

WilsonParker Limited

Availl (Bedford)

Inspection report

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Date of inspection visit:
16 November 2021
23 November 2021

Date of publication:
10 December 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Avaiill (Bedford) is a domiciliary care service providing personal care to people living in their own houses or flats. It provides a service to people who misuse drugs and alcohol, people with an eating disorder, people with mental health needs, people with learning disabilities or autistic spectrum disorder, and people with dementia. At the time of the inspection six people were being supported by the service with personal care.

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

Staff understood how to identify and report any potential harm or the risk of this occurring. Risks to people were identified, recorded and managed. One relative told us how quickly and effectively staff responded to their family member experiencing several falls and resolving the matter.

Trained and competent staff administered and managed people's medicines whilst promoting people's independence to do this themselves. A robust process helped ensure staff were supported to develop skills to safely meet people's assessed needs.

There was an open culture, and lessons were learned and shared amongst the staff team, and others involved in people's care, when things went wrong.

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. A person told us about their care plan and said, "It reflects all my needs, what I can do and what staff help me to do. I do most things myself, but staff give me a choice with everything."

Staff focused on the needs of the person and respected people's choice of communication whilst also upholding confidentiality. This helped ensure every person was treated equally well.

People's care was compassionate, respectful, and staff promoted independence and privacy as much as possible. One person told us, "Staff stand by me when I shower, help me dry my feet and legs, they give me privacy in the shower."

Concerns were acted on before they became a complaint and compliments were used to recognise good practice. Policies and procedures were in place for end of life care, and staff knew what actions to take when required.

The management team supported staff to understand and carry out their responsibilities to promote the

provider's values about being open and honest. People, their relatives and staff had a say in how the service was run and managed.

Monitoring systems and oversight of the service were effective in driving improvements. The provider worked well with others involved in people's care to help ensure good outcomes for them.

Rating at last inspection

This service was registered with us on 2 July 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration with CQC.

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

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Avail (Bedford)

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 Care Act 2014.

Inspection team

This inspection was carried out 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 and specialist housing.

The service did not currently have a manager registered with the Care Quality Commission. This means that the provider is 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 four days' notice of the inspection. This was because it is a small service and we needed to be sure that the provider and their representatives would be available in the office to support the inspection. We also needed to ensure people could consent to us speaking with them. Inspection activity started on 16 November 2021 and ended when we visited the office location on 23 November 2021.

What we did before the inspection

We reviewed information we had received about the service since registration. This included events reported to us such as deaths. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We received feedback from two social workers and a health professional. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two people's relatives. We spoke with five staff including the operations' manager. We communicated with the nominated individual by e-mail. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. We looked at two people's care records and two staff files in relation to recruitment and supervision. We also looked at a variety of records relating to the management of the service, including quality monitoring audits, incidents, staff training and supervision planning records and medicines administration records.

After the inspection

We reviewed records relating to safeguarding incidents and staff training competencies assessments.

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to identify, report and act on any concerns about safeguarding people without discrimination.
- Where safeguarding incidents occurred, effective actions had been taken to prevent recurrences. The provider's openness in working with the local safeguarding authority meant staff were confident reporting concerns. One staff member told us, "I know to look out for bruising or behaviours that would not be normal for the person. I would report this to the [provider], safeguarding team or the CQC if needed."
- People told us staff knew the ways to keep people safe such as, using hoisting equipment safely and ensuring pressure sore prevention equipment was being used correctly. One person said, "[Staff] are very careful hoisting me. They tell me to keep my arms and legs still and remind me to wear my emergency lifeline pendant."

Assessing risk, safety monitoring and management

- Risks to people included health conditions, skin integrity, repositioning and people's home environment were identified and managed. This helped ensure risks to people were mitigated as far as practicable.
- Risks were reviewed regularly, and changes were made to help ensure staff had the latest information. Some risks assessments around people's repositioning lacked detail. Other guidance for staff how to keep people safe with eating and drinking was more detailed. One person said, "[Staff] know what foods I can a can't eat and that I have a [diet for my safety]."
- People were supported to take risks in a safe way, and actions taken by staff reduced risks to people. This meant for instance, people could live safely at home and be able to go out more independently. One person told us staff's management of their risks meant they always felt safe with staff.

