

Ave Maria Care Ltd

# Ave Maria Care Services

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Ave Maria Care Services is a domiciliary care service providing personal care to people living in their own houses and flats. At the time of our inspection, there were 54 people receiving support in their own homes.

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

The provider had failed to adequately manage calls to ensure they were made at the agreed time. The provider had systems in place to monitor calls times which had identified these issues. However, at the time of the inspection actions taken had not been effective in addressing the issues of calls being made either earlier or later than the times arranged and agreed with people.

The provider was open and receptive to the Inspection and the findings shared with them. The management team acknowledged improvements were required and were taking additional actions with staff to address these areas.

The provider had systems in place to assess the risks to the health and safety of people and provide staff with detailed guidance to mitigate these risks and people told us they felt safe with the support of staff.

Staff adhered to infection control procedures and protected people from the risk of infection. Staff were knowledgeable in safeguarding adults' procedures. People we spoke with said they felt safe with the care and support of staff.

People were supported to have maximum choice and control of their lives and to ensure staff supported them in the least restrictive way possible and in their best interests.

Staff were caring and respectful and people were involved in their care and their wishes about how they wanted to be supported.

People we spoke with said staff provided good care and staff working for the provider told us they felt supported in their role.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for the service was good (published 12 October 2017).

### Why we inspected

The inspection was prompted in part due to concerns received about the management of calls. 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 responsive and well-led sections of this full report to see what actions we have asked the provider to take.

### Enforcement

We have identified a breach in relation to good governance.

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

### 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 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 safe.

Details are in our safe findings below.

Good ●

### 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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

### 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 Services

## 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

The inspection was carried out by 1 inspector and an Expert by Experience who made telephone calls. 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 care provides personal care to people living in their own homes.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### 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 would be in the office to support the inspection.

Inspection activity started on 11 May 2023 and ended on 24 May 2023. We visited the office location on 11 and 24 May 2023.

What we did before the inspection

We reviewed information we had received about the service since it registered with CQC.

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 5 people and 5 relatives of people who used the service about their experience of the care provided. We spoke with 9 members of staff including the registered manager, the quality manager, the regional manager, 2 senior carers and 4 care staff.

We reviewed a range of records. This included 4 people's care records. We looked at 3 staff members files in relation to recruitment. We also looked at a variety of records relating to the management of the service, including policies and procedures.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. . This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The provider had systems in place to assess the risks to the health and safety of people and provide staff with detailed guidance to mitigate these risks.
- People told us they felt safe with the support of staff. One person told us how staff supported them to stay safe and commented, "They [staff] are absolutely brilliant....I have 2 carers at a time....I never feel unsafe with them."
- Staff we spoke with knew people well including the risks to their well-being. They advised information was available to them via the electronic system, where updates and changes were made in real-time.
- The provider completed a risk assessment of people's property to ensure both people and staff were safe.

Systems and processes to safeguard people from the risk of abuse

- Staff felt confident to report any safeguarding concerns they had to the registered manager and were confident that action would be taken in response.
- The provider had a system in place to record all safeguarding concerns and record the actions taken in response including notifying the relevant agencies such as the local authority and CQC.
- We spoke to six care staff all of whom confirmed the provider had a whistle-blowing policy in place. One member of staff said, "I would say we've been encouraged to whistle blow with any concerns."

Staffing and recruitment

- We reviewed 3 staff recruitment files and saw the provider had made appropriate checks including taking references from previous employers and making Disclosure and Barring Services (DBS) checks. Disclosure and Barring Service checks provide information including details about convictions and cautions on the Police national Computer. The information helps employers make safer recruitment decisions.
- The provider had a programme of ongoing recruitment but advised of the challenges of recruiting new staff. It is important to note, that staff recruitment is currently a known difficulty across the adult social care sector.
- People and relatives told us people received care from a consistent staff team. One relative commented, "He has the same staff, regular faces is good for my relative."

Using medicines safely

- People were supported safely with the management of medicines.
- One person we spoke with said they were happy with the medication support they received, and staff told us they had received training in medicines management.
- We saw checks were made to ensure appropriate records were maintained for any medicines administered and competency checks were made to ensure staff provided managed medicines correctly.

### Preventing and controlling infection

- We were assured that the provider was supporting people to minimise the spread of infection.
- People confirmed PPE (personal protective equipment) was used effectively when required.
- Staff confirmed a good supply of PPE was provided to them along with Infection control training.

### Learning lessons when things go wrong

- The provider maintained a record of all accidents and incidents and the actions taken in response and to monitor them for trends and learning.
- The provider shared learning across all services. For example, where concerns had been identified in a CQC inspection at another office, action had been taken to increase monitoring at all branches.
- Staff knew how to report and record any concerns and said the management team were responsive.

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- Pre-service assessments had been completed, which included information about people's medical history, healthcare conditions and their care needs.
- People we spoke with said care was delivered in line with their individual choices. People liked the staff that supported them and staff we spoke with knew people's needs and wishes well.

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.

- The registered manager understood their responsibilities under the MCA and staff had been provided with training to aid their knowledge and understanding.
- Staff told us and people confirmed they sought people's consent to care and respected people's choices and decisions regarding their day-to-day care.
- Where people had legal documentation in place for other people to make decisions for them should it be required in the future; this had been verified and recorded by the registered manager.

Staff support: induction, training, skills and experience

- Staff received an induction and ongoing training related to their job role.
- People and relatives told us staff were skilled in providing appropriate care. One relative commented, "The ones [carers] we get are well trained. They give me advice [on relative's healthcare needs]."
- The provider had an induction programme for new staff members. It included training and working with more experienced staff, which staff told us gave them the right skills to support people. Two relatives confirmed that new staff shadowed more experienced staff when learning their role.
- Staff had introduction level learning for supporting people with a learning disability or an autistic person.

