

Ave Maria Care Ltd

Ave Maria Care (Wolverhampton)

Inspection report

Kings House
St. Johns Square
Wolverhampton
WV2 4DT






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17 November 2021

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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

About the service

Ave Maria Care (Wolverhampton) is a domiciliary care service providing personal care and support to people in their own homes. They were providing a service to 64 people at the time of inspection; all of whom were receiving personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

We found significant concerns about the management of the service. Their systems were not effective to assess, monitor and improve the quality and safety of the service. Their systems had failed to ensure risks were properly assessed, documented and mitigated. Staff worked in a negative workplace culture and appropriate action was not taken to improve this.

People's risks of avoidable harm were not always identified to ensure action was taken. Medicine was not always administered safely or effectively. There were not enough staff to ensure people's care was provided consistently and safely. People were not always protected from the risk of abuse. Staff followed infection control practices, however individual risks to people's health from Covid-19 were not assessed.

Staff understood people's needs and how to access additional support for people when needed. Some people felt their concerns were not always listened to by the management team while other people felt listened to. People with communication needs were supported to express themselves through alternative methods. Staff supported people's well-being when they felt isolated.

Staff received training appropriate to their roles and their competencies were checked. People were supported to eat and drink, however this was not always consistent for some people. Care plans were completed that identified people's needs and provided guidance to staff in providing safe care. People were supported to make choices and decisions and staff promoted their independence.

People were not always supported to express their protected characteristics for personalised care to be put in place. People felt supported and cared for and staff spoke fondly of the people they supported. Care staff treated people with respect and compassion and ensured people's dignity was maintained.

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.

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

Rating at last inspection

This service was registered with us on 14 January 2021 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels at the service. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to managing risks to people's safety; staffing; governance and oversight of the service at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Ave Maria Care (Wolverhampton)

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 team consisted of an onsite inspector and an Expert by Experience, who spoke with people and relatives by telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

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

this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people and nine relatives about their experience of care provided. We spoke with seven members of staff, including the registered manager, regional manager and five healthcare assistants. We reviewed a range of records. This included five people's care records and multiple medicines records. We looked at three staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and the providers policies and procedures. We spoke with the local authority.

Is the service safe?

Our findings

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

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

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

- Risks to people's safety was not always effectively monitored nor measures implemented to reduce the risk of avoidable harm. For example, one person had burnt their arm on a kettle and had turned on unignited gas from their cooker on multiple occasions. The incidents had been recorded by staff; however further assessment of risk was not completed by the service to manage the possibility of reoccurrence.
- Staff did not follow the provider's safety alert system for the incidents described above. Staff documented the incidents on the person's daily care record but did not create an electronic safety alert. This would have informed the management team immediately so prompt action could have been taken.
- People's medicine was not always administered safely. For example, one person required time sensitive medicine to treat an infection. The service did not plan visits from care staff, or record administration outcomes effectively to ensure the person received their medicine correctly. Care call times were not adjusted, or additional care visits considered by seeking agreement from commissioners to ensure correct intervals between doses. This meant the medicine was administered either too early or too late to ensure its effectiveness.
- The registered manager told us the service did not administer "as required" medicine. However, two relatives and one staff member told us people were receiving medicine to manage pain on an "as required" basis. This medicine information was not included in Medicine Administration Records (MAR). There were no "as required" protocols in place. This meant staff did not have information to know when people required their medicine administering and we could not be assured medicine was administered safely.
- Staff supported a person to self-administer medicine to manage pain, however, the management of the service did not have oversight of this arrangement. This specific need was not included in the care plan or risk assessment. Care staff did not record when the person self-administered their medicine. Therefore, the person's care plan and risk assessment was not accurate or complete and best practice guidance was not followed.
- Lessons were not learned following previous incidents regarding medicine management. A safeguarding enquiry substantiated concerns about a person being over medicated with diabetic medicine due to care call times being too close together. This caused the person to fall into a deep sleep.

The provider had failed to ensure safety alert systems were effective and risks to people's safety reviewed. Medicine administration was not always effective which increased the risk of harm occurring. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The service did not have enough staff to ensure people received consistent and safe care. The registered manager told us they were short staffed and were waiting for eight new staff to commence employment. Staff told us "It's quite shocking because we have new carers who come for a day and they leave." A relative told us "The staff don't stay, they are under so much pressure; five or six are leaving this week I believe, or over last few weeks"
- Staff did not always have enough time to provide person centred care. The registered manager told us staff had to provide additional care calls to cover staff absence at short notice. This impacted on the consistency and quality of care provided by staff.
- A staff member told us "Sometimes they change my rota at the last minute which means I'm getting to care calls late. A relative told us "Our carers are good; we have an hour and sometimes they are under so much pressure they skip things.
- Daily care records indicated there was widespread inconsistency in care call times being scheduled. This increased the risk of harm and neglect occurring. For example, one person experienced 73 changes to their scheduled call start times in one month and 14 care calls were either too early or late. One person told us "Sometimes they will come really early; maybe half an hour or an hour early, they are just unreliable."