Staffing and recruitment

- The provider had a robust recruitment process to help ensure those staff chosen were suitable to work with people.
- Checks prior to staff being employed included recent employment and character references and proof of the right to work in the UK. One staff member told us, "I had a DBS (criminal records check) before I started. I had to show my passport and explain gaps in my employment. I have to sign annually that I am still able to do the job."
- People and relatives told us there was always enough staff who undertook people's care and support without rushing. One person said, "I have a regular and reliable team of staff. If ever they are running a little late, they ring and let me know."

Using medicines safely

- Trained and competent staff administered people's prescribed medicines safely. Guidance was provided to staff for medicines which had to be administered at a specific time or in a liquid format.
- Staff were kept up to date with guidance for administering medicines in the community. This included as and when required medicines such as for pain relief. One relative said, "[Staff] administer the medicines when I am not here. They sign a form to record they have done it. I collect all the new prescriptions."
- Medicines administration records (MAR) viewed showed people had their medicines as prescribed. Audits of people's MARs ensured that any errors were picked up and acted on.

Preventing and controlling infection

- The provider's policies and procedures for minimising the risk of infections helped ensure people were kept safe, including staff participating in the COVID-19 testing programme.
- Staff undertook COVID-19 specific training as well as more general infection prevention and hygiene in people's home. All staff we spoke with told us they always had enough personal protective equipment (PPE), wore this as required and had regular training updates about changes to IPC guidance.
- Staff ensured they maintained good standards of hygiene including regular hand washing and using additional PPE, such as a visor if this was needed.

Learning lessons when things go wrong

- The provider had systems in place to identify when incidents occurred, and took action to help prevent recurrences. For example, contacting a health professional, the local safeguarding authority and acting on advice given.
- The provider told us they were going to implement an electronic care planning and records system in early 2022. This would identify incidents, such as missed care visits more quickly, and enable prompt action. A staff member said they often relied on historical information, but an electronic system would remove this risk.
- Staff told us that they were kept informed about changes following an incident, learning was had, and monitoring of this was completed to help ensure incidents didn't reoccur. This showed that there was an open learning culture, meant staff saw value in reporting any issues and staff were supported to learn.

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

- A thorough and comprehensive assessment of people's needs was undertaken based on national standards, such as for various health conditions, people's independence skills, any special needs such as for diet, allergies and people's home environment.
- Staff met people's assessed needs and understood how best to do this. One person told us staff knew them ever so well and they could not have chosen staff better themselves. The person told us how pleased they and their family were at how well they were doing with support from staff.
- Staff ensured people's choices were respected without discrimination. Examples of this included the use of strategies to communicate with people with dementia, sight or hearing impairment. This showed staff applied equality and diversity policies in practice.

Staff support: induction, training, skills and experience

- Staff received a range of training based on people's assessed needs and were supported to develop further skills. These included the completion of nationally recognised qualifications in care.
- People could help contribute to staff skills by providing guidance. However, where people had specialist needs, staff did not have a competency assessment that evidenced if this was safe. This could put people at risk. Although people felt safe and told us staff had the right skills, the provider told us they would seek additional healthcare training.
- Staff told us their support was effective and communication with the management team was a two-way process. Support was provided in the form of supervisions, observations of care practices and team meetings. A staff member told us, "I check to make sure everything staff do is being done as it should. I advise them on anything that needs attention."

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

- People were, as far as practicable, supported to eat and drink independently and to make healthy choices.
- Systems were in place to ensure people at risk of malnutrition ate and drank enough, and in a safe way. One relative told us that staff provided meals specific to the person's health condition. Records showed this had been done consistently.
- Staff helped people choose healthy eating options, whilst assisting with shopping and meal preparation. One person said, "Staff know exactly what I want for breakfast, porridge, cornflakes, toast and coffee. They listen if I want something else."

