

Mr & Mrs D Evely

# Averlea Domiciliary Care

## 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

### About the service

Averlea Domiciliary Care is a domiciliary care service providing personal care to people in their own homes. The service supports people who are primarily aged over 65 years. The service supports people primarily in the St Austell area. At the time of the inspection 20 people received support from the agency.

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 service had suitable safeguarding systems in place, and staff had received training about recognising abuse.

Risk assessment procedures were satisfactory so any risks to people were minimised.

The medicines system was managed effectively. People received suitable assistance with their medicines when the service were involved in this aspect of their care. Staff received suitable training about medicines.

Staff were recruited appropriately. For example suitable references were obtained, for example when new staff had previously worked in a caring capacity. Checks from the Disclosure and Barring Service were obtained.

Staffing levels were satisfactory. People said they received appropriate assistance with their care and were happy with the support they received.

Suitable systems were in place to minimise the risk of cross infection. Staff were provided with suitable personal protective equipment such as gloves and aprons.

The service had satisfactory assessment systems to assist the registered provider to check they could meet people's wishes and needs before admission was arranged.

People received suitable assistance with eating and drinking, and the preparation of food when staff were involved in this area of their lives.

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

Care planning systems were satisfactory. Care plans outlined people's needs and were reviewed when people's needs changed.

People received support from external health professionals and were encouraged to live healthier lives.

People said they received support from staff which was caring and respectful. Care promoted people's dignity and independence. People were involved in decisions about their care.

People felt confident raising any concerns or complaints. The service had an effective complaints procedure.

Staff induction procedures were satisfactory. Staff received suitable training to carry out their roles. Suitable records were available to demonstrate staff received regular one to one supervision with a senior member of staff.

The team worked well together and had the shared goal of providing a good service to people who used the service.

The service was managed effectively. People, relatives and staff had confidence in the management of the service.

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 this service was Good (published 30 September 2017).

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 caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

# Averlea Domiciliary Care

## 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 completed by one inspector.

#### Service and service type

Averlea Domiciliary Care provides people with personal care in their own homes. The service currently worked with mostly elderly people. CQC regulates the personal care provided.

The service had a manager who was registered with the Care Quality Commission. A registered manager, alongside the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave the service advanced notice of the inspection. This was because we needed to make sure someone would be at the office.

Inspection activity started on 4 March 2020 and ended on 21 April 2020. We visited the office location on 4 March 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was asked and returned 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 two people who used the service about their experience of the care provided. We also spoke with three relatives of people who used the service. We spoke with five members of staff including the registered manager and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 Good. At this inspection this key question has remained the same. This meant people were safe and were not at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from harm or abuse. Staff received safeguarding training.
- The provider was aware of multi-agency safeguarding procedures, and what action was necessary if they had a concern. Where necessary the service had made safeguarding referrals to ensure people were protected.
- People said that they felt safe. People said if they didn't feel safe they would speak with a member of the care staff or the registered manager and were confident they would help them solve the problem.

Assessing risk, safety monitoring and management

- Staff understood when people required support to reduce the risk of avoidable harm.
- Staff had access to relevant and up to date information. Risk assessments were in place to reduce the risks to people. Risk assessments were regularly reviewed.
- Health and safety risk assessments were completed to ensure any risks in people's homes were minimised.

Staffing and recruitment

- Staff were recruited safely to ensure they were suitable to work in the care sector. Staff turnover was very low.
- People and staff told us that they felt there was enough staff. People said staff arrived at their homes generally on time, stayed for the designated period of their appointments, and there had been no missed visits.

Using medicines safely

- Systems for administering, storage and monitoring medicines were safe.
- Medicine records were fully completed and medicines were signed for when administered.
- People said staff provided suitable assistance with their medicines, and had no concerns when staff were involved in this aspect of their lives.
- Staff received appropriate training to ensure they were able to administer medicines appropriately.

Preventing and controlling infection

- Risks of infection were minimised. Suitable protective equipment was provided to staff including aprons, gloves and hand gel.
- Staff received suitable training about infection control and food hygiene.

### Learning lessons when things go wrong

- The registered manager said when surveys to check people were happy with the service were completed, results were always assessed to ensure improvements were made so people's expectations of the service were always met.

# 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 remained the same. This meant the service was effective at meeting people's needs.

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

- Assessments of people's needs were detailed and expected outcomes were identified.
- The registered manager met the person to complete an assessment before the person agreed to use the service. Discussion took place with those who knew the person well, and where possible, written reports were obtained from those who worked with the person.

Staff support: induction, training, skills and experience

- Staff records demonstrated new staff had received an induction, and induction records inspected were completed appropriately. Staff new to care completed the Care Certificate, a set of national standards social care workers are expected to adhere to. Staff said the induction process was thorough and when they commenced employment they had shadowed an experienced member of staff and had felt supported.
- Records demonstrated staff had received training required according to legal and industry standards. The registered manager said face to face training sessions were organised on a regular basis with an external trainer. Records inspected had suitable evidence of appropriate training. Staff were positive about the training they had received. For example staff said, "We receive a lot of training, and it is kept up to date."
- There was documentary evidence staff received one to one supervision, where they had sat down with a supervisor to discuss their work, and any training and development needs. Staff said they felt supported by colleagues and the registered manager. Staff also received an annual appraisal.

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

- When people received support from staff in this aspect of their lives food was to a good standard and was served hot. Some people received 'meals on wheels' from the service. People told us food provided from the agency was to a high standard.
- Where necessary, arrangements could be made to monitor people's food and fluid intake to minimise the risk of obesity or malnutrition, and dehydration.
- Where necessary people received suitable support to eat. For example, to have food cut up, or one to one support with eating.

Staff working with other agencies to provide consistent, effective, timely care

- The service had good links with the GP surgery, district nurse team, local authority and other professionals.

