

Care Avenues Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Care Avenues Limited is registered to provide personal care to people living in their own homes. At the time of our inspection, the agency was supporting 16 people with varying levels of support.

Our inspection took place on 5 May 2017 and was announced. The service had a registered manager at the time of our inspection. 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 able to identify risks and where possible reduce or remove them. However, some risks had been identified but there was no guidance for staff to follow to enable them to manage the risks safely. This placed people at risk of potential harm.

Staff were confident that they could recognise and report poor practice or concerns about people's safety. Current management arrangements meant that allegations were reported and managed appropriately.

People were supported by sufficient staff to meet their needs safely and effectively and in a timely manner. However, additional staffing resources were required to ensure support remained consistent at weekends and when regular staff were away from work. Staff were currently recruited safely meaning that only people suitable to work in the role were appointed.

People received their medicines safely and there were safe systems for administering, storing, recording and auditing medicines.

People were supported by staff who had the skills and knowledge to meet their needs effectively. Staff had access to a variety of training but identified that more 'specialist' training opportunities would enable them to better understand the needs of the people they supported. Training opportunities were being improved and most staff felt well supported to do their jobs effectively.

People's rights may not be protected under the Mental Capacity Act 2005. Most people who used the service had capacity to make their own decisions and choices. However, when it was considered that a person did not have capacity the agency was not managing this process effectively. Assessments were inappropriate and unclear leading to staff confusion as to who could make decisions and who required support. Where people were able, they were involved and supported by staff to make decisions that affected them.

People's nutritional needs were met and people were satisfied with the support they received at meal times. People shared their individual needs and preferences with staff so they could meet them effectively. Staff worked with families to ensure that the guidance of healthcare professionals was followed when required to ensure people's good health and wellbeing. Effective information sharing meant that people's

health care needs could be effectively managed.

People were supported by staff who were caring and kind. People got to know the staff who supported them and all said that staff supported them in ways that they preferred. People told us that staff treated them with dignity and respect at all times. Staff understood the importance of this to ensure people felt confident and reassured. People's independence was promoted and they felt listened to and involved.

People told us they were able to raise concerns and felt confident these would be acted on by senior staff. The provider had a complaints procedure that people had been confident to use. Feedback suggested that when concerns had been raised they had been responded to appropriately and to people's satisfaction.

Processes to audit the service were now in place and proving effective although prior to the recent management changes processes were either not being followed or had not identified issues. Quality was monitored and information shared with staff who felt involved and consulted.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not fully safe.

Risks were not always being safely managed meaning that people may be at risk of harm.

People were not always confident that staff would be available to support them.

People were protected because staff knew how to protect them from the risk of harm and potential abuse.

People were currently supported by staff who had undergone pre-employment checks to ensure they were suitable to work with vulnerable people.

People were supported by staff to take their medicines as prescribed.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People's rights may not be protected because the provider was not appropriately assessing people's capacity to make decisions.

People were cared for and supported by staff who, overall had the skills and knowledge to support them effectively.

People's individual dietary needs and preferences were met.

People's good health was promoted because staff worked with families to ensure guidance and advice from healthcare professionals was followed.

Requires Improvement ●

Is the service caring?

The service was caring

People were supported by staff who were kind and caring.

Good ●

People were listened to and their independence was encouraged.

People's privacy and dignity was respected and promoted.

Is the service responsive?

Good ●

The service was not always responsive

Staff were not always aware or mindful of people's needs arising from their personal identity

People were supported by staff who were responsive to their changing needs.

People were confident that their complaints would be listened to, taken seriously and acted on.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

People were feeling positive that current managers were listening to them and addressing shortfalls.

Staff were now feeling more involved and supported to enable them to carry out their jobs effectively.

There were procedures in place to monitor and review the quality of the service. These were identifying where improvements were required.

Care Avenues Limited

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.

The inspection took place on 5 May 2017 and was announced. We gave the agency 24 hours' notice of the inspection because it is a domiciliary care service and we needed to be sure that someone would be in the office.

Before our inspection we reviewed information we held about the service. We looked at our own records to see if we had received any concerns or compliments about the service. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

The inspection team consisted of one inspector.

As part of the inspection we spoke with six people who used the service and three people's relatives. We spoke with the registered manager, the provider (who also assumed management responsibilities), two senior staff and nine support staff.

We looked at extracts from three people's care and support plans. We looked at two staff recruitment files and other records relating to the management of the service. These included minutes of meetings with people and staff, service improvement plans, audits and quality assurance surveys.

Is the service safe?

