

Ave Maria Care Ltd

Ave Maria Care Services (Burntwood)

Inspection report

6A Chase Road
Burntwood
Staffordshire
WS7 0DP

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02 December 2019

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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

About the service

Ave Maria Care Services is a Domiciliary Care Agency (DCA) providing personal care to younger and older adults, with a varying level of personal care needs. Staff provided care to people within their own homes. The nominated individual stated that they ran Ave Maria Care Services Burntwood and Ave Maria Care Services Tamworth out of this location. At the time of inspection, the service was supporting 47 people.

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's care files did contain guidance in risk assessments that was person centred to mitigate risks. We made a recommendation on personalised guidance to manage people's known risks.

Care files did not evidence what people's end of life preferences would be.

We made a recommendation regarding people's end of life wishes.

The registered manager completed a range of quality audits.

The provider had an effective system to ensure staff received appropriate training. People and relatives agreed that staff members training was appropriate to meet their needs.

Staff received office supervision throughout the year in the office and community.

Medicines were handled safely by the service.

People's care needs, and choices were documented in care files. They detailed the support required from staff at each visit. People and relatives spoke positively about the care and support they received from Ave Maria Care Services.

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

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

Rating at last inspection

The last rating for this service was requires improvement (25 December 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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?

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 effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Ave Maria Care Services (Burntwood)

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 and an Expert by Experience (ExE). An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Notice of inspection

This inspection was announced.

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

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the nominated individual, registered manager and four members of staff, eight people, two relatives and one healthcare professional. We looked at people's care records, records relating to accidents and incidents. We looked at complaints, safeguarding, CQC notifications, and the staff training matrix. We looked at, recruitment records, staff supervision, appraisal records and audits completed by the registered manager.

After the inspection

We asked or requested additional information. This included Ave Maria Care Services policies and procedures and feedback from professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing risk, safety monitoring and management

- Guidance for staff had been developed to reduce people's known risks. However, this guidance was based upon a risk assessment that was scored. A number of the assessments we reviewed for one person were scored incorrectly which meant we could not be assured the appropriate strategies to mitigate people's known risks had been considered. We highlighted this to the registered manager during our inspection who took action to review this person's risk management plans.

- Where people required a double up visit, we saw evidence that two staff members had attended each visit and assisted with care.

- People told us they felt safe with staff. One person told us, "I feel very safe with the carers, I'd be lost without them. They come three times a day and I wouldn't know what to do without them."

- People's care files did contain guidance in risk assessments that was person centred to mitigate risks. For example, for people who was living with dementia. Although guidance was in place it could be strengthened by greater personalisation to people's individual needs.

We recommend the provider review their systems for provision guidance to staff in the strategies they should follow to support people to manage their known risks and ensure that consideration is given to developing personalised guidance in addition to the information that is contained within the electronic care planning system.

Staffing and recruitment

- Staff recruitment checks including criminal checks with the Disclosure and Barring Service were carried out to ensure people were protected from being supported by unsuitable staff.

- There were enough staff to support people's needs. The registered manager told us, a call would be deemed as late, if it was thirty minutes over the scheduled call time. We reviewed sixteen call log visits and found that twelve visits took place within the scheduled time.

- People felt the staff were on time for most of their calls; they told us, "I have the same carer most days, nearly always on time, always turn up" and a second person said, "They come on time most of the time."

- The registered manager told us that staffing levels were planned two weeks in advance and were dependent on the number of hours of care required by people. However, we found from feedback that time given to staff in between each call wasn't sufficient enough to allow them to arrive at the call at the allocated time. In the previous inspection, we found that people experienced issues with late calls. Staff told us, "This is an issue, sometimes there is not enough time between calls. This is why we are late each time. Sometimes we only get ten minutes which isn't enough." A second staff member told us, "Not always, we do

not get enough time. Sometimes they are tagged five minutes in between each call."

- Although staff told us this record showed that the majority of people's calls were on time and that staff stayed for the correct duration of time for people's commissioned care calls.

Systems and processes to safeguard people from the risk of abuse

- People spoken to confirmed they felt safe with the care they received from staff members.
- Effective systems were in place to safeguard people from harm and abuse. All recorded safeguarding concerns had been reported to the appropriate authorities.
- People were supported by staff who had a good understanding of safeguarding. All staff had received training in safeguarding and knew the process of raising a concern. One staff member stated, "I would inform the manager and if needed social services and the care quality commission."