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

- People told us they were happy with the support from staff in preparing meals. One person told us, "She [carer] does my meals the way I like them." A relative also commented, "They do help with her meal and stay to make sure she eats and drinks something."
- Staff understood people's preferences and took this into account when supporting people to plan and prepare meals.
- Where people had risks associated with eating, we saw a risk assessment was in place to guide staff on the actions to take to mitigate the risk.

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

- The provider worked with other agencies including health and social care teams to ensure people received consistent healthcare and support.
- Records showed where the management team had contacted healthcare professionals such as GP's and district nurses in support of peoples ongoing healthcare.

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained 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.

- We received positive feedback about the care provided. One person told us, "She {the carer} is the best I've had yet. Ten out of ten!" A second person commented, "You are never made to feel a nuisance, they [staff] care about you."
- People also told us they had built up good relationships with the staff who supported them. One person said, "They always have a smile, and we can have a laugh with them."
- One relative we spoke with said they too felt well supported by staff, who had given them advice on the person's healthcare condition. They told us, "They have helped me a lot by giving me advice...and I welcome that."
- Care records recorded people's culture and religion, and staff had a good knowledge of this.

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

- People were involved in decisions about their day-to-day care. Staff liaised with people throughout their care to ensure the support delivered was in line with their wishes.
- Care plans were reviewed and agreed with people. This was confirmed by 1 person who said, "Any changes and they will talk to me."
- We saw records showed where reviews of care provided had been completed.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful of their privacy and provided care in a dignified way. One person commented, "They [staff] are all very respectful."
- Staff gave us examples of how they supported people's privacy and how they encouraged people to maintain their independence.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

- Information showed that some care calls were not being made at the times agreed with people.
- We looked at monitoring records going back to August 2022, which showed this was ongoing since that time.
- Staff we spoke with said calls times were changed when they picked up additional calls to cover staff who were away from work or where staff changed the order of calls.
- People we spoke with said although they were happy overall, call times could be an issue, but staff would call them to advise if they were running late. One person said, "They [staff] can be between 20 to 40 minutes late but the carers will call and explain. Communication has got better recently. Mornings can be an issue."
- People's needs and choices were assessed before they started using the service. An assessment was carried out to determine if a person could be supported by the service with their personal care needs.
- Care plans included information on how a people preferred their care provided. One member of staff confirmed, peoples care plans show, "How they like care, their risk assessments. It's all there, everything's in place, but if we're unsure on anything we call the office,"

Improving care quality in response to complaints or concerns

- The registered had a system in place to log, record and respond to any complaints received. However, we saw that complaints had been received in November and December 2022 relating to call times; therefore, we could not be assured that actions taken in response were effective in a timely manner as the issue of calls times was still in place at the time of the inspection.
- All complaints were also reviewed by the provider to ensure action had been taken and any trends were identified.
- People and relatives, we spoke with told us they felt able to raise any concerns they may have.

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 careers.

- The registered manager was aware of the AIS. We saw care plans recorded people's communication preferences and how one person's communication was supported using new technology.
- The registered manager advised us documents in different formats were not currently needed but they had used pictorial formats previously and could be used again in future if required.

End of life care and support

- The service was not supporting anyone with end-of-life care at the time of the inspection. The registered manager told us they would liaise with relatives and healthcare professionals to ensure people's wishes were followed.

# 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.

At our last inspection we rated this key question good. The rating for this key question has changed to 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.

Continuous learning and improving care;

- Systems in place to assess, monitor and improve the quality and safety of the services provided were not always effective.
- Although provider systems in place identified issues with call times, actions taken in response had not been effective in resolving the issues and at the time of the inspection issues with calls being made either earlier or later than agreed continued.
- For example, we looked at call times for one person for the 2-week period prior to the inspection. The information showed a call scheduled for 10 am, was made as early as 08.55 am and as late as 11.15am. It also showed in one day there was a long gap between the lunchtime and afternoon calls.
- From August 2022 to March 2023, the provider had been completing 2-weekly audits of calls times, which showed ongoing issues with calls time. In March 2023 when CQC inspected another service the provider took action to introduce daily monitoring across all services.
- The registered manager and quality managers acknowledged further improvement was required to ensure calls times match those requested and agreed with people. Prior to the inspection a further meeting had been held with all staff to discuss and address the issues. The provider had also re-introduced a system for staff completing forms when calls times differed from the agreed time for any reason.

We found systems in place to assess, monitor and improve the quality and safety of the services provided were not always effective. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had systems in place to audit and review care plans, medication records, accident and incidents. These were checked by the providers quality manager and where areas for improvement were identified a monthly action plan was put in place to ensure these were actioned.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- All people and relatives we spoke with told us overall they were happy with their care and support they received. One person commented, "I would recommend Ave Maria to friends and family. I am really pleased with them."
- People knew the registered manager who they felt they could contact with any issues. One person said,

"The manager is very open and welcoming."

- Staff told us they felt well supported and could approach the registered manager for advice and support.
- The management team completed unannounced spot checks on staff to ensure they were completing their role as required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager and staff had a clear understanding of their role and responsibilities. This included the registered managers duty to submit statutory notifications about key events that occurred at the service in line with the service's CQC registration.
- Staff were positive about the working at the service. One member of staff commented, "It's a nice place to work. I wouldn't stay if it was bad. I love the clients; they are fabulous, and we have a good laugh and relationship, and the manager and office staff are great."

Working in partnership with others

- There was evidence the provider was open to working with external agencies to provide good care. For example, the service had sought input from healthcare professionals when appropriate.

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  Systems in place to assess, monitor and improve the quality and safety of the services provided were not always effective.