Ave Maria Care Ltd

Ave Maria Care Services

Inspection report

Park View House
59 Thornhill Road
Sutton Coldfield
West Midlands
B74 3EN

Tel: 01213537296
Website: www.avemariacare.co.uk

Date of inspection visit:
13 June 2018

Date of publication:
15 August 2018

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This announced inspection took place at the provider's office on 13 June 2018 with phone calls undertaken to people with experience of the service on 14 June 2018. The provider was given a short notice period that we would be undertaking an inspection. At our previous focussed inspection in August 2017, the provider was rated as 'Requires Improvement' in the key questions of Safe and Well Led. The provider was in breach of Regulation 17 of the Health and social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider had made sufficient improvements to meet the regulations.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of our inspection 51 people were receiving personal care from the provider.

Not everyone using Ave Maria receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

People were supported by staff who were aware of their responsibilities to raise any concerns they may have in terms of people's health and wellbeing. Where safeguarding concerns had been raised, they had been responded to an acted on appropriately.

Staff were aware of the risks to people and provided with information to assist them in managing those risks. People were supported to take their medicines as prescribed and staff competency checks were in place to ensure staff followed correct procedures.

New systems had been introduced to ensure staff were provided with travel time between calls. Calls were monitored to ensure staff arrived and left at the correct time. Accidents and incidents were inconsistently reported and the provider was putting systems in place to address this.

Pre-assessment processes in place provided staff with the information they needed to support people effectively and to meet their needs. Staff had received and induction and training that provided them with the skills to meet people's needs.

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

Staff presented as kind and caring and were respectful of people's choices. People's preferences were taken into account to ensure their dignity was maintained.

People were supported by staff who knew them well and what was important to them. People were supported to maintain their independence and encouraged to take part in activities they enjoyed.
The provider was responsive to people's requests to change the time of some of their calls as staff worked in particular areas, providing them with the flexibility to accommodate these requests.

There was a system in place to record people's complaints. People preferred to speak to their carers direct with any concerns, rather than contact the office.

Audits were in place to assess the quality of care but there was a lack of analysis of this information which would identify trends and help improve service delivery. New technology had been purchased to improve the quality and delivery of service. Staff felt supported and listened to. Efforts were made to obtain feedback from people who used the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were supported by staff who were aware of the risks to them and how to manage those risks. People were supported to take their medicines as prescribed. Staff were safely recruited. Call monitoring in place ensured people's calls were not missed.

Is the service effective?

Good

The service was effective.

Pre-assessments in place provided staff with the information they needed to support people effectively. Staff sought people's consent prior to supporting them. People were supported with their dietary needs and access to healthcare services.

Is the service caring?

Good

The service was caring.

People spoke positively about the staff who supported them and described them as caring. People were treated with dignity and respect and were supported to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People were supported by staff who were aware of their preferences and how they wished to be supported. There was a system in place to raise complaints but people preferred to speak directly to care staff with any concerns.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Audits were in place to assess the quality of care provided, but there was a lack of analysis of this information which would help

drive improvement. New technology had been purchased to ensure calls were monitored and staff were provided with the time to travel between calls. Staff felt supported in their role and were complimentary of the registered manager. Feedback was sought from people regarding the quality of the service.

Ave Maria Care Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 June 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection visit activity started on 13 June 2018 and ended on 14 June 2018. It included telephone calls made to people on 14 June 2018. We visited the office location on 13 June 2018 to see the management and care staff, to review care records and policies and procedures.

The inspection was undertaken by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience area of expertise was speaking with people that received care in their home.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We also contacted the local authority who monitor and commission services, for information they held about the service. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke on the phone to four people who used the service and one relative. Whilst at the office we spoke with four care staff, the recruitment co-ordinator, the deputy, the regional manager and the business director. We looked at a sample of records including three people's care records, two staff files and staff training records. We also looked at records that related to the management and quality assurance of the service, such as complaints, rotas and audits.