Using medicines safely

- People had their medicines managed safely.
- Staff were trained to administer medicines safely and their competency to do so was checked regularly.
- There were bi-monthly medicine audits undertaken by the registered manager. These highlighted any issue or concerns.

Preventing and controlling infection

- Staff were trained in the prevention and control of infections.
- Staff told us they had access to personal protective equipment, such as disposable gloves to use to help prevent the spread of infection.

Learning lessons when things go wrong

- All accidents and incidents were recorded and reviewed by the registered manager.
- The registered manager took the necessary action to implement the required learning identified from accidents through a three-monthly audit, that looked at the number of falls, manual handling errors and any trends identified.

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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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

- Each care plan was based on an assessment of the needs discussed and included details on people's individual preference, however, we found that risks were not always holistically assessed and didn't relate to people's treatment needs.
- People's care needs, and choices were documented in care files to support their decision making. They detailed the support required from staff at each visit. One person's set out instructions for staff to follow on each visit, that said, 'I will usually have porridge and a cup of tea. Weak juice should also be prepared...leave a snack out for me in case my sugar levels drop.'
- People received care and support from staff who knew how they liked things done.
- The provider had introduced an electronic system that staff could access to gain information about people's care needs such as their known risks."

Staff support: induction, training, skills and experience

- The provider had systems in place to ensure that staff received their mandatory training. The care certificate modules formed part of the induction training. The Care Certificate sets out national outcomes, competences and standards of care that staff are expected to achieve.
- Records showed all training the provider considered to be mandatory was up to date.
- The registered manager stated all staff have an induction. This included two days training in the office and shadow shifts, which were dependent upon staff members experience or competence.
- The registered manager stated staff received office supervision every six months and field supervision every three months. Field supervision is where people receive live supervision when in people's homes.
- Staff confirmed they received an induction and sufficient training to undertake their roles. One staff member told us, "I had an induction that lasted one day, where we had the opportunity to learn how to hoist and also be hoisted so we could feel what people experience.
- All staff reported they had received a thorough induction that provided them with the necessary skills and confidence to carry out their role effectively.
- People and relatives agreed that they thought staff were well trained and were able to meet their needs. One person told us, "They are very well trained, they know what to do, always there to do anything to help. Nothing is too much trouble for them." A relative commented, "I feel [Person] is very safe, they have to be hoisted. They are very good and well trained."

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

- People told us staff supported them to have a balanced diet. One person stated, "They are like a mother to me. They make all my food, they never leave before they have done everything I need."
- Training records evidenced all staff received training in fluids and nutrition.

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

- Staff worked in partnership with professionals from health and social care to meet people's changing needs.
- Peoples care files and care plans contained evidence of referrals made to health care professionals such as social workers and district nurses.

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's rights to make their own decisions, where possible, were protected.
- All staff stated that they had received training and had an understanding of the MCA.
- Staff told us their understanding of MCA was, "Giving people the rights, and making them fully aware of what's going on. If they can't make decisions, then look who can help them with this."

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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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 told us about the professional and friendly support they received from Ave Maria Care Service and the positive impact they have had on their lives.
- One person told us, "They (staff) are very caring, they are angels, so kind to me." A second person told us, "They (staff) are very caring, we know each other by first names. They are golden to me. They clean everything for me, my kitchen surface and floor are sparkling when they leave."
- Staff knew people well and promoted their equality and diversity. One person told us, "They all treat you with respect."
- Staff had a detailed understanding of people's needs and supported them. When we asked staff how well they know the people they support, they felt they had enough time for this.

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

- People confirmed staff knew how they liked things to be done. People told us, "I don't feel rushed", and "they spend enough time with me".
- Care plans were drawn up with people, using input from their relatives where required. All care records had evidence people had consented to their care.
- People's care records clearly evidenced the support and personal preferences people had asked for at each visit. One person's care record stated, 'Carers to check everything is within reach. Ensure my curtains are open. Ensure I am left safe in bed.'
- Care plans were reviewed regularly, which allowed people to make sure they accurately reflected their current needs and preferences.

