed before their package of care began or when their needs changed. Staff told us they felt well supported and received training and supervisions to carry out their roles effectively. People were supported to maintain a balanced diet where this was required. The provider worked with other professionals such as the local authority and district nurses so people could receive packages of care to meet their needs.

People had care plans which provided staff with information to support people appropriately in line with

their needs and wishes. Although staff understood the needs of people well, parts of the care plans needed further development. The provider took action to update the care plans during the inspection. People's communication needs were considered and there was information on how to effectively communicate with the individual in their care plans. People and relatives knew how to complain, and the provider had a policy for responding to complaints. Staff received training in end of life care, the provider supported people and relatives to consider this sensitive subject.

People, relatives, professionals and staff were extremely positive and complimentary about the culture and leadership of the service. Staff, the registered manager and provider understood their responsibilities. The provider had good oversight of the service and regular audits were completed to review the care and support people received. People, relatives, professionals and staff were asked for their views on how the service could improve. Staff and management were focused on continuous learning so the care people received could improve.

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

Rating at last inspection

The last rating for this service was good (published 28 December 2016).

Why we inspected

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Avelo Care 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally 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.

Avelo Care

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 carried out 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, flats and specialist housing.

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 we initially planned to inspect using remote technology. When we inspect using remote technology the performance review and assessment is carried out without a visit to the location's office. We would use technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We converted from a remote inspection to an onsite inspection where we visited the registered office so we could further explore evidence the provider presented as part of the inspection.

Inspection activity started on 09 January 2023 and ended on 30 January 2023. We visited the location's office on the 30 January 2023.

What we did before the inspection

We reviewed information we received about the service since the last inspection including things the provider must notify us about, for example, accidents or safeguarding concerns. We sought feedback from the local authority and 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 6 staff which included the registered manager, nominated individual, 2 senior staff and 2 care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke to 5 people and or their relatives, we also received feedback from 5 relatives by email. We received feedback from 3 professionals who were involved in supporting people who used the service. We also received feedback from 3 staff by email. We viewed 5 peoples care plans, 3 staff recruitment files and other records relating to the management of the service.

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 Good. The rating for this key question has remained Good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risk assessments were implemented, and action taken to reduce the risk of harm to people and staff. Some further information was required in relation to some health risks for example constipation management and catheter care. However, staff understood how to support people with these health risks and the provider acted during the inspection to update information in the care plans.
- If people's needs changed, risks were re-assessed promptly. Staff were able to view important updates to risk management on the application used on their mobile phone devices which contained people's care plans.
- The provider had considered risks to staff who mostly lone worked. The online system to monitor calls provided information directly to the office to show when staff had arrived at people's homes as well as leaving which staff logged on the phone application.
- Avelo Care was proactive in ordering equipment for people to help them remain safe. One of the senior staff had been trained as a trusted assessor. They were able to assess people and order equipment such as toilet seat risers or grab rails directly rather than having to make referrals through GPs which could take time. This had a positive impact on people's safety and wellbeing. For example, a grab rail for a person's front door was ordered and installed within a few days. This meant the person could leave their home more safely. The person had a previous fall and had lost their confidence but since the grab rail had been installed their confidence had increased.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and the risk of abuse. Systems were in place to ensure any concerns around the safety of people were reported promptly. A professional said, "Responses are timely, always polite, and staff work well with the multi-disciplinary team. I have never had any cause for concern regarding any care being provided, and no safeguarding concerns."
- Staff received safeguarding training and understood their responsibility around reporting concerns and keeping people safe. Staff told us, "I would be confident to report any safeguarding concerns, I have no safeguarding concerns. Avelo offer a good reliable service," and "I am very confident that I can report safeguarding issues. I have always voiced concerns and worries as and when they arise and am confident that they are dealt with appropriately."
- The registered manager and provider maintained good oversight of any incidents. They kept robust records to ensure processes were followed correctly and action taken to protect people from harm.

