

Avondalecare (Kent) 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?

Good 

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

Avondalecare (Kent) Limited provides personal care to people with mental health needs in their own homes. At the time of our inspection there were two people using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People were happy with the care they received from Avondalecare (Kent) Limited. We found the care people received was good, but staff had not been recruited safely and the provider was not aware of this.

People were protected from the risks of harm and abuse. Staff knew how to identify and raise any concerns they had. Concerns raised had been listened to and acted on. Risks had been assessed with people and ways to keep them safe, while remaining independent, had been agreed.

Staff supported people to remain well. People were offered food and drinks they liked. People's medicines were managed safely. Staff practice protected people from the risk of infection.

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

People had planned their care with staff and were supported to live their lives in the way they wanted. People had been invited to share their end of life preferences.

People and staff were asked for their views of the service. These were listened to and acted on to improve the service.

The registered manager and provider understood their legal responsibilities and had shared information with us and others when they needed to. This included telling us about any significant incidents.

There were enough staff to support people. People received their care from a team of staff they knew. Staff arrived at the agreed time. Staff had the skills they required to care for people and were supported by the registered manager and provider.

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 18 October 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on our inspection programme.

Enforcement and Recommendations

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 monitor the service and will take further action if needed.

We have identified breaches in relation to staff recruitment and checks and audits at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 ●

Avondalecare (Kent) Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was completed by one inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 31 May and ended on 6 June 2022. We visited the location's office on 31 May 2022.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with one person and one relative about their experiences of the service. We spoke with six staff including the registered manager, two support workers, a director and two office staff. We reviewed a range of records. This included two people's care records, medication records and three staff files in relation to recruitment. A variety of records relating to the management of the service, including checks and audits were reviewed.

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 of 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.

Staffing and recruitment

- People were not protected by safe recruitment practice. Robust checks had not been completed on staff's conduct in previous care roles to ensure they had the skills and experience to meet people's needs. Attempts had not been made to contact staff's previous social care employers to check they had the required skills and experience.
- A full employment history with dates of employment had not been obtained. Any gaps in employment had not been identified and explored to ensure the provider had all the information they needed to make informed recruitment decisions. This information helps providers assess if staff have the required character, skills and experience for the role.

The registered provider had failed to ensure staff had the competence, skills and experience necessary to perform their role. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Disclosure and Barring Service (DBS) checks had been completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People told us they received consistent care from staff who knew them well. They knew who would be supporting them and when they would arrive. A person told us staff usually arrived on time and a relative confirmed this. A system had been put in place during the Covid-19 pandemic to quickly identify which staff had the skills to meet people's needs if their usual carer became unwell.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse and told us they felt safe with staff. A relative told us staff visits gave them reassurance their loved one was safe and well. The registered manager had identified any potential risks and shared them with the local authority safeguarding team for their consideration.
- Staff knew about different types of abuse and were confident any concerns they reported to the registered manager and provider would be addressed. They knew how to whistle blow outside of the service if they needed to.
- The registered manager had acted to protect people from scams and fraud and reduce the risk of them becoming victims of crime. They had supported people to understand risks from unsolicited phone calls and how to share any concerns they had. This had reassured people.
- People told us they were confident to raise any concerns they had with the registered manager. One

person told us they had the registered managers phone number and were confident to contact them if they were ever worried.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and action had been taken to mitigate risks. The risk of people falling has been assessed and staff followed guidance about how to support people safely. People's care plans included detailed information about the equipment people used walk safely.
- Moving and handling risk assessments had been completed. Again, these contained detailed guidance for staff about how to use equipment safely. One person who used equipment to help them move safely, told us they felt safe when staff supported them.
- Some people were at risk of developing skin damage and used special cushions and mattresses to reduce the risk. Staff knew how these operated and checked they were working correctly. One person told us staff had noticed when their mattress had malfunctioned and had arranged for it to be changed for them.
- Risks related to people's homes were assessed and changes were suggested to keep people as safe as possible. Where people wished the registered manager supported them to receive a visit from Kent Fire and Rescue Service. People received advice on how to leave their home promptly in an emergency and safety equipment such as metal bins for cigarettes.

Using medicines safely

- People received their medicines safely and in the way they preferred. Safe systems were in operation to administer and record people's medicines. Records were checked regularly to make sure they were accurate, and no errors had occurred.
- People's care plans contained information about where their medicines were stored so staff could find them easily. Staff had worked with the community pharmacy team to support people to remain as independent as possible around their medicines. For example, some people administered their own medicines with staff oversight.
- Staff completed regular medicines management training. Their competency to manage medicines safely was assessed each year.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Accidents and incidents were reviewed regularly to look for any patterns and trends. Accidents and incidents were rare, and no patterns had been identified. When one person had slipped their care plan had been reviewed and revised and they had not slipped again.