Supporting people to live healthier lives, access healthcare services and support

- People were encouraged to eat healthy diets.

- People either contacted health professionals independently or received suitable support to do so.
- People were supported by staff to maintain good oral hygiene. Care plans included guidance on how to support people to manage their oral hygiene and records showed people were encouraged and supported to access dental services when necessary.

#### 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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager was aware of the necessity to keep clear records of applications and authorisations when this was appropriate.
- Where people did not have capacity to make decisions, the registered manager said 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.
- Where necessary 'best interest meetings' were held and a record of these were kept.
- Staff had received training in the MCA and consistently asked people for consent to ensure they were able to make daily choices.

# 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 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 were treated with kindness and they were positive about staff attitudes. People and their relatives were very happy with the support provided to them by the agency. People told us that staff worked with them in a sensitive manner and with patience. People told us, " Staff are excellent and very willing," "They are a lovely bunch of carers," and "They do their very best." Relatives told us: "Absolutely fantastic," and "They are very friendly and supportive. " Staff told us, "All staff are good at their jobs. I only get good reports (from people who use the service)." and "They are a good bunch of girls."
- People told us that staff always asked them how they wanted assistance; where necessary, asking permission; and always acting in a professional, kind and friendly manner.
- People said they did not feel rushed by staff and staff took their time to deliver good quality care.

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

- People told us they felt listened to about their day to day care for example how they wanted their care delivered. People told us that staff would always ask them if there was any other help they needed once contracted tasks outlined in their care plans had been completed.
- Where people wanted and it was possible, people and, if appropriate, their legal representative, had some involvement in the care planning process. People were asked about their needs and wishes, and if there were changes in their care plan these were discussed.

Respecting and promoting people's privacy, dignity and independence

- People were treated respectfully and staff were committed to providing the best possible care for people.
- People's dignity and privacy was respected. For example, staff were discreet when asking people if they needed help with their personal care.
- People were supported to maintain and develop relationships with those close to them.

# 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 remained the same. This meant people's needs were met through good organisation and delivery of care.

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

- Staff were knowledgeable about people and their needs. Staff appeared committed and caring.
- Each person had a care plan. Care plans provided good information to enable staff to provide a holistic picture of people's needs, and what assistance the person required.
- Care plans inspected were fully completed, regularly reviewed, and accessible to staff. Staff spent time with people to go through their care plans and explain any changes.
- Daily records were well maintained and outlined what support people had received.

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.

- Some people were cognitively impaired due to dementia, and / or had sensory impairments such as sight or hearing loss. Staff knew how to communicate effectively with people in accordance with their preferences and needs.
- If people had sight loss, the registered manager said staff would arrange for any written information and correspondence to be read to people.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure, and if complaints were received these would be investigated and a record kept. The registered manager said there had not been any formal complaints.
- People, and relatives said they felt confident that if they did make a complaint it would be dealt with quickly.

End of life care and support

- None of the people who used the service currently required end of life care. If any person had a terminal illness, where possible, they would receive suitable support from the service and external professionals to remain at home. Support from district nurses, GP's and other external professionals would be sought.
- Where necessary and appropriate staff discussed people's preferences and choices in relation to end of life care with them and their relatives. Any known preferences were recorded in care files.

# 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 Good. At this inspection this key question has remained the same. This meant the service was consistently well managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager said she tried to be "accommodating to people's wishes (in respect of when they want their calls)," and "be flexible and supportive" to staff. The staff we spoke with were very positive about the management of the service. Staff told us management were, "Very understanding," "provided constant support," and were "Brilliant." People and their relatives were also positive about the management of the service. Comments received included, "(They are) excellent," "Very good," and "Helpful."
- The staff we spoke with and observed were committed to the service, and worked enthusiastically with people in a caring manner. Staff told us, "I love it," "I am happy," and "I love doing my job," Staff turnover was very low, and staff had worked at the service for many years.
- Staff said the team worked well together and they all enjoyed working at the service. Staff told us, "We are a good team."

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

- The registered providers lived locally and were involved in the management of the service. The service had a registered manager who had been registered with CQC since April 2010. The registered manager was supported by a senior care worker who assisted with the supervision of care. The service had a 24 hour call system.
- The registered manager was aware of what matters were required to report to the commission and had a satisfactory working knowledge of regulatory requirements. The previous inspection report, displaying the rating, was on the notice board.
- Staff said they were kept up to date about the needs of the people they worked with. For example they regularly visited the office. Staff told us management communicated regularly and appropriately with them.

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 had a good understanding of the duty of candour and said they and staff would always ensure apologies were given if things went wrong.

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

- The service was welcoming and friendly. People and staff appeared to have positive, friendly and

professional relationships.

- The registered manager and the team regularly consulted with people and relatives on an informal basis. Surveys were completed on an annual basis and the registered manager informed us that a survey was currently being undertaken. The previous survey results were very positive.

- A staff member told us, "It is a small company. People get the same staff for their visits. We provide a more personal service than a huge company. Any queries get sorted out quickly."

Continuous learning and improving care

- Satisfactory quality assurance procedures were in place to identify any concerns with the quality and safety of care. For example the registered manager was actively involved in day to day life at the service, and ensured organisational systems were regularly checked and working effectively. These included systems to check standards about care planning, accidents and incidents, staff training and medicines.

- The registered manager was open to feedback and felt this was important so the service could develop and improve. People, their relatives, and staff who we spoke with were all positive about their experiences of the service.

- Staff told us that they felt able to raise issues with the registered manager if they had any concerns about how the service was run, or people's care.

Working in partnership with others

- The service had positive links with statutory bodies such as adult social care and health service teams.

- People had opportunities to maintain positive links with their community, families and friends.