Respecting and promoting people's privacy, dignity and independence

- People's right to confidentiality was protected. All personal records were stored securely and in a place of their choice within people's own homes.
- The provider had appropriate systems in place to protect people's confidential information, whilst ensuring this was readily available to those authorised to view it.
- Relatives agreed that the staff are kind, respectful and have compassion.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

End of life care and support

- At the time of inspection, the service was not supporting anyone receiving end of life care. However, there was no evidence in people's files that the provider had attempted to gain this information from people.
- Staff told us they had worked with people at the end of their life but had not received training in this, as it was not part of the services mandatory training.

We recommend that the registered manager review how all people are enabled to discuss and review their end of life wishes.

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

- People received care that was personalised to their needs. One person told us, "Everything is perfect here, all the staff are excellent. I couldn't be without them, can't fault them."
- The registered manager told us staff used an electronic mobile application. This allowed the registered manager to see when the visit had taken place, staff members could raise an emergencies and updated people's daily notes. The management team told us the service had an emergency out of hours telephone number to support people 365 days a year.
- Care files showed staff held regular reviews with people to assess their needs and make any necessary changes. The registered manager stated they would invite family and next of kin to these meeting if needed.

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.

- People's communication needs were clarified in their assessment and staff adapted their approach to ensure people with additional needs could access information required.
- People confirmed they received information in the way that suited them.

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

- People told us that the staff were engaging and chatted to them when offering support.
- People were supported to access relevant activities to meet their needs. One person told us, "They always offer to take me out, but I don't go out a lot."

Improving care quality in response to complaints or concerns

- The provider had received 11 formal complaints. Five for Ave Maria Care Services Burntwood and six for Ave Maria Care Services Tamworth.
- Complaints were managed robustly and in a timely way. The registered manager completed an audit of complaints every three months that looked at 'trends', 'were any carers at fault' and if they were still 'open'.
- People and relatives confirmed they would know how to make a complaint. One person told us, "I have never had any concerns or problems. I would know how to make a complaint. We have all the office and management phone numbers here."

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to ensure that systems and processes must be established and operated effectively to ensure the regulated activity is carried out safely. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

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

- At the previous inspection systems in place to monitor late and missed calls were found to be ineffective. The registered manager stated they had introduced a calls log audit and kept a late calls electronic log that recorded if a call to a person was over 30 minutes late to improve monitoring systems.
- However, during the inspection we found that the recording log was not up to date for two people we pathway tracked. We had identified five calls in November 2019 relating to two people that were over 30 minutes late but had not been recorded.
- The registered manager completed a range of audits bi-monthly and quarterly. We found that these audits were effective. These audits looked at trends and analysis. However, we found that bi monthly care plan audits didn't identify when risk assessments were incorrectly scored.
- The registered manager used an 'effective risk management' report that looked at current strategic potential risk within the service. This included ongoing recruitment, care plans and risk assessments and safeguarding. The report highlighted potential consequences, risk controls in place and how the service is currently meeting the requirements and if any further intervention is needed.
- All records were easily accessible and care plan documents had been signed. The registered manager had a system for auditing and looking at any common themes identified. The audits included falls and accidents, medicines, and call times.
- Staff told us they felt supported by the registered manager. One staff member told us, "Yes I feel supported and can raise issues if needed."

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

- There was a clearly defined management structure within the service.
- Staff understood people's needs and preferences, recognised the importance of knowing people well and could share details about people with us.
- Staff all spoke highly of the culture within the organisation and how their views and opinions were sourced

in helping drive the service forward.

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 understood their Duty of Candour, to be open and honest when things went wrong, and had recorded when they had informed the next of kin following an incident or accident. They told us, "It's about openness and transparency. If information needs to be supplied to professionals, we would do this."
- All relatives confirmed the service was very responsive and did inform them immediately if an incident had occurred.

Continuous learning and improving care

- There was evidence of continuous learning. The registered manager showed us minutes of a team meeting where they discussed a complaint they had received to ensure that all staff were clear on what was needed when undertaking visits. This identified areas for improvements and highlighted steps the registered manager took.
- Staff recorded accidents and incidents, which were reviewed by the registered manager.

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

- Staff received training in relation to the Equality and Diversity Rights as part of their induction.
- The service gained feedback from people in the past 12 months. Following feedback, the registered manager completed a report with a summary section that looked at their goals moving forward.
- One staff member commented, "I've worked in care for 25 years. It's quite good working for Ave Maria Care Services. We've had a lot of managers, but the current registered manager seems approachable."

Working in partnership with others

- There was evidence in people's care records where the staff had built working relationships with the local authority, social services, safeguarding, GPs and occupational therapists.