Good

Is the service safe?

Our findings

In August 2017 we carried out a focussed inspection of the service, in response to information received which alleged people were not safe. At this inspection, we found improvements had been made to the service which assured us of the safety of the people being supported.

At our last inspection, concerns were raised regarding the scheduling, planning and monitoring of calls. Since then, we saw the provider had purchased a number of electronic systems to enable them to monitor call times and ensure travel time was scheduled into staffs' time between calls. People told us their calls were usually on time and no one had experienced missed calls. One relative told us, "The carers can be late but I don't really blame them because they have so many calls to do but they never rush when they come". Another relative told us that they were aware a carer started their calls 15 minutes early every day to ensure they kept all their calls on time. We spoke with staff regarding this. Staff told us improvements had been made in recent months with respect to call allocations. They told us travel time was now factored into their working day and they were now expected to cover one particular area, making it easier to get to calls on time. One member of staff said, "The office have definitely supported us if we've said we need more travel time" and another said, "Now we have split the areas between us it's much better". We saw a demonstration of the electronic system used to plan calls and ensure staff had enough travel time between them. It also provided the registered manager with assurances that staff had attended calls on time and stayed the correct length of time. We were told that any staff absences were covered by the existing staff group or if necessary, the deputy, who told us, "I'd never leave a service user without care".

People told us they felt safe when supported by staff from the service. One person told us, "I have felt safe from the start with the care staff, they are friendly, nothing is any trouble to any of them". A relative said, "We have a key safe, even though I am usually at home when the girls [staff] come. As I know most of them they let themselves in the house using it and we have never had a problem with it at all".

People were supported by staff who had received training in how to recognise signs of abuse and what actions to take if they had concerns regarding a person's wellbeing. We saw where safeguarding concerns had been raised, they had been acted on and responded to appropriately.

Risks to people had been assessed and staff were provided with information on how to support people safely. For example, we saw for one person, their moving and handling risk assessment provided staff with detailed information on how to support the person safely, including the correct equipment to use in each situation. We saw where a person was at risk of choking, staff were reminded of how to reduce this risk and also what actions to take if a person showed signs of choking. However, for one person, a risk assessment was missing in respect of their diabetes. We bought this to the attention of the deputy manager and a risk assessment was put in place immediately following the inspection.

The provider had appointed their own recruiter to ensure people were supported by staff who had been recruited safely. Staff told us and records seen confirmed, that prior to commencing in post, the appropriate checks had been put in place, including references and DBS [Disclosure and Barring Service] checks. The

DBS check would show if a prospective member of staff had a criminal record or had been barred from working with adults. This would decrease the risk of unsuitable staff being employed.

For those people who were supported with their medicines, we saw systems were in place to ensure this was carried out safely. People told us staff supported them to take their medicines as prescribed and that staff signed to say they had done this. Staff had received training in this area and systems were in place to ensure staff competencies were assessed.

The system used by staff to record support people received with medicines would also alert management if a person had refused to take their medicines for three consecutive days and would prompt a phone call to the person, their relative or their GP if appropriate. Where changes were made to people's medicines, this information was quickly updated in people's care records and staff were alerted to changes to the care plan in the form of a text message.

Staff told us that they had received training in how to protect people from the spread of infection, for example through hand washing and the use of personal protective equipment and confirmed they had access to sufficient quantities of gloves and aprons for when providing support.

Staff were aware of their responsibility to report and act on any accidents and incidents. We saw where accidents and incidents had taken place, the appropriate paperwork had been completed, they were recorded and reported upon and individual learning took place. However, for two incidents we could not find any evidence of analysis or subsequent actions taken following the incidents. We raised this with the deputy who agreed to look into this. The area manager shared with us audits they had recently introduced which would ensure overall analysis of this information took place in order to identify any patterns or trends.

Good

Is the service effective?