Our findings

We saw risks had been assessed in relation to bathing, help on stairs and help with meal preparation. We saw how assessing risks had effectively protected people and improved their quality of life. However, not all risks were being well managed. Staff told us that one person had been assessed as having behaviours that challenged them. Although the risk had been identified, care plans did not guide staff as to how to safely support the person. Staff told us, "We just felt our way around. You get to know what works." This lack of structured support left the person, and the staff supporting them, vulnerable to harm. The provider was already aware of this issue and was currently reviewing this situation.

People were supported by staff who had sufficient time to carry out tasks required of them safely, although some people felt that the agency needed more staff to enable them to offer reassurance and consistency. The provider had identified the agency needed to recruit more staff to ensure consistency and told us how they were looking creatively to do this. People told us that they were not always supported by staff who knew them when their regular staff were unavailable. People also said that they could not be sure what time staff would arrive at weekends as there were not enough staff to ensure their pre agreed times could be honoured. One person was concerned that they may not receive the care they required. They said, "I'm worried what will happen when they [the staff] go on holiday." They went on to say, "Sundays you never know what time they will come. They need more staff."

Some people felt that they were not informed when there were changes to staff support. A relative said this had a negative impact on their family member. They told us, "The office don't ring if there is a change of carers, they just turn up. It doesn't happen often but it upsets [family member]."

Most people said staff arrived on time, however one person told us they were not always informed if staff were delayed. The provider was looking to improve communication to ensure people were better informed.

People told us that they felt safe while being supported by staff. People said this was because they knew the staff who supported them and the staff knew them. Staff recognised that consistency offered people reassurance and senior staff tried to accommodate this when planning support.

People received safe support because staff knew how to protect them from harm. The staff who spoke with us understood what constituted abuse and were confident they could recognise the signs that potential abuse was happening. Although not all staff had received formal training on abuse, they demonstrated an understanding of what to look for and how to act if they suspected abuse or unsafe practice. The registered manager told us that formal training was being arranged for all staff in the near future to reinforce staff's role and understanding. We saw how the provider had identified potential abuse after being alerted by staff to a potential issue. They had shared the information appropriately and worked with outside agencies to investigate the matter.

Staff told us how they promoted health and safety and safe working practices by being vigilant about the environment they were working in. One staff member gave examples of potential hazards that they looked out for in people's homes. For example, they told us about a thick carpet they had identified as a potential

trip hazard for a person who used a walking frame They explained how they shared their concerns with the family of the person who took steps to remove the hazard. A senior staff member told us they were responsible for formally assessing risks. They told us they would value training to carry out this role. The provider confirmed that it was being arranged because improvement in this area was required.

People were supported by staff who had been recruited safely although not everyone we spoke with were confident that pre-employment checks had been carried out historically. Staff we spoke with, who had started more recently, told us they had been subject to pre-employment checks which included references from previous employers and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people. The provider showed us an audit that they had recently carried out on staff files. They had identified where information was missing from the pre-employment checks and had taken action to redress this. The audit had recognised improvements were required and the registered manager said they were working towards this. The staff member currently responsible for interviewing staff was aware of their role and responsibility to ensure thorough pre-employment checks to ensure people's protection.

People required varying levels of support to take their medicines. Some people told us they managed their own medicines. Only one person we spoke with said they required support. They told us that they could recall one occasion when they did not receive their medicines as required. They told us this was investigated and staff were retrained. They told us, "They [staff] are competent now." Staff told us they received training and a competency assessment before they were able to administer medicines. Senior staff we spoke with and records we reviewed confirmed this. One staff member told us, "The training [in relation to the administration and recording of medicines] was really good."

We saw that staff completed records to demonstrate they had given medicines safely. We saw a couple of gaps on one person's records where administration had not been recorded. Although there was no written explanation the provider had explored this and taken action to reduce the likelihood of a reoccurrence. Medicines audits had been carried

Is the service effective?

Our findings

Overall staff felt that training opportunities were improving. We identified some gaps in staff's knowledge during discussions. For example, not all staff had heard of the Mental Capacity Act 2005 or understood the implications it had for their practice. Staff who spoke with us they had received training to enable them to meet people's basic care and support needs. Staff felt they now needed more in-depth training to enhance their understanding of people's support needs. One staff member told us "We haven't done any specialist training but I'm looking to do everything that is now being offered." Another staff member told us, "I would welcome more training, for example, diabetes and mental health." They told us that they supported people with these conditions and would like to be able to understand them better and meet their needs more effectively. We also found that, in discussions, staff did not have an awareness of the terms 'equality' or 'diversity' suggesting the service may not be offering fully individualised support. One member of staff actually told us that equality and diversity was 'not an issue'. One staff member told us they had supported a person with an identified faith. They told us, "I would have welcomed information about how to meet any specific needs in the care plan." This lack of information meant they may not have been able to offer support that reflected the person's identity. We spoke with the provider about how they were going to address this. They told us that they were currently looking at training to address this issue.

