

WilsonParker Limited

# Avail (Huntingdon)

## Inspection report

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## 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

Avaiill (Huntingdon) is a domiciliary care agency. It provides personal care to adults living in their own houses and flats.

Not everyone using Avaiill (Huntingdon) received the regulated activity of personal care. CQC only inspects the service being received by people provided with personal care, help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

This announced inspection took place from 28 January 2019 to 4 February 2019. At the time of this inspection, 14 people received the regulated activity, personal care.

This was the service's first inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from avoidable harm by a staff team who were trained and confident to recognise and report any concerns. Staff assessed and minimised potential risks. The provider only employed staff after they had obtained satisfactory pre-employment checks. There were enough staff to ensure people's needs were met safely and in a timely manner.

People were supported to manage their prescribed medicines by staff who were trained and had been assessed as competent to administer medicines. However, staff did not have clear guidance for all medicines prescribed to be administered, 'when required'. The provider said they would review this and speak with people's GP's where necessary to ensure this information was available to staff. Staff followed the provider's procedures to prevent the spread of infection and reduce the risk of cross contamination.

People's care was planned and delivered in line with good practice guidance. Staff knew the people they cared for well and understood, and met, their needs. People received care from staff who were trained, well supported, and had the skills and knowledge to meet people's assessed needs.

Staff supported people to have enough to eat and drink. People were assisted to have access to healthcare services to help maintain their health and well-being.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were fully involved in making decisions about their care and support. People and their relatives were involved in the setting up and review of their or their family member's individual support and care plans.

Staff knew people well, including their likes and dislikes and how to respond to their care needs effectively. Staff met people's personal and health care needs. Care records provided staff with guidance on how to do this. Staff supported people to consider their end of life care to ensure they had the most comfortable, dignified, and pain-free a death as possible. Staff worked in partnership with other professionals to ensure that people received the best care possible.

People's suggestions and complaints were listened to, investigated, and acted upon to help improve the service.

Staff liked working for, and were well supported by, the registered manager. The registered manager sought feedback about the quality of the service provided from people and acted to make improvements.

The provider's monitoring process looked at systems throughout the service. The registered manager also carried out audits and quality monitoring checks to help identify shortfalls and to help drive forward improvements.

Further information is in the detailed findings below.

## 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.

People were protected from avoidable harm by a staff team trained and confident to recognise and report any concerns. Potential risks to people were assessed and minimised.

Staff were only employed after satisfactory pre-employment checks had been obtained. There were enough staff to ensure people's needs were met safely.

People were supported to manage their prescribed medicines safely.

### Is the service effective?

Good ●

The service was effective.

Staff knew the people they cared for well and understood, and met, their needs. People received care from staff who were trained and well supported to meet people's assessed needs.

Staff supported people with their eating and drinking requirements. People were assisted to have access to external healthcare services when needed.

Staff worked within and across organisations to deliver effective care and support. People were supported to have maximum choice and control of their lives.

### Is the service caring?

Good ●

The service was caring.

Staff knew people well, including their likes and dislikes and how to respond to their care needs. People were fully involved in making decisions about their care and support.

People received information about the service.

Staff treated people with respect. They promoted and maintained people's privacy, dignity, and independence.

### **Is the service responsive?**

The service was responsive.

People's individual needs were assessed and staff used this information to deliver personalised care that met people's needs.

People's suggestions and complaints were listened to and acted upon to reduce the risk of recurrence.

Staff supported people to have the most comfortable, dignified, and pain-free a death as possible.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Staff upheld the values of the organisation, which included delivering high quality, personalised care to people in their own homes.

People, their relatives, and staff were encouraged to feed back on the quality of care provided. Audits and quality monitoring checks were carried out to help drive forward improvements.

Staff worked in partnership with other professionals to ensure that people received care that met their assessed needs.

**Good** ●

# Avail (Huntingdon)

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

One inspector carried out this announced inspection between 28 January 2019 and 4 February 2019. We gave the service five days' notice of the inspection site visit which took place on 29 January 2019. We did this because we wanted to speak with people who use the service and staff, prior to visiting the service.