Our findings

People's needs were assessed prior to being supported by the service. We saw that the registered manager and the deputy would carry out these meetings and people were involved in this process. Information was gathered regarding people's personal care needs, their medical history and their social care needs. People had been asked how they wished to be addressed by staff, whether they needed any equipment to support them and also their needs in relation to any protected characteristics under the Equality Act, such as sexuality and religious needs.

People told us they felt well supported by staff, considered staff to be well trained and were happy with the care they received. One person told us, "Yes, I do think the staff are well trained. I only need to show them what I need once and then they do it" and another person said, "They [staff] are polite and they all seem to know what they are doing".

People were supported by staff who had received an induction and training that prepared them for their role. Staff told us part of their induction included shadowing experienced colleagues, which provided them with the opportunity to be introduced to the person they would be supporting. The deputy manager told us, "For new staff, we will ring them and check they are ok and if there are any problems, they must ring us; we'd rather get it right than go wrong".

Staff told us they felt well trained. The provider had their own training room available, providing staff with the opportunity to attend inhouse practical courses and also use the computers that were available to complete their own online training. The provider had two training areas for staff to access; one for practical learning such as manual handling and the other for completing online courses. The deputy told us, "Everyone's approach to learning is different, we do e-learning and practical and also have DVD's as another option. It's not one way for everyone".

One person told us, "I do as much as I can for my meals, but it's good to know that if I don't feel up to cooking, the carers will get me anything I need and they always have enough time to get me what I want". Other people told us that when staff prepared their meals, they were always offered a choice. A member of staff told us, "We ask what people would like to eat, whether it's something hot or cold and they always tell us". Staff were mindful of people's dietary needs and the importance of offering choices at mealtimes.

Staff told us that systems were in place to share information and these worked well. For example, a member of staff described how they noted one person needed more encouragement to eat at mealtimes. They told us, "I wrote it in the notes for the next carer to see" Other staff told us they would pass on messages to each other and check whoever was covering the next call, to ensure they were kept up to date. The electronic care records system that was in use also alerted staff to any changes in people's care needs and prompted staff to read the update prior to supporting the person on their next call. This meant that systems were in place to ensure staff were provided with the information needed to effectively meet people's care needs.

People were supported to maintain good health. For example, we saw that for one person, staff had noted

they were at risk of developing a pressure sore and had contacted the district nurse for support and guidance. We saw the person's care plan had included prompts to staff to continue to check the person's skin integrity and to also encourage them to stand and walk in order to reduce the risk of developing a pressure sore.

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.

People and relatives told us that staff sought consent before supporting or providing any assistance. Staff we spoke with had an understanding of the MCA and how this impacted on how they supported people. The deputy told us, "I will say to carers, if people refuse [support] then leave them a little while and go back a couple of times and ask again". Staff confirmed they had received training in relation to MCA and records seen confirmed this.

Good

Is the service caring?

Our findings

We received a number of positive comments regarding the caring nature of staff. People told us, "I am very sure that the carers who come really care, it's not just a job to them", "They [staff] care and are polite and they all seem to know what they are doing" and "I do believe that it's more than a job to some of them [care staff], it's like being looked after by a friend". People told us staff did not leave a call until they ensured they had everything they needed for their comfort until their next visit. Staff spoke positively about the people they supported and were mindful of the need to ensure people were involved in the planning of their care.

People told us staff treated them with dignity and respect. One person said, "They [care staff] are all polite and they all seem to know what they are doing" and other person said, "The girls [care staff] are more like friends. I look forward to them coming each day and I am treated with the utmost respect all the time". A relative commented, "I am not usually in the room when the carers are here, but I can hear them talking to [person] and they are very respectful towards them".

For people who had specific communication needs, staff were mindful of the need to give people time to express themselves. For example, a member of staff described how they supported someone who was partially deaf. They told us, "I use gestures, more you get to know them the more you know what they want".