Staffing and recruitment

- Staff had the right skills and knowledge to support people with their needs. The provider had made the

required checks to ensure staff were suitable. The registered manager used an online system to schedule calls. They were able to monitor calls to check if staff were running late or if there were any other issues which could impact on staff visiting people. Staff said, "Most times there is enough times between visits. However, if there is a hiccup a phone call to the office sorts this out," "(Registered manager) tries so hard to make sure you don't have big gaps. I have enough time for all my calls, no stress at all here, they are very thoughtful they even pay travel time" and, "When I do client visits, travel time is well allocated, visits aren't missed and only run late in exceptional circumstances such as clients being unwell, carers car issues etc."

- People using the service and relatives told us they had not experienced missed visits and calls were generally on time. One person said, "Don't have same staff but I always know who's coming." Relatives said, "There is a team of carers, not always the same ones but we get daily updates on the application and names are familiar. We know what's going on, when (Relative) has had her calls, and whose been.", "The carers are on time usually but I've been contacted on these occasions to inform me why they're late" and "The care we have had from this company is just amazing! Carers have always been on time give or take a couple of minutes. Which is more than acceptable."
- Staff had been recruited safely. Records were maintained to show checks had been made on employment history, references and the Disclosure and Barring Service (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely; people or their relatives managed their own medicines and other people were supported by staff. Staff completed training in administering medicines before supporting people and their competency was checked by senior staff to ensure their practice around administering medicines remained safe.
- Any changes to people's medicines were shared with the office so Medicine Administration Records (MAR) could be updated. Each month peoples MAR charts were audited so any errors were identified, and action taken to improve medicine administration.
- NICE guidance was used to support good medicine practice. NICE guidelines are evidence-based recommendations, guidelines help providers and other care professional to support people and prevent ill health.

Preventing and controlling infection

- There were effective infection, prevention and control measures to keep people and staff safe. Staff told us they always had enough personal protective equipment (PPE) to support people. A staff member said, "PPE - we pick it up from office or they may drop to us too."
- As well as keeping staff up to date with current guidelines, people and their relatives were provided with information to help them understand the importance of good infection control practice.
- Staff undertook relevant training in infection, prevention and control. Staff were spot checked to ensure the correct PPE was worn and the correct practices were followed.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to look for patterns and trends. Care plans were updated in response to findings, with any actions that had been identified as helping to reduce the chance of repeated incidents.
- The provider told us they had learnt lessons during the pandemic. They had not envisaged the impact one individual testing positive for Covid-19 could have on the continuation of their business and how this could impact other people and staff. In response, they implemented robust plans to minimise the risk of infection spreading by reviewing all schedules to minimise contact between people and staff. A senior manager

moved in to live with one person who was at high risk to reduce the risk to the person. Communication with staff increased, a weekly bulletin was introduced to keep everyone informed about any changes or important information. This meant the service people received was minimally disrupted. Relatives said, "Thank you for all the help and support this year not only to dad but us as a whole family. I do not have the words to express the relief in Avelo taking all the worry away. I was able to speak to (senior manager) when they stayed at Dads during his isolation, and then as a family were able to enjoy Christmas knowing Dad was so well looked after."

- The registered manager said they had updated risk assessments around how people travelled in vehicles to include information about motion sickness. They told us they had not considered this until a person became unwell, so this was always something they made sure they checked.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 were assessed before their package of care began. Assessments considered important aspect of the person's life such as religious beliefs, the support they required, pre-existing health conditions, medicines, risks within their home environment, information about their support network and other important information such as their mobility and if other professionals were involved in providing any support.
- When people's needs changed, for example if they had been discharged from hospital, they were re-assessed so the provider could be sure their needs could be met. A staff member said, "If someone goes to hospital things could change. (Senior staff) and (registered manager) would re-assess any changes, care plan then updated and goes straight to the application then they send an email to say things changed".
- The provider was aware of their responsibility to deliver care in line with national standards, guidance and the law. They used NICE and other best practice guidance to support the delivery of care to people. They subscribed to various professional bodies of social care to ensure the information they referred to was current and best practice.