Before our inspection we looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We asked for feedback from the commissioners of people's care, representatives from the local authority and Healthwatch Cambridge. This information helped us to plan our inspection.

We spoke on the telephone with one person who received the service, and four people's relatives on 28 January, 1 and 4 February 2019. They provided us with feedback about the service they, or their family members, received. We also spoke on the telephone with three care staff on 28 January and 1 February 2019. We received email feedback from two care professionals.

During the inspection visit on 29 January 2019, we spoke with the provider's representative and the registered manager. We also looked at records relating to six people's care, staff training and recruitment records and other records relating to the management of the service. These included audits, rotas and meeting minutes.

# Is the service safe?

## Our findings

The service continued to safeguard people from harm. People told us they felt they were safe receiving the service. A relative said, 'I've never let anybody else look after [my family member]. The first couple of times I did phone them, but I don't now. It's complete trust.'

Staff received training in how to safeguard people from harm. They knew how to protect people from avoidable harm, who to report concerns to, and how to escalate any concerns they had. Care workers were confident the senior staff would take their concerns seriously and act on them. The registered manager was aware of their responsibility to report issues relating to safeguarding to the local authority and the CQC.

The service was good at managing risks to people's health, safety and welfare. Staff assessed and regularly reviewed individual risks to people and kept updated records to show how the risks had been reduced. Risk assessments contained information to guide staff on how to minimise risks and protect people from harm. These assessments covered risks such as assisting people to move, and environmental checks in such areas as fire safety and equipment used by people. The provider had referred people for assistive technology, where this was beneficial. For example, pendant alarms, pagers and sensor mats. People's care records were held securely within the office and in people's own homes.

The provider had a robust recruitment system in place to ensure as far as possible, only suitable staff were employed. Staff members told us the provider had carried out the required checks before they started working with people. These included written references, proof of recent photographic identity, their employment history and a criminal records check.

There were enough staff employed to meet people's care and support needs. People told us the staff were very reliable. One relative told us, "[Staff] are punctual, which helps." People and their relatives told us that people had regular care workers which meant they got to know people very well. The office staff also provided care as and when the need arose, for example, to cover unexpected staff absence.

People's relatives were happy with the support people received with their medicines. Staff had received training and senior staff checked their competency to make sure their knowledge and skills were up to date. Staff had completed records showing they had administered people's medicines appropriately. However, not all medicines prescribed to be administered, 'when required' had clear guidance for staff to follow in relation to the triggers for administering the medicines or the maximum dose. The provider said they would review people's records and speak with people's GP's where necessary and ensure they added this information to the guidance available to staff. The provider took account of when people were prescribed a lot of different medicines and suggested their GP reviewed these to reduce unnecessary medicines.

Staff told us that they had enough personal protective equipment (PPE) available and they had received training in the prevention of cross contamination, infection control and food hygiene.

Staff were aware of the provider's reporting procedures in relation to accidents and incidents. Accidents and

incidents were recorded and acted upon. The registered manager and provider told us they reviewed accident and incident investigations to see whether they could make any improvements and reduce the risk or recurrence. None had been identified at this service.

## Is the service effective?

### Our findings

Senior staff assessed people's needs before they started using the service. This helped to ensure staff could meet people's needs and provided staff with the information they needed to write people's first care plan and provide appropriate care. Staff supported people's care needs in line with good practice guidance and current legislation. Staff told us they liaised with other care professionals, including social workers, district nurses and occupational therapists. These professionals worked with the registered manager and staff to support and promote people's well-being.

Staff continued to have the skills, knowledge and experience to deliver effective care and support. People told us that staff knew what they were doing and that they looked after them very well. People and relatives all said they thought staff were well trained. One person commented in the provider's survey about the, "Happy, competent, staff." Staff confirmed they had received an induction and updated training which, with individual supervision, provided them with the knowledge and support to carry out their roles. Staff training records showed that staff members had received training in subjects relevant to their role, such as first aid, health and safety, and moving and handling. Senior staff supported all new staff, who did not have a qualification, to work towards the Care Certificate. This is a nationally recognised accredited care course that sets out an introduction to the knowledge, skills and behaviours expected for staff working in care.