The provider failed to ensure there were sufficient numbers of suitably qualified staff in order to consistently meet people's care needs and call times. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider told us they were experiencing difficulty in recruiting suitable staff and explained they had mitigated the risk by voluntarily suspending new packages of care until staff numbers had increased.
- Staff were recruited safely. Employment checks were completed including employment history, references and proof of identity was checked. Disclosure and Barring Service (DBS) checks had been completed which help to prevent unsuitable staff from working with people who are vulnerable. The Disclosure and Barring Service helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were not always protected from the risk of abuse. The provider received whistle-blowing information regarding potential risk of abuse, however failed to comprehensively investigate the concerns or inform the local authority safeguarding team. The inspector sent a safeguarding referral to the local authority for their independent review.

The provider failed to ensure systems and processes were operated effectively to protect people from potential risk of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had completed safeguarding training. Staff we spoke with understood their safeguarding responsibilities and knew when to raise concerns.
- The provider had systems in place to record and respond to safeguarding concerns raised by the local authority and other statutory organisations.

Preventing and controlling infection

- The service did not always have effective infection control procedures in place. People and staff did not have individual COVID-19 risk assessments in place for use in reducing associated risk of transmission during care visits. This meant the service did not determine the potential increased risk to and vulnerability of people and staff member's health.

We recommend the provider refers to current guidance on the assessment and management of associated COVID-19 risks and takes action to update their practice.

- Staff had completed training for infection prevention and control.
- Staff had access to appropriate Personal Protective Equipment (PPE) which the service maintained a supply of and received additional training in how to wear and dispose of this safely.
- The provider had infection prevention and control policies in place.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Not all staff were provided with consistent supervision sessions to monitor their progress and development or to raise any issues and concerns. Some staff told us they had never received supervision, or this was infrequent. The provider's policy required office based supervision to be completed every six months. However, three of the 25 staff employed did not receive supervision within this timescale. Where supervision had been completed, this was recorded, and development requirements reviewed.
- Staff completed appropriate training for their role and the care they provided.
- Regular competency spot checks were completed to ensure staff provided care safely. The registered manager told us; if staff did not meet their required competencies, additional refresher training would be provided.

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

- People's hydration and nutritional needs were not always met. People's needs were assessed, and care planned; however, in one example a person was not always supported with access to meals to eat at a time of their choosing. We received negative feedback of a person declining food at the time of staff visiting and they were not left with anything to eat until the following care call.
- Where people were supported with drink and meal preparation, this was documented by staff.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessment of people's needs were carried out prior to support being received to ensure the service could meet the persons' needs.
- Care plans contained details and guidance of the care people needed and staff recorded when this had been completed during care calls.
- People or their representatives were included in the assessment and care planning process and reviews of care were completed within the providers timescales.

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

- The registered manager told us they worked with other health and social care professionals where needed to ensure people were supported in the best way possible. A relative told us "(Person) has no confidence in the shower so just has a wash but we have a physio therapist, occupational therapist and district nurse coming in at the moment too." Where advice and guidance was given by health and social care professionals, this was included in people's care records.

- Care plans included information of risks to people's health and provided guidance to carers on what action to take to ensure appropriate care was sought in a timely way.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- People were asked to consent to their care, and this was recorded in their care documentation.
- Where people required a legally appointed person to support them with making decisions relating to their care; this was included in care documentation.
- Staff were able to tell us how they supported people to make choices and decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People's diverse needs and protected characteristics as defined by the Equality Act 2010 were not always accounted for when care was planned. For example, the service's assessment documentation did not include sections to identify people's race or ethnic background, gender or sexual orientation. Where people expressed religious faith or belief, there was little, or no exploration identified to understand how people were or needed to be supported to practice their faith.

We recommend the provider refers to current guidance and updates its practice to ensure people's protected characteristic rights are upheld.

- People felt well treated and supported by staff. One person told us "(Carer) is really good, (carer) knows what they're doing and is courteous, polite and has a good sense of humour. A relative told us "Mum will talk about the girls (carers) and they make her day when they visit"
- Staff we spoke with knew people well and what was important to them. Staff spoke with warmth and compassion towards people they supported and expressed they wanted to help make positive differences in people's lives.