Staff support: induction, training, skills and experience

- Staff received training and supervisions to carry out their roles effectively. Training was blended and included both face to face and online training. Staff said, "Mandatory training is online, and I feel this is one of the best quality online training I have done, I think the training is informative and allows us to look after the clients to a high standard", "The registered manager and provider are both supportive when we ask for extra training", "We have regular supervisions and are encouraged to voice our opinions and concerns" and "I am very happy with the outcome of my supervision, I enjoy every aspect of my role and the support you get from management and other colleagues are next to none."
- Staff received an induction when they joined the service. This consisted of an introduction to the company and its systems, practical training in moving and handling and first aid as well as shadowing more experience staff on care visits to people. The Care Certificate was used as part of the induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- As well as spot checks, staff had touch points with senior staff, which was an informal way of keeping in contact and checking on staff practice, which gave staff the opportunity to raise any concerns they may have. During spot checks senior staff evaluated how staff had conducted care visits and assessed if the support they provided people met their needs, was professional and caring. Competency around medicine

administration was assessed.

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

- People were supported to maintain a balanced diet where this was required. Advice from speech and language therapist (SALT) was followed for people who required meals or fluid to be prepared in a particular way.
- Staff supported some people to purchase their meals and encouraged them to make their own choices and be as independent as possible. Staff considered how they could support people to maintain a healthy diet. For example, one person could find large portions of food overwhelming. Staff understood the importance of presenting the person their meal in a way they found more manageable and were mindful of food wastage by portioning food and storing it safely. Staff understood the person liked their food from one particular shop and this preference was respected when they did their shopping.
- Staff had undertaken relevant food safety training to ensure they had the skills to prepare nutritionally balanced meals in a safe way. The registered manager used Dementia UK guidance to help support food and fluid intake. They said, "The fact sheets help you think about jelly's and fruit drops to help introduce other ways of pushing fluids when fluid intake is difficult."

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

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

- People and their relatives told us they felt supported by staff to access healthcare service. The majority of people were supported by their loved ones to access healthcare support. Some people did not have relatives or relatives who lived close by. The service offered transport and support, so people did not miss their appointments. A relative said, "I asked if they could provide a hospital appointment taxi service. This service was provided to see a consultant and according to (person), Avelo completed this in a very professional manner."
- The provider worked with other professionals such as the local authority so people could receive packages of care to meet their needs. For example, the local authority asked Avelo Care to support a person whose package of care had broken down with previous providers. Avelo Care worked with the local authority to resolve issues which had resulted in the persons break down of care package previously. Regular reviews with the local authority were arranged to ensure the package was successful. The person had built up a strong relationship with the staff team as a result.
- The provider worked with other professionals such as district nurses, occupational therapists and physios. Any concerns were raised immediately, for example if people were at risk of their skin breaking down or becoming sore. A relative said, "(Person) had a pressure sore when they came out of hospital. They will monitor and phone me and say don't like the look of this can you phone 111. They really know (person) and understand and know when things not right."
- The registered manager had supported a person who had not been given important information to look after themselves. The registered manager contacted the health professional on the persons behalf so this could be resolved, they said they often advocated for people who did not have support to do this themselves.

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.

- Most people who used the service had capacity to make decisions in relation to their day to day care. Staff understood the importance of gaining consent from people before supporting them. Staff said, "I feel the service is particularly good at working in an enabling way and ensuring clients are encouraged to actively maintain their independence." and "I talk to clients and ask them if unsure. I will ask "are you dry enough, is this enough cream?" I will talk to them throughout."
- The registered manager said, "No restrictions in place, we do have some less complex capacity decisions on file. Training is not just about people who have been diagnosed with dementia, it's about everybody i.e. how a UTI (urinary tract infection) could really impact on a person's ability to consent, we make decisions as simple as possible." A relative said, "(Person) was totally independent before, but now relies on them to wash and take them to toilet. Staff are really focused on encouraging (person) to do things for themselves. They will encourage in a really nurturing way."
- If people's ability to consent changed or they began to make unwise decisions, this was explored further so the least restrictive option could be considered. For example, one person had declined to have any personal care. The registered manager looked into this more closely and it was discovered the person was unhappy about another aspect of their life. They were supported with this and later agreed to have personal care again and said they felt much happier and better about themselves.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to Outstanding.