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 Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed with them before they were offered a service. The registered manager met with people to discuss their needs and preferences. They completed an assessment which included the support people required and what they were able to do for themselves. The registered manager used this information to make sure staff had the skills and time to meet people's needs.
- Staff used recognised assessment tools. For example, Waterlow assessments were used to understand the risk of people developing pressure ulcers.
- People had been asked to share information about their lives, to help staff get to know them and understand what they liked. This included their family, jobs, lifestyle choices, spiritual and cultural needs.

Staff support: induction, training, skills and experience

- Staff had the skills and experience they required to meet people's needs and were supported through ongoing training. They completed training appropriate to their role including topics specific to people's needs, such as diabetes and mental health conditions.
- New staff completed an induction which includes the provider's vision and values. They worked alongside an experienced staff member to get to know people and the standards of care the provider required.
- New staff who did not hold recognised qualifications in social care, complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff met with a supervisor regularly to discuss their practice and development. Staff told us they found these meetings supportive.

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

- People were encouraged to eat and drink enough of the right things to keep them well. For example, people with diabetes were encouraged to have a low sugar diet. Staff knew what increased people's blood glucose levels and suggested healthier alternatives.
- Where staff prepared meals and drinks for people, these meet their needs and preferences. Staff knew people's favourite foods and how they liked them prepared.
- Staff knew the importance of encouraging people to drink enough. They made drinks during visits if people wanted and left drinks for them.

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

- Staff understood people's physical and mental health conditions and supported them to remain as well as possible. Staff identified changes in people's health and supported them to inform their GP or mental health professional.
- Staff kept in contact with hospital staff when people had been admitted for treatment. This was to make sure they knew when people were going home, and they had up to date information about their needs.
- When people wanted staff supported them to attend health appointments. This was to support people to tell the professionals about their health and follow any guidance provided. Some people had communication books which staff used to share information with health care professionals who visited regularly, such as community nurses and people's relatives. One relative told us they were always informed about any changes in their loved ones health.

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

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

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

- People were supported to make choices in ways they preferred. People had signed to confirm they consented to their care and they had received the care they wanted at each visit.
- Staff understood the principles of the MCA and followed these at all times. Guidance was available in people's care plans to remind staff that people had capacity and would make their own decisions. Some people made unwise decisions at times. Staff gave people advice about staying as safe and well as possible and respected the decisions they made.
- The registered manager and staff knew who was able to make decisions on people's behalf. When an unlawful decision had been made, the registered manager supported the person to challenge this. They also supported people's friends and relatives to understand the principles of the MCA and why they would not go against people's decisions.
- The registered manager supported people to change formal decisions when they did not agree with them. For example, a 'do not attempt cardiopulmonary resuscitation' (DNACPR) decision was made in a person's best interests when they were unwell. When they felt better the person decided the decision was no longer necessary and the registered manager supported them to have the DNACPR decision removed.

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

- People and their relatives told us staff were kind and caring. One person described the staff as "Really splendid, thoughtful, efficient, reliable and funny".
- There was a mutual respect between people and staff. People were relaxed in the company of staff and complimented them on their work. One person told us, "They are so keen to do the job as perfectly as possible. They never let me down". Staff valued people's knowledge and experience and told us they learnt from people every day.
- Staff treated people with respect. They referred to them by their preferred names and described them in positive ways. Records were positive about what people had achieved.
- People had opportunities to tell staff about their lifestyle choices, sexual orientation and gender identity and their choices were respected.

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

- Staff knew what may cause people to become anxious and gave them the reassurance they needed. One person liked to know which staff would be coming to see them next and staff told them at each visit. The person told us, "I relax when I know they are coming". When a person was anxious a staff member may not know them well, and another staff member told them to call them if they had any worries.
- Staff supported people to communicate their needs and preferences. They knew how people would share their views and opinions and respected what people told them. For example, they encouraged one person to speak a little louder to support staff to hear what they were saying. Staff also supported the person to communicate their views with others, including their GP.
- People who needed support to share their views were supported by their families, social workers or paid advocates. The registered manager knew people's advocates and advocacy organisations, and how to contact them when needed.

Respecting and promoting people's privacy, dignity and independence

- Equality and independence were core values which underpinned the care staff delivered. People's care plans reminded staff how to maintain these while supporting people. Care records showed staff followed the care plans and encouraged people to make their own decisions and do as much as they could for themselves.
- People told us staff supported and encouraged them to be as independent as possible. One staff member described how they were supporting a person to rehabilitate after an illness. They told us, "This is being done very slowly so as not to damage their confidence". The person confirmed they were slowly getting the independence back.

- People had privacy and were treated with dignity. One person told us they could see staff approaching their home. However, staff always called out to them when they to let them know they were there. They found it reassuring staff respected their privacy. They also told us, "Staff don't treat me like a child".