People told us told us they never felt rushed by staff during their calls and that they were treated with dignity and respect. One person told us, "I like all the girls who come, but I feel more relaxed with the older carers and I only have a bath with them as I am a bit embarrassed with the others". Staff were mindful of the need to maintain people's dignity when supporting them with their personal care. They provided a number of examples of this which met people's individual care needs. For example, ensuring curtains were closed when support was being given and leaving the room when a person no longer needed support.

People were supported to maintain their independence to experience everyday activities they enjoyed. One person enjoyed feeding the birds in their garden and staff supported them to fill the bird feeders up so that they could continue to do this. Another person liked to help staff wash up. A relative told us, "The care staff really encourage [person] to walk into the kitchen to get washed. They aren't really keen but because [person] knows them [staff] so well, they do it for them".

Staff told us that if they felt a person was in need of the services of an advocate, they would report this to the registered manager. An advocate is an independent person who can support people and provide a voice to them when they may find it difficult to speak up for themselves. The deputy told us they were aware of a service in the local area that they had signposted people too who they thought may be isolated.

We saw that consideration had been made to ensuring people's information was treated confidentially. We were told the new devices staff used which stored people's personal care details, was set up to close down and delete information if the device was lost or stolen.

Good

Is the service responsive?

Our findings

Part of the pre-assessment process involved spending time with people in their homes and talking about how the service could support them and how they wished to be supported. A relative told us, "[Person] was in hospital before they had carers so the manager came to talk to me about what we really needed them to do and up to now it's going very well. We don't really have a regular girl but those who come are very good and nothing is a trouble". The deputy told us, "I don't move out of the house until I've done the care plan and risk assessments, and checked the environment". We saw the pre-assessment information was collected on a tablet device which could then be transferred and developed into the person's care records. We noted that people were involved in this process and had signed their care plans.

We saw care plans held information regarding people's preferences and how they wished to be supported. A member of staff told us, "You get all the information you need in the care plan and we pass information onto carers as well". We saw care plans were reviewed on an annual basis or sooner if people's care needs changed.

The deputy told us of the changes that had been introduced by the provider in terms of staff allocations allowed them to be more flexible and respond to people's needs. For example, we saw a person had asked for a later call the following day and this request was accommodated.

People spoken with knew how to raise a complaint regarding the service and told us they would not hesitate to raise any concerns they may have. One person said, "Yes, I do know how to make a complaint and I'm not sure though if I would, I would try to sort it myself with the girls [staff] as I feel I would get on better myself". Another person told us they were about to make a complaint but the situation resolved itself before they did.

We saw where complaints had been received, they had been logged and the deputy was able to explain how they had been responded to, but there was no evidence available to confirm that they had been investigated and responded to. We discussed this with the deputy and a particular complaint that had been received. They told us they had spoken to the staff involved and intended to follow the matter up with staff at supervision. They confirmed that this would be recorded and a response sent to the complainant when the matter was resolved.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in August 2017, we rated the provider as 'requires improvement' under the key question of 'Is the service well-led?' This was because we found shortfalls in the provider's systems to monitor calls and monitor and improve the quality of the service. This resulted in a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection, we found that some improvements had been made in this area.

Since the last inspection, the provider had invested in new technology to assist in the scheduling, planning and monitoring of calls. Staff spoke positively about these changes, which had been introduced in December 2017. We were told the system being used calculated the travel time needed between each call and that staff were now working in designated areas which made it easier for them to arrive at the time people expected them. A member of staff told us that the travel time allowed was 'just enough' but did not always take into consideration heavy traffic. They said, "I'm able to make my calls, it's just enough [travel time] and we are allowed 30 minutes either side of a call. If we are late we have to submit a form".

People told us that staff usually attended on time, but there were still occasions when staff were late. Whilst some people had received a phone call alerting them that their call had been late, not everyone had benefitted from this and on occasion this had led to an inconvenience for people. For example, two people told us late calls had happened on a morning call when they were hungry and ready for their breakfast. A relative commented, "I can't fault the girls [care staff] at all they all work such long hours".