This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People and relatives told us staff were extremely kind, compassionate and they were treated with respect. Comments included, "All I can say is that we have been impressed with the care given to (person). I contacted (provider) to pass on our thanks on a couple of occasions regarding specific carers that we met.", "I have had different agencies before and Avelo go over and above." and "They are always there if needed. Avelo Care are like family, which is so lovely to have. If I have a problem or worried about something, I can ask them anything and their support is wonderful."
- Extra support was offered to people which surpassed their agreed packages of care. For example, a person was supported by the provider to re-connect with family members they had lost touch with. The provider initiated contact with the persons loved one and asked them for pictures of the persons other relatives they had not met, which the provider later presented to the person in an album. The provider supported the person to continue to remain in contact with their relative so a relationship could be rebuilt. The relative feedback, "(Provider) you are a star...thanks for making it happen". The person kept the photos next to their bed and went through them every night before going to sleep.
- There was a strong, visible person-centred culture. For example, one person had been a dog lover. The service arranged for dogs to visit the person in their home. This had a significant impact on the person. The registered manager said, "(Person) would never speak, when the dog visited (person) wouldn't stop talking to them and it was a real opening for (person) and something to engage with their carers as a talking point." During the pandemic some people were unable to see their family. The registered manager made people Christmas dinner to ensure they did not miss out.
- Staff and the provider demonstrated real empathy for the people they cared for and were particularly sensitive at times when people needed compassionate support. When a person went through a sudden bereavement, care calls to the person were re-arranged so they were not alone. The registered manager ensured staff were communicated with promptly about the situation so they could be mindful of how they supported the person to ensure it was sensitive.
- The provider and registered manager cared for staff and their wellbeing and ensured staff were highly motivated to provide exceptional compassionate care. Flowers were bought for staff on each anniversary of their service with the company. During the summer when there was a heat wave staff were sent additional information about taking care of themselves and reminded to keep hydrated. They were each given money to buy themselves additional drinks and ice creams.

Respecting and promoting people's privacy, dignity and independence

- A positive approach to equality and diversity was well embedded in the service. As part of people's initial assessment cultural, religious beliefs and other important aspects of a person's life were explored so staff could support them accordingly. A relative said, "A really positive experience, I don't know what I expected but they've definitely met my expectations. They are lovely".
- Promoting people's independence was a fundamental part of the service's culture and values. For example, one person's mobility had deteriorated, and they were unable to go into their garden due to the access. The provider measured up the property and ordered and installed a ramp. The person was able to safely go out into their garden where they were able to do some gardening and enjoy the sunshine. The person's goal was to grow vegetables which staff supported them to do. The person with staff support prepared their meals using the produce they had grown which they got much satisfaction from. This brought back happy memories for the person, of when they had an allotment with their loved one.
- Staff supported people to remain as independent for as much time as they could. One person was often brought home by the police and went missing. The provider sourced equipment for the person to help support their safety whilst continuing to give them the freedom they wanted, for as long as possible.
- When Avelo Care began to provide a care package to a person who did not get out of bed they re-assessed them. They assessed the person was able to get out of their bed and wanted to but had not had the right support to manage this. The service worked alongside the district nurses to make this happen safely for the person. The person was very happy, and this made a big difference to their life.

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

- Staff and the provider understood the importance of supporting people to make decisions about their care which had a significant impact on their mental wellbeing. One person was a keen gardener but struggled to maintain their garden which had become overgrown. This had an impact on their wellbeing. The provider supported the person voluntarily with their gardening maintenance each week. The person's mental health improved, they slept better and told their relative how happy they were. Each week the person sent Avelo Care flowers from their garden to put in the reception of the office. Being able to garden again gave the person a focus and something to talk about enthusiastically.
- One person wished to celebrate the jubilee celebration which was very important to them but was unable to leave their home. Staff supported the person to celebrate at their home and together arranged a party. Staff voluntarily supported some people to take trips out when they wanted to get fresh air or go out somewhere different.
- People were encouraged to express their views and make decisions around the care they received. A person's feedback in their initial review there was a personality clash with one of their assigned carers. Changes to the care team were made immediately so the person felt more comfortable. A relative said, "All the carers we have had have always met dad's needs above and beyond. (Provider) and (registered manager), I have spoken to both and they have always been kind and approachable. Also, both very supportive".