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

- People had planned their care with staff, including their preferences. People were supported to set small achievable goals to help them learn new skills or regain their independence. A relative told us staff chatted to their loved one about things they enjoyed and took the time to engage this in conversation. They told us this reduced the risk of the person becoming isolated.
- Staff knew people well. One person told us staff anticipated any issues and supported them to make choices about what to do. A relative told us staff offered their loved one support with particular tasks and did not help when they person declined their offers.
- People's care plans contained detailed guidance for staff about how to provide people's care. This supported staff to provide consistent care and support in the way people preferred. People told us staff provided their care in the way they wanted.
- People's care was flexible to their changing needs and preferences. For example, when people were unwell or recovering from an illness.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Important information, including the service user guide, was available to people in accessible formats. This included large print and easy read formats. Staff used pictures to support some people to understand information.
- The registered manager had access to translation services which could be used to translate information for people if needed. Staff made sure information people received from health care professionals and other people was accessible. They read letters to them and helped them understand what would happen and what they needed to do.

Improving care quality in response to complaints or concerns

- People and their relatives were confident to raise any concerns they had and that these would be resolved. The registered manager welcomed complaints and saw them as a way to improve the service. One person told us the registered manager monitored what staff did and took action to address any concerns before they had raised them. This gave the person reassurance.

- A formal process was in place to manage complaints however, none had been received. People had discussed any little niggles they had with the registered manager or staff and these had been resolved to their satisfaction.

End of life care and support

- People had been given the opportunity to discuss their end of life care preferences. People had not taken up this offer and preferred not to discuss this with staff.

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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- People were not protected by robust checks and audits of all areas of the service. Staff recruitment was completed by human resources staff. The registered manager did not have access to recruitment records and had not had the opportunity to check staff had been recruited safely. The provider had not completed recruitment audits and was unaware staff had not been recruited safely. Following our inspection, the provider changed their processes to ensure the registered manager had access to all the information they needed to complete robust recruitment audits.

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

- Checks had been completed on other areas of the service to check they were up to date and effective.
- Records, including daily notes and medicines records were audited to make sure they were complete and contained all the information the registered manager and professionals needed to keep people's care under review.
- Regular checks were completed on staff's practice, which included observing them and feeding back any areas for improvement or good practice.

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

- The registered manager and staff shared a vision for the service. Their shared goal was to support people to develop, maintain or regain as much independence as possible. This ethos of care and support ran through the all areas of the service.
- The provider had a clear vision of how the service was to be provided and this included equality for everyone regardless of their 'gender, ethnic origin, sexual orientation, religious belief, age or disability'. This vision was shared by staff, who told us they were also treated equally.
- Strategies were in place to support staff to always work to the best of their ability, these included counselling for staff when it was required. A staff forum obtained feedback from the staff team and shared this with managers so any issues or concerns could be addressed. Staff felt they were part of the organisation and could contribute to it.

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

- When things went wrong the registered manager apologised and informed people of the action they had taken to prevent a similar incident occurring again.

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

- Staff were clear about their roles and responsibilities and were reminded of these at regular staff and supervision meetings. Policies and processes and any updates were accessible to staff on their hand-held devices. Any concerns or success stories were discussed at weekly meetings. This was so everyone was aware of what was happening, the action taken, and any further action required.
- Staff told us the registered manager and office staff were approachable and supportive. They told us they could always contact a manager for support during the day or at night. Staff received thanks and recognition for going the extra mile and having a positive impact on people's lives. These were based on feedback from people and colleagues.
- The registered manager understood regulatory requirements. They had plans in place to display the CQC quality rating at the office and on their website when received. This was so people, visitors and those seeking information about the service were informed of our judgments.
- Services that provide health and social care to people are required to promptly inform us of important events that happen in the service. This is so we can check appropriate action had been taken. The registered manager was clear about when they were required to notify us and we had been informed without delay.

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

- People were asked for their feedback about the service every year. Most people who had shared their feedback did not receive a service regulated by CQC. The general feedback was people were involved in planning their care, received care to meet their needs and they felt safe.
- Staff were asked regularly for their feedback and suggestions. Staff told us their suggestions were listened to and acted on. At staff's request a uniform had been provided which included the provider's logo so people could be assured who the staff member worked for.

Working in partnership with others

- Staff had an open and transparent working relationship with the local authority safeguarding team. They were confident to call the team to discuss any concerns they may have.
- Staff worked hard to develop and maintain good relationships with other professionals who supported people. This was to ensure their needs, wishes and preferences were met at all times. Any changes in people's needs were shared promptly and everyone worked together in people's best interests.

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	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the service. 17(1)(2)(a)
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered provider had failed to ensure staff had the competence, skills and experience necessary perform their role. 19(1)(2)(3)(a)