People who used the service told us that staff knew how to meet their needs effectively. They told us that staff had the skills and knowledge to support them. One person told us, "Staff know what they are doing." Another person told us, "I am happy with the care. They meet all my needs." People thought staff were well trained. One person told us, "They are definitely well trained. They could do nothing better. They do whatever I ask." Another person said, "If new staff are coming they train them."

The registered manager told us that most staff currently employed by the agency were relatively new. They told us that new staff received three to four days induction training when they were first employed. Staff we spoke with considered this to be sufficient and they had the opportunity to work alongside experienced staff. One staff member said, "This is when we really get to know what the job is about."

Overall, the staff we spoke with felt well supported. All staff who spoke with us said that this had improved recently. Staff felt that information was being shared effectively and they were now being allocated regular calls meaning they could offer consistency. One staff member told us, "There is good communication with the office." Another staff member told us they felt well supported both personally and professionally. Staff told us that they were now attending meetings to discuss their practice and had more contact with the registered manager and the provider.

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 of their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. We found that improvements were required. All of the staff we spoke with told us that most people they currently supported had capacity to make decisions. The provider told us when capacity was questioned a mental capacity assessment was carried out. We looked at an assessment carried out by a senior staff member and found it to be inappropriate. The assessment used derogatory language, was vague and did not reflect a decision as to whether the person did or did not lack capacity. We spoke with the provider about this who said that they had identified that assessments needed review and had brought in a senior staff member from their Birmingham office to start this process.

Staff had not received training in relation to the requirements of the MCA although the provider had identified this and was arranging dates. Staff were not clear as to the implications of this legislation. One person had a consent sheet on their file that had been signed by their daughter. Given that the person had been deemed to have capacity to make their own decisions they should have signed their own consent form. There was no explanation as to why and no one had challenged this. Staff did support people to make daily choices and decisions about the care and support they received. One person told us how staff helped them to prepare meals of their choice. Care plans supported decision making and some decisions and choices were recorded.

Most staff told us that they did not support anyone with any special dietary needs. One staff member told us how one person's cultural needs meant that family members purchased their food and they were given specific instructions as to how to prepare it. We did not see any dietary information documented in the care plans we reviewed. In conversations with us, staff were knowledgeable about people's likes, dislikes and special preferences. They told us how their role entailed mainly heating up pre prepared meals although they said that if a person did not want a full meal they would prepare light snacks for them. Staff told us they prepared drinks for people and often made them a drink to enjoy after they had left.

People required only minimal support from staff to remain fit and healthy. Everyone we spoke with told us that their health care needs were met, either independently or by family members. One relative did, however, tell us that they worked with the care staff to monitor the person's health and that any changes were promptly shared to ensure appropriate medical support could be obtained for the person. They told us, "They [staff] always talk to me. If they notice anything like a bruise, for example, they always tell me. Communication is good." Staff also said they were vigilant to any changes in the person's skin condition during personal care. They shared any changes appropriately. This meant that people's health could be monitored and maintained.

Is the service caring?

Our findings

People were supported by staff who were kind and caring. One person told us, "Staff are nice. They are kind." Another person said, "I have someone every day. They are wonderful."

People told us that staff promoted their independence and this was important to everyone we spoke with. One person told us, "I couldn't manage without them. They help me to remain independent and my independence is very important to me." Staff told us how they encouraged people to do as much for themselves as possible. For example, one staff member told us they often gave prompts and verbal support rather than doing tasks that they knew the person could manage. They recognised this was important to people in order for them to remain in control of their lives and remain living in their own homes. A staff member told us, "We promote independence as much as we can."

People told us that staff always listened to them, and included them in making decisions about their care. People said their support was carried out how they wanted it. One person told us that staff had asked how they preferred things to be done and they always did it that way. They told us, "They [staff] listened and they haven't forgotten." A relative told us, "They [staff] know how [person's name] likes things done." Most people recalled having an initial assessment when they were asked to identify their needs and preferences.

People told us that they were always treated with dignity and respect. One person told us, "Staff are kind and respectful." People said that staff put them at ease and helped them feel relaxed while being supported by chatting with them and being friendly. One person told us, "They always have a smile on their face." Relatives were equally as positive about the way staff treated people.

Staff understood the importance of treating people with dignity and respect. One staff member told us, "We have a good relationship with clients. Regarding personal care, we make people feel at ease."