Staff members said they felt well supported. One staff member told us, "We have supervision every three months and I can call them and they always answer the phone. They always help very quickly." Another staff member told us, the provider "says thank you, that means a lot. It's a lovely company to work for."

Staff worked well across the provider's organisation. The provider had another service that operated from an office in Cambridge. Some staff worked across both service to help ensure all calls were covered at high pressure times, such as over the Christmas period. Staff told us that they primarily received support from the office they worked for, but they were aware they could request support from either office in an emergency.

People and relatives told us where assistance was required, staff supported people to eat and drink sufficient quantities of appropriate food and drink to stay healthy. Staff were aware of people's needs in relation to eating and drinking.

The service supported people to access advice and treatment from healthcare professionals. For example, a staff member told us how they followed the advice of a speech and language therapist (SALT) and used a thickener in a person's liquids that helped them to swallow without choking.

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.

We checked whether the service was working within the principles of the MCA and whether these were being met. The provider had identified the need to refresh their own, and the staff teams, understanding of the MCA and had recently attended additional training in this area and planned to cascade this refresher training to staff in the near future. Staff had received training in MCA and showed they understood their responsibilities in relation to this. The registered manager had requested the relevant authorisations where relatives had the legal authority to make decisions on behalf of people who lacked mental capacity. The provider had recently reviewed people's care plans and included personalised best interest decisions where relevant. For example, one person's plan included that the person could make decisions about what they ate and drank, but needed encouragement to wear clothes that were appropriate for the weather conditions. People told us that staff always obtained their consent before providing care.

## Is the service caring?

### Our findings

The service was caring. People were very happy with the care they received. One person said, "[The staff are] lovely and we get on fine. We chat and laugh." Staff knew people well, including their likes and dislikes and how to respond to their care needs. A relative said, "[My family member] has a variety of carers, each one looks after [my family member] exceptionally well...They make sure [my family member] is comfortable." Another relative complimented the staff members understanding of their family member's behaviour. They wrote, '[My family member] has a wonderful group of carers ... [my family member] can be quite challenging at times with the dementia fluctuating, but the carers are really good with [my family member].'

The provider told us that office staff worked hard when allocating care workers to ensure that there was the best possible chance that people would get on well with the staff who worked with them. They tried to match care staff with people with similar interests, life experiences and values wherever possible. A staff member told us that senior staff, "try and match you" with people with similar interests. They went on, "If the [person] has preferences they try to accommodate them." People benefited from this and praised the staff who supported them. People and relatives described staff as, "Very good," and, "Excellent." Staff told us they would be happy with this service caring for their family members. One staff member told us this was because, "[The staff] are very thorough."

Staff provided people with information about the service. This included the terms and conditions of the agreement which the registered manager told us was available in other formats if people required it. People and their relatives felt listened to. One relative responded to the provider's survey that staff, "Continue to listen to us when we had issues in the beginning, quickly resolved." A relative complimented the service, writing, '...all carers are professional and caring and Avall always stay in touch and communicate well. Overall rating 10/10.'

People were aware of their care records and told us staff spoke with them and consulted them about how they wanted their care provided. Staff respected people's right to privacy and to be treated respectfully. This was evident in the way staff spoke about people in their comments to us. The provider told us that if people were unable, or required support, to make decisions independently, they would arrange for them to use the local advocacy service to support this. Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes.

## Is the service responsive?

### Our findings

People's individual care and support needs were assessed prior to them using the service to make sure that staff had the skills and knowledge to meet people's needs and wishes. These assessments were the basis for people's care plans. People's relatives confirmed they were involved in the assessment and care planning process.

People's care was provided flexibly and in a way that best met their needs. For example, the service had accommodated people varying the times and frequency of their care calls over the Christmas period.

People's care plans contained information to guide staff in how to meet their needs. They included information about the person, what they could do for themselves, and what was important to them, such as, which light the person liked left on overnight. Care plans guided staff in how to support people to communicate most effectively. For example, one person's care plan stated the person was, 'very softly spoken' and advised staff to 'take time to understand' the person and their needs.