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- Care plans provided staff with information to support people appropriately in line with their needs and wishes. Although staff understood the needs of people well, parts of the care plans needed further development to ensure the level of detail was available to support people should their usual staff be unavailable.
- For example, in some people's care plans it stated they liked to chat and have 'good conversation' but there was no information regarding what to talk about. A person's care plan said 'Carers to put the television on if wanted and use any remaining time chatting' but there was no information about the persons preferred television show or topic of conversation. One person had specific requirements around how their food and meals should be managed but there was no information in their care plan about it. There was limited information about supporting people with oral care and chiropody. The provider took action to update the care plans during the inspection.
- Staff recorded notes during each visit using an electronic system. This meant the registered manager was able to monitor calls and respond quickly when issues arose. Notes included information about the required tasks completed as well as notes about how the call had gone and how the person was.
- Some people were provided support to pursue hobbies and activities of interests. One person had taken part in the Everest Challenge which was an event held in their local community to raise awareness around dementia and another person wanted to go to have an ice-cream in the winter and this was arranged.
- The provider had set up a day care centre which people could attend and join in with various activities such as arts, crafts and music. This was positive for their wellbeing and allowed them more social interaction with other peoples. It gave people's relatives some respite which also had a significant positive impact on their wellbeing. A staff member said, "Clients who were interested in day care were invited to a weekly coffee morning. This has progressed to an activity day with lunch. Clients and their families have felt the benefit of the weekly meetings, giving much deserved respite for loved ones. I have had multiple feedback saying that the service has made a huge difference to both the carer and loved one's lives."

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.

- People had their communication needs met. Peoples communication needs, and preferences were recorded in their care plans and there was information on how to effectively communicate with the individual.
- One relative told us their loved one could become anxious and distressed at times. Staff understood how to communicate with the person in a way that helped reduce their anxieties to help them feel calmer and more at ease. The relative said "(Person) is familiar with them. They are very professional and kind, it depends on (persons) state of mind, (person) has Alzheimer's. At times they are very anxious and scared, the staff are kind and have a calming effect."

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to complain, and they felt confident their concerns would be listened to and action would be taken in response. Relatives said, "I am aware of how to complain should I need too.", "We have not had any issues, so no complaints made but I feel sure they'd be dealt with." and "From my dealings so far, I do feel confident that any complaint would be taken seriously and acted on."
- The provider recorded any concerns and followed a procedure to respond to complaints appropriately. Any learning from complaints was documented so improvements could be made to the service.

End of life care and support

- At the time of the inspection, there was nobody being supported with end of life care. The provider said the subject of end of life and advanced care planning had been recognised as being a difficult one to broach with some people and their relatives. The provider signposted people and their relatives to useful resources which prompted them to start discussions around this sensitive subject at their own pace. Where people had requested information about end of life wishes be incorporated in their care plans this had been actioned.
- Staff received training in end of life care. The provider used an external independent advice service to offer support to staff around bereavement should they need it.

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 good. The rating for this key question has remained 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, relatives, professionals and staff were extremely positive and complimentary about the culture and leadership of the service. Comments included, "Managers and office staff are good leaders. I always feel confident that I will always get help if needed.", "Never had any problems with Avelo, no issues they have been a big help." and "I have absolutely nothing negative to say about Avelo, and am appreciative of the hard work and dedication both the care staff and management staff offer."
- The registered manager said they had recognised the importance of supporting staff with their wellbeing and mental health, particularly as a result of the pandemic. As part of their own development they had completed a First Aid for Mental Health Diploma to equip them to better support staff when this was needed. A staff member said, "I feel able to speak out about issues regarding my mental health and they will be dealt with respectfully. Thank you for holding space for me this year when I needed it the most. You are the best!" All staff could access advice, guidance and professional help from an external company with other aspects of their lives outside of work which they may be struggling with.