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

- The management and staff team ensured they worked jointly with other stakeholders to help ensure people's transitions to the service was seamless. This included clear plans for putting in place safe and effective care, sometimes at short notice.
- A health professional told us they were impressed with the support provided to a person, and how well staff met the person's needs to live at home. They said, "Staff are very professional and make health referrals as soon as they notice any concerns or changes."
- People benefitted from the support they received to access healthcare services. One example was people experiencing a higher quality of life, and another to have the equipment they needed to remain living at home.
- Staff and people's representatives, such as family members, supported people to access healthcare services. One relative told us, "I am always told if staff have called 111 or a GP. I do trust them to do this when I'm out."

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.

- Staff were confident in the application of the MCA and its five key principles. This included allowing people to make unwise decisions or having restrictions in place. Staff supported people to do this safely.
- Staff were skilled in offering people a choice where people might make unsafe or unwise decisions. One staff member said, "I would help people to do, or decide about, something. I could show a few options such as making sure people had a choice of appropriate clothing. I also look what choices are in the fridge or freezer and show these items."
- People were supported to make decisions that were in their best interest. For example, maintaining mobility and independence.

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

- Staff supported people to live a life they wanted, at home, and listened to what people said. Staff did this respectfully, with kindness and compassion.
- Staff knew the finer points of people's care and how to make the best positive impact. One person told us how good staff were at letting them be independent and also when their intervention was needed.
- Staff gave people enough time, without rushing, to enable people to take the lead with aspects of their care. One person said, "Staff always ask me how I feel. I say fed up and miserable, but they know this is just me joking. We have some lovely conversations; they help cheer me up." We found that this approach by staff gave people a sense of purpose.

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

- Staff took every opportunity to involve people in their care, and ensured people were listened to equally well. People were also supported with relatives or other advocates to determine how best their care was provided.
- Staff took time to listen to what people said. This could be through body language, emotions or exactly what the person was telling them. One person said, "I get respectful support to go to the loo and [staff] wait outside, they help me safely back into my [chair]. I buy all my own toiletries and staff know exactly what to use and how."
- Staff knew how to support people with dementia and the ways people chose to express their views. This meant people were listened to equally well.

Respecting and promoting people's privacy, dignity and independence

- People were cared for and supported with dignity, with privacy and in a way which promoted independence.
- People and relatives we spoke with praised the continuity of care. One relative said, "We like to have the same staff. We have a lovely team. They know my [family member] really well and how to encourage them when they are being [hard to understand]. They know board games and puzzles really help."
- Staff were consistent in their approach to people's care by ensuring people could do as much for themselves as possible. One staff member told us, "If a person is unsure or upset about something, they are struggling with I say, don't worry, I will help you. I use a towel to cover modesty, cover one part at a time and give people time in private to be independent in the bathroom."

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's care plans were developed with the person or their representative, and gave a detailed record of what individualised care meant to the person.
- Records and guidance for staff included what the person's interests were, what made a difference to their lives, and best way for staff to help people achieve their goals. One person said, "[Staff] are 100% perfect for me. I have complete control over my life and the support I need. I am only here today because of them."
- Staff enabled people to live a meaningful life in a way they wanted. One relative told us their family member was able to have their favourite type and style of coffee, and to play games that brought back precious memories.

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.

- Staff had a good understanding about each person's communication needs and how best to support people to be heard, listened to and cared for in a person centred way.
- Staff told us how they knew to give people as long as they needed to be listened to, being patient, speaking more slowly, or kneeling close to the person for better communication. A relative said their family member needed to know the staff and how good staff were at talking with the person. This meant staff used techniques and encouragement for personal care.
- A health professional told us how adept staff were at enabling a person to tell staff precisely how to be supported and guide them in a way the person wanted.