Respecting and promoting people's privacy, dignity and independence

- People and relatives we spoke with told us how staff respected their privacy, dignity and independence. One relative told us, "They really do protect (person's) dignity and they always close doors and curtains, even when I am here". A person told us, "We talked about my care and then I've improved a lot, I used to have a catheter and they did that but now I don't need it, and so they talk to me about my care as it improves."
- Staff we spoke with understood the importance of maintaining people's privacy and dignity. Staff knew people well and what they would like to do for themselves. Care plans documented activities people preferred to do independently.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff we spoke with knew people well and were alert to changes in people's health needs. Staff took action to ensure appropriate care and treatment was provided. A relative told us "On occasions the carers have noticed pressure sores starting and they have called in the District Nurse."
- Relatives felt some staff made extra effort to ensure they were ok as well as the person receiving care. A relative told us, "Our two regular carers are brilliant, they sit and talk and listen and they ask me if I need anything too. They have caring and compassionate hearts "

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities and social relationships that were important to them. For example, two people enjoyed attending day centres and their care was planned to ensure they were ready for the arrival of their transport.
- People's assessments and care plans documented their interests and activities they enjoyed taking part in and talking about. Staff told us they recognised when people were feeling lonely or isolated and encouraged everyday conversation with people rather than just talking about their care.

Meeting people's communication needs

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

- The registered manager informed us care documentation, advice and guidance can be made available in different formats upon request or identified need.
- Assessments and care plans identified people's communication needs and preferences. For example, a person experienced difficulty communicating verbally. The service introduced communication (Flash) cards which staff used to communicate with the person.

Improving care quality in response to complaints or concerns

- Systems and processes were not always effective in managing and resolving complaints to improve the quality of care. We received mixed feedback from people and relatives regarding complaints raised about the service. For example, one relative told us, "We have made many complaints to the office, but they don't take any notice." However, another relative told us "There had been a couple of concerns but they've sorted it out, I phone the office and I feel comfortable talking to them and it's been sorted."

- The service had a complaints file and policy in place and people who we spoke with knew how to raise concerns.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care. Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The providers governance and quality assurance processes failed to provide effective oversight in identifying and monitoring risks for people. Auditing of care records was not thorough. There was over reliance on electronic safety alerts systems to notify the management team of incidents or risks. This meant opportunities to identify and mitigate risk were missed which increased the risk of avoidable harm occurring.
- The registered manager did not have effective oversight of people's medicine administration needs or the practices of care staff when administering medicines. There was a lack of consideration in the timing and number of care calls for people requiring time sensitive medicine to ensure this was administered effectively and safely. The registered manager was not aware of people receiving "as required" medicine which were administered by staff without the required assessments and protocols.
- The registered manager did not use effective strategies to manage people's risks and the impact on the quality of care people received due to staff shortage. People's care calls were regularly and systematically changed without warning. A relative told us "They (carers) do what they have to and cut the call short if they can because they are rushing."
- The provider failed to robustly investigate whistle-blowing concerns when it involved a member of the management team. The provider did not follow their own whistle-blowing policy and process. There was no evidence of a thorough investigation being completed to address the entirety of the concerns raised. Aspects of the concerns raised were considered as safeguarding issues by the inspector. We ensured a referral was made to the local authority safeguarding team for their independent review.
- The registered manager did not promote a positive workplace culture which impacted on staff retention. Staff described working within a negative and unsupportive environment. Several staff we spoke with said they were leaving the service or intended to do so due to increased work pressure and the lack of support from the registered manager towards them.

The provider failed to ensure governance processes and quality assurance systems were operated effectively to assess, monitor and mitigate risks to improve the quality and safety of care. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 service did not always communicate transparently in the management of concerns it received. The management team told us they had not received any whistle-blowing concerns when asked by the inspector. However, when we shared whistle-blowing information provided to us with the nominated individual, it was acknowledged they had received this.
- People were not always satisfied with the responses they received when things went wrong. For example, a relative told us "The timing is bad; they missed one or two calls. They phoned on one occasion and said, 'we are going to struggle to get to you.' What can I do, I just have to accept it."

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

- People were not consistently involved in monitoring the quality of care at the service. The provider encouraged people and their relatives to complete satisfaction surveys to analyse their experience of care. The registered manager told us surveys were sent out to people every three months. However, analysis was only undertaken on one occasion within the last seven months. This meant the provider did not have recent information to make judgments on the quality of people's experiences.
- Staff told us they were encouraged to raise any issues so the management team could respond accordingly. Staff were given space to ask questions during team meetings.

Working in partnership with others

- The registered manager told us they worked in partnership with health and social care professionals to ensure people received appropriate support. For example, records showed where relevant referrals had been made to GP's and district nurses.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure safety alert systems were effective and risks to people's safety reviewed. Medicine administration was not always effective which increased the risk of harm occurring.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider failed to ensure systems and processes were operated effectively to protect people from potential risk of abuse.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure governance processes and quality assurance systems were operated effectively to assess, monitor and mitigate risks to improve the quality and safety of care.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider failed to ensure there were sufficient numbers of suitably qualified staff in order to consistently meet people's care needs and call times.</p>