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 and provider understood their responsibilities around the duty of candour. Records showed incidents and complaints were investigated and responsibility was taken for things that had gone wrong and action taken to improve. The provider said, "When things go wrong, accidents, errors, admissions, as responsible people we identify and act and implement corrective measures. We are transparent and take action when things do go wrong and understand our responsibilities around this."

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

- The service had a registered manager who was responsible for the day to day running of the service and co-ordinating the team. The provider and a senior staff member supported the registered manager as well as monitoring quality and compliance. Staff understood their roles well and told us they were confident in the leadership of the service. A staff member said, "I feel Avelo looks after people very well and managers are responsive to clients, staff, professionals and the public. Referrals are dealt with very quickly. The managers go the extra mile for their staff, clients, and their families."
- The provider had good oversight of the service and regular audits were completed to review the care and

support people received. Audits highlighted areas of improvement and action plans were worked towards to further improve and develop the service.

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) about important events that happen in the service. The provider had informed the CQC of events including significant incidents and safeguarding concerns.

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

- People, relatives, professionals and staff told us they were regularly asked for their views and the registered manager and provider were open and communicated with them frequently. Relatives said, "Manager sends annual questionnaire to us, but I always feel I could pick up the phone if I had concerns and they always answer the phone in the office." and "I know both managers, they are always there if needed. Avelo Care are like family, which is so lovely to have. If I have a problem or worried about something, I can ask them anything and their support is wonderful."
- The service had received 52 written compliments in the 24 months prior to our inspection. Compliments included, 'You all do an amazing job and me and my brothers thank you for what you do for mum' and 'Thank you for everything you and your wonderful staff have done for mum, without the care they have given we are sure Mum wouldn't be here. Also, (registered manager) I forget how many times I have spoken to her to change something and just to chat. She's been great. As Mum says they are not carers they are my friends. Thank you for everything. We can't thank you enough.'
- During the pandemic, people feedback they felt isolated and lacked social contact which impacted on their confidence to go out. The provider converted a room in their office as a space to deliver day care. They had decorated the room to look homely and inviting with comfortable furniture and decoration to create a relaxing environment for people. A relative said, "The pictures are great thank you. Brought tears to my eyes to see him with other people and taking part and socialising. Dad came home really happy."

Continuous learning and improving care

- Staff and management were focused on continuous learning so the care people received could improve. The focus of care was not just on meeting basic needs but considered peoples emotional needs and wellbeing. For example, one person's mobility had declined and they were living in the back of their home which was cramped and cold. The person was unable to afford contractors to move their furniture. The provider and senior manager supported the person to re-configure their living environment, so it was safe, gave them more space and had bigger windows to look out of. The provider sourced a suitable reclining chair and picked it up for the person. The person was able to sit in their chair and watch television instead of being in bed all of the time. This had a significant impact on the persons wellbeing and quality of life.
- Professionals said, "Management team demonstrate real passion and provide high quality support. Excellent leadership with real flair and advocating to improve the lives of people affected by dementia and their families. Staff always treat people who use their services with the upmost respect and dignity. Very proactive in working in collaboration with other agencies and organisations such as ours." and "Their approach is holistic with the client's needs, wellbeing and enrichment of their quality of life being at the centre of all they do."
- During the pandemic the service was awarded an "Excellence in Lockdown" award from the Thanet Business Network for services provided during the pandemic and lockdown to ensure local people received food supplies and welfare phone calls to check on their wellbeing.

Working in partnership with others

- Staff and management worked in partnership with other professionals so good outcomes for people could be achieved. The service worked with local charities to benefit the local community and provided

advice and information to members of the public to raise awareness and understanding around conditions such as dementia. A Dementia Friends session for members of the public and other local businesses was arranged. Information was shared to help individuals broaden their knowledge and understanding so they could support their loved ones more safely at home. Individuals were signposted to local support groups for further support and guidance.

- The provider arranged for the local fire brigade to support a person with fire safety in their home. Fire alarms with visual aides were installed as the person had poor hearing. Due to making this link with the fire brigade the provider was able to refer other people when needed.