Improving care quality in response to complaints or concerns

- Concerns were acted on before they became a complaint, and compliments were used to identify what worked well.
- Staff knew how to support people to access the complaints process if needed. People told us they knew how to raise minor concerns and that these were addressed to their satisfaction.
- One compliment praised staff for providing tender loving care at short notice for around the clock care.

End of life care and support

- At the time of our inspection no person was in receipt of, or in need of, end of life care.

- However, policies and procedures and staff with knowledge and experience of end of life care were in place if this was needed.
- A relative had praised the provider's staff saying how well staff had provided end of life care, providing care with tenderness and sensitivity during a difficult time for the family.

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.

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

- The service had not had a registered manager since July 2021. The provider was actively recruiting a manager to fill this role.
- The management team supported staff to understand their responsibilities, and supported staff to have the same standards and values of good quality care.
- The provider had on previous occasions notified us about events they are required to. However, we found an incident that had not been notified to us involving the management of medicines.
- Action taken ensured people remained safe, including referrals to the local safeguarding authority and guidance from health professionals. The provider notified us, albeit retrospectively, and told us this oversight would not happen again.

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

- A representative of the provider explained how they had responded to the challenges they faced such as, staff recruitment. The nominated individual also explained the challenges in getting training for staff for specialist equipment people used. They told us they had sourced a private company to do this so staff could train other staff and assess their competence.
- People and their relatives all praised the provider for achieving good outcomes. Examples included supporting people with multiple needs to be able to live independently at home. This was with skilled staff and support that included health professionals when needed.
- Staff were supported by the provider to understand their responsibilities. Staff were reminded of these if things went wrong and praised when things went well. Staff implemented the provider's values for good quality care that changed people's lives for the better. One social worker told us, "[Provider] takes on new care and support when they are assured people will be supported effectively. I am assured they are."
- Although the provider had identified risks, those for people's moving and handling lacked detail. For example, they stated 'assist to move from chair to commode'. This meant staff relied on training and didn't have guidance based on the person's individual needs. The provider told us they would add further details.

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

- People, their relatives or advocate were involved in how their care and support was provided, by whom, and how and when this occurred.

- One person told us, "[Management staff] come to see me regularly and check everything is going well. They ask if staff are doing everything they should and to a high standard. This means I can live at home. I am lucky to have this level of support I can rely on. I feel 100% involved in how my care is provided."
- All practicable means were used to ensure people were listened to. This included communication by e-mails, staff interactions with people during the provision of care, and information from relatives.

Continuous learning and improving care

- Effective monitoring systems in place included a range of audits and governance of the service in identifying and implementing improvements. Other ways to improve were quality assurance surveys for people and staff.
- One person told us "[Provider] has given me carte blanche to ring them at any time. I feel able to contact them knowing I am listened to. I had an issue with one staff, we just didn't bond, that was resolved quickly."
- The provider had systems in place to monitor all aspects of people's care and support. Areas monitored included daily care notes and accidents and incidents. The provider implemented effective actions such as referrals to the appropriate organisations and health professionals.
- People told us that the systems in place helped ensure that their quality of care remained high and met their needs.

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

- Staff told us they were supported to be honest, open and report any concerns. This reporting which on occasion was over 10 days, had led the provider deciding to implement electronic care systems.
- The provider recognised a need for using technology to respond and be able to take prompt actions and improve people's care more effectively. A staff member said, "Having these tools will give us live data and be able to respond straight away."
- Where incidents occurred the provider analysed these, were open in reporting them to the safeguarding authority and apologised to people. People were satisfied with actions taken.

Working in partnership with others

- The provider and their representatives worked with a wide range of stakeholders involved in people's care.
- These consisted of various health professionals, safeguarding authorities and social workers who all praised the provider about how joined up people's care and support was. One commissioner told us, "Avall responded very quickly in an urgent situation and I can't praise them enough."