At our last inspection we found a number of audits in place to check the quality of the service received, but not all checks were effective as some people continued to be dissatisfied with the service they received. At this inspection, we saw a variety of audits had been introduced to check and assure the provider of the quality of the service being provided. We spoke with the regional manager, who had been in post for six weeks, and had introduced additional audits including medicines and catheter care competency checks. We were shown audits that had identified that staff had not logged in or out of calls, and were told that action was taken and staff were spoken with. However, evidence was not available to demonstrate the information gathered through audits had been analysed for any lessons learnt. For example, areas such as safeguarding, accidents or incidents or complaints. We discussed this with the deputy and the regional manager who told us the registered manager dealt with the analysis of information gathered but this was not available to view on inspection. Following the inspection, the regional manager forwarded to us a plan in place to ensure analysis of the information collected took place on a regular basis. We also noted where complaints had been received, there was a lack of evidence to demonstrate they had been investigated and responded to. Following the inspection, we were sent a copy of the provider's complaints log. This detailed a number of anonymous concerns that had been raised with the Commission and the outcome of each investigation was noted. The log also stated that the complaints should be reviewed quarterly but there was no evidence that this had taken place.

People told us that on the whole, they were happy with the service they received. One person told us, "I am reasonably happy with the service I receive. I can't fault the girls [care staff], they are all really lovely and

treat me with respect at all times. We have quite a laugh". Three out of the five people we spoke with told us they would recommend the carers to someone else. They also told us they would prefer to raise any queries they may have with carers first, as they felt they were able to respond to their concerns.

We saw the provider had attempted to engage with the people using the service in a variety of ways including the completion of surveys and 'well-being' calls being made to people to check that they were happy with the service received. Many of the calls logged were positive, for example, one conversation recorded, '[Person] has had great care and the care service provided has been good". Another call mentioned that a relative was happy with the care received and they kept in touch with the carers which they found really helpful. One member of staff told us there was a culture of 'treating people how you'd like to be treated', adding, "That is exactly how [registered manager] wants us to be".

Staff told us they felt supported by management and were provided with training in order to improve their skills and meet people's needs. Spot checks of staff practice were carried out to ensure that staff supported people in line with their care needs and the training they had received. For new staff in post, these checks were carried out within the first week of work, to ensure staff were confident and competent at their role and to address any issues they may have. They deputy told us, "We make sure staff are ok and sort out any problems, we would rather get it right than go wrong".

Staff told us they felt supported and listened to. One member of staff said, "[Registered manager's name] is very good with me. She does listen, she is supportive and she knows us [staff]. She is very passionate about what we do". Staff were on board with the provider's values for the service and spoke positively about working together as a team. One member of staff said, "We have a lovely clientele, good relationship with office [staff] and friendships on the road. Everyone is here to help each other".

Regular supervision and staff meetings took place, providing staff with the opportunity to discuss their learning and raise any concerns they may have. Plans were in place to send out surveys to staff anonymously, providing staff with the opportunity to raise any concerns they may have. We saw quarterly newsletters celebrated staff achievements and staff were rewarded following positive comments and recommendations from people using the service and their families. For example, a member of staff noted a person's microwave was not operating correctly and they were concerned for the person's safety. The provider got in touch with the person's family and arranged for a new microwave to the purchased and installed on their behalf.

Staff were clear of their responsibilities and told us the new technology that had been purchased that held people's care details worked well, but they had asked for additional information to be recorded on the system and this was being looked at. The provider was mindful of the risks associated when using new technology and ensured that systems were in place to ensure people's details were kept confidential and paper copies of records were also kept in the office in the event of staff not being able to access them electronically.

The provider worked with other agencies in order to support the delivery of effective care. For example, contact had been made with District Nurses and arrangements made to co-ordinate a better time for their call so that care staff could support the person effectively.

The provider had notified us about events that they were required to by law and had on display the previous Care Quality Commission rating of the service.