People also told us their privacy was respected. One person said that staff never talked about anyone else and this reassured them that they wouldn't be 'talked about'. Other people gave examples of how their privacy was respected during personal care. For example, doors were closed and they were covered up when undressed. Staff told us they were confident that they maintained people's privacy while delivering personal care. One staff member said, "We offer to wait outside when people are in the bathroom." Another staff member said, "We knock and ask if they are ready for us."

Is the service responsive?

Our findings

People told us that they received a service that met their individual needs. One person told us, "I have no qualms. They are good. They do everything I ask, on time." Another person said, "Communication is good. I had a good assessment." People said that they had been involved in planning their care. A relative also told us that they had been involved. People told staff what they wanted from the service and were asked about their individual preferences. One person told us, "The new manager came out and did an assessment. I was happy with things. I said how I wanted to be supported." Staff told us they met people's needs in ways people preferred. Staff had a good understanding of the personal care needs of the people they supported and shared examples of how they listened to the people they supported and were guided by how they were feeling on the day. Staff told us they knew people well enough to offer flexible support. Staff told us that communication was good meaning they could be responsive. For example, if a person was not going to be at home for their call they could reschedule and if a person was unwell they could arrive early.

Overall staff found care plans helpful. One staff member told us, "Care plans are helpful and little details are recorded." Not all staff had read care plans. They told us they asked the people they supported what they wanted and everyone was able to say. This meant that they could meet people's needs how they preferred and thus people could remain in control of their support. The provider told us care plans were being rewritten to make them easier to follow and to reflect more person-centred care.

One person was very satisfied with the service they received. They said, "I have no complaints. They are all nice girls." People told us they would be confident to raise a concern or a complaint. Some people had already done so. They shared examples with us to demonstrate the provider had listened to them and acted upon their concerns. One person told us, "I get a say and I wouldn't have it any other way." Another person told us how they had complained because a staff member had been unable to prepare meals. We saw how the provider had implemented training for the staff member to address this. A relative told us, "They [the office staff] are approachable. I would be confident to raise concerns. I am very happy." People were satisfied with the outcome of their complaints, suggesting the process was effective.

Staff told us that they would always try to address issues quickly and informally. Staff had confidence that senior staff would listen to people and take prompt action if they shared concerns on behalf of people.

Is the service well-led?

Our findings

Care Avenues Limited has been registered with us since September 2016. Since becoming operational the provider told us they had faced a number of challenges. For example, they had a high turnover of staff and two staff who assumed management responsibilities on a day-to-day basis had also left. The provider recently carried out a full audit of the service which identified a number of shortfalls. These included the areas that we identified as requiring improvements as part of this inspection. Issues identified at the time of the audit had not been addressed before this time suggesting that monitoring arrangements were previously ineffective.

People who used the service, and staff, all reflected that they were not clear of management arrangements. Most did not know who the registered manager was or what that role entailed. The registered manager of the service worked between two services and so had not been available to manage the service on a daily basis. Following the departure of the staff assuming management responsibilities the registered manager and the provider have taken full responsibility for the service. They now had a visible presence within the service. The provider put together an action plan with timescales for improvements. Improvements had already been noted by people who use the service and the staff team.

People who used the service said they did not usually hear from the office, but confirmed this was now changing. For example, a new person to the service said, "The staff at the office are there if you need them. They always ask if I am alright." One person who had used the service for a while said, "I am happy now. Things have improved. They weren't performing as they should. We got together as a group and made our voices known."

One person told us, "They get through a lot of staff." The provider was aware of current priorities for improvement. They told us recruitment was one such area. They told us that their commitment to recruitment and recent successful appointments had had a positive impact on the service provided. One person told us, "I have some good staff now - some familiar faces. I was happy with the old staff but am getting to know the new ones."

We spoke with a senior staff member currently seconded to the office. They told us, "It's nice here. There is a calm atmosphere and they are a good agency to work for." They told us that they had been brought in to review care plans after shortfalls had been identified. They said they were receiving good support from the provider and the registered manager to do this. Some staff told us that they had not felt listened to when they had historically raised concerns. One staff member told us, "Previous managers were not supportive." Most staff told us they had noted improvements over recent months. One staff member said, "It's been much better since they've been here." One person who used the service told us, "There had been issues between managers and staff. This is sorted now."

We saw that the provider had asked for feedback from people who used the service about the quality of the service provided. We saw that feedback had been very positive overall. Areas identified for improvement had been shared with staff and actioned. For example, one area for improvement was staff lateness and this had

been discussed in a team meeting and then a new monitoring system introduced to ensure time keeping could be better monitored. The provider was being proactive to ensure future issues were identified before negatively impacting on the quality of the service provided.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. The provider and the registered manager was aware of their responsibilities in relation to sharing information and had done so appropriately.