Senior staff had reviewed people's care plans regularly with the person and /or their relative. This ensured staff continued to meet people's support and care needs. However, some records were confusing because staff had made additions following changes in people's needs, making them difficult to read. In addition, some care plans did not contain all the relevant information where people's needs had changed. The registered manager and provider had recognised this and were addressing the issue. People and their relatives told us that staff knew and met their or their family member's needs. Staff told us that in addition to reading people's care plans prior to providing care, information was verbally passed on to them. One staff member told us, "Before going to someone new I always get information on them. I wouldn't just go in." Daily records showed people had received the care and support they needed.

The service was good at managing complaints. People told us they felt able to speak with a member of staff, the registered manager, or the provider, if they had any concerns. A person told us that they had told the office staff that they were unhappy with a staff member. They said the office staff member apologised and had not sent the staff member to care for them since. They were happy with this outcome. A relative told us, "There's been very little to be constructively critical of. What I have raised they have dealt with efficiently." There had been one complaint since the last inspection. The registered manager had investigated and resolved the complaint to the complainant's satisfaction.

The registered manager told us the service did not provide specialist end of life care. Staff had received basic training in end of life care. The service would continue to care for people at the end of their life with support from external health professionals, such as specialist nurses, following any guidance they put in place. This helped to ensure staff understood people's wishes and the care they needed and how to provide this. People's care plans contained basic information about their end of life wishes.

## Is the service well-led?

### Our findings

Staff across the service shared the provider's and registered manager's values. One staff member commented in the provider's survey, "[The service has] a good vibe and [we] know the clients are more than numbers! Great staff to work with, an amazing support team!"

The service had two registered managers. The provider's representative had registered with the CQC and had initially managed the service when it was started in March 2018. They told us they would apply to cancel their registration with us shortly, but would retain some oversight of the service. They had appointed a new manager in August 2018 who had registered with the CQC in January 2019. The new registered manager managed the service on a day to day basis.

People and relatives knew the registered manager and the provider, and made positive comments about the way the service was managed. One relative told us, "Communication from the office is very good." Another relative said how the registered manager had apologised when things didn't go so well with one care worker, and took immediate steps to improve things. They told us, "You can give [the service] a gold star."

People told us that they were asked for their views about the care they received. The registered manager and provider were keen to receive people's views of the service and provided people with chocolate as an incentive to complete surveys. They then collated the responses and made a summary of the findings available. These showed that overall, people were satisfied with the service they received with 92% of people saying that the relationship they had with the service 'exceeded expectations' and that they would recommend the service. Any negative comments were followed up and actions recorded.

Responses to the staff survey were also very positive with 100% of respondents stating that their training was 'Good' or 'Fantastic', as was the management team's helpfulness, relationship with the staff and speed of response to any issues they had. Staff had opportunities, such as individual supervision meetings and staff meetings, to discuss the running of the service. Staff felt well supported and liked working for the service. One staff member told us, "I'm very happy. I love my job and I like working for Avall." Staff said they could discuss any issues or concerns they had. As staff member said the management team, "Always did something" about any issues they raised.

The service was good at assessing and monitoring risks to people and the quality of the service provided. The registered manager used various tools to audit the service. For example, senior staff carried out spot checks to ensure that care workers gave care to a good standard. Where staff could make improvements, for example in following the dress code, there was a clear record of what the expectation were and the date this would be achieved by, for follow up. The provider had introduced a monthly monitoring system to help identify and address any emerging trends, for example in relation to accidents and incidents.

The registered manager and provider looked for ways to continuously improve the service. They were in the process of introducing new templates for people's care records and a call monitoring application on mobile

phones. These were being trialled within the service and kept under review before introducing them to the whole service. Early feedback was positive in that records were much clearer.

Staff worked in partnership with other organisations, such as the local authority safeguarding team, service commissioners and healthcare professionals. Care professional made positive comments about the service people received and the way the registered manager, provider, and staff worked with them to achieve good quality care for people receiving the service. One care professional told us, "I have always found them to be incredibly professional, polite, helpful and prompt when responding to my queries."