

AVH Care

# AVH Care

## Inspection report

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Date of inspection visit:

01 July 2019

05 July 2019

Date of publication:

31 July 2019

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

AVH Care is a domiciliary care agency which provides personal care in people's own homes. It currently provides care and support for three people.

### People's experience of using this service and what we found

People and their relatives expressed a high level of satisfaction for the care and support delivered by this service. Comments included "They are all very compassionate and come when they say they will. They are excellent."

There was a small staff team of four, which included the registered manager and provider of the agency being involved in the delivery of each care package. This meant care was consistent and staff knew people and their needs very well.

There had been improvements to the care plans and risk assessments which allowed staff to deliver safe and consistent care to people. Plans were much more person centred and included health conditions and what staff should do to best support people.

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. Where people were taking risks because they wished to remain in their own home, the service had considered how best to reduce such risks. This had been done in conjunction with the advice of other healthcare professionals.

Since the last inspection, some key staff training had taken place, but this was still work in progress. This was because they were a very small staff team so finding the right times for training sometimes proved difficult.

The registered manager had worked hard to ensure quality audits were being used meaningfully to help drive up improvement. For example, in medicines management. However, it was too soon to judge whether this was fully embedded and could be sustained. The provider had deliberately chosen to restrict the service to support only three people. These people had been having a service for some time, so their needs were well known. We were unable to judge how robust systems and improvements will be sustained once the service grows and takes on more people.

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 and update.

At the last inspection this service was rated requires improvement (Published 14 May 2019) We found

breaches in regulation 12 – safe care and treatment and 17- good governance. We issued warning notices in respect of these breaches. We also issued requirement notices in respect of Regulation 18 Registration Regulations 2009 Notifications of other incidents and Regulation 18 HSCA RA Regulations 2014 Staffing. The provider had sent us an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had been made to show the warning notices and requirements had been met. Improvements had been made in respect of staff training but it was too early to see if this new approach could be sustained.

#### Why we inspected

This inspection was a planned focused inspection to review whether the warning notices in relation to safe care and treatment and good governance, had been met. We checked to see if they had followed their action plan and met legal requirements.

This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for AVH Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe 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 not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# AVH 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. They currently provide care and support for three people.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 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.

Inspection activity started on 1 July and ended on 5 July 2019. We visited the office location on 1 July 2019.

#### 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.

We reviewed all the information we had received from the service, including their action plan. We sought advice and feedback from the commissioning teams and their quality assurance team who had been working with this service.

#### During the inspection

We looked at three care plans and associated risk assessments during the office visit. We also reviewed training files and quality audits in respect of medicine records and care plan documentation.

We spoke with two relatives of people who received care and received an email from a third. We spoke with the registered manager and nominated individual as well as two care workers. We were unable to speak with people using the service due to their complex needs.

#### After the inspection

We continued to review care plan documentation and risk assessments. We sought further feedback from the local authority quality assurance team and commissioning team.

# 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 had improved to good. Areas for improvement had been addressed but it was too soon to judge whether these improvements could be sustained, once more people were using the service.

This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was a repeated breach, so we issued a warning notice. This meant we told the provider what they had failed to do and gave them a short timeframe to make the necessary improvements.

- At this inspection we found the provider had updated people's risk assessments considering any changes and guidance from healthcare professionals.
- The date of the moving and handling plan for one person was 2017. The registered manager said they had been advised by the local authority quality assurance team to await the healthcare professionals updated risk assessment on safe moving and handling. This was because the person had extremely complex needs which varied depending on their health. This detail had been included in their care plan and risk assessment
- Risks in respect of mobility and what equipment was needed to keep people safe was now more detailed and ensured staff could be consistent.
- Where they had identified an issue with one person falling out of their bed and needing to use bedrails, the provider had consulted with an occupational therapist to confirm the equipment in use was correct and in line with best practice.
- One person's risk assessment and care plan had been updated to include more information about their diabetes and ensuring their skin care was being closely monitored. However, they had not included any detail about whether the person showed symptoms if their blood sugars were high or low. The registered manager said this was because the person's spouse dealt with this aspect of their health. The registered manager agreed to gain more information to include within the care plan so staff could respond appropriately if the person showed these symptoms.
- We concluded there was sufficient evidence to show the warning notice in respect of regulation 12 was met, but that given there were only three people using the service and the short length of time since the warning notice was issued, it was too soon to judge whether these improvements were fully embedded.

### Systems and processes to safeguard people from the risk of abuse

- People's relatives said they felt their family member was in safe hands. One said "I feel at ease going out knowing the carers will be looking after (name of person). They know exactly what they are doing and are very caring and reliable."
- Staff had received training in understanding about abuse and who to report any concerns to. They were

confident any concerns would be listened to and actioned by the registered manager.

#### Staffing and recruitment

- Since the last inspection, no staff had been recruited. The staff team was small, but the provider said they hoped to expand in the future. They understood the principles of safe recruitment practices.
- People's relatives confirmed care staff arrived on time and stayed for the agreed time span as stated on the person's care plan. One relative said "They are much more reliable than other agencies. They always let us know if they are running late, but this rarely happens."
- There were sufficient staff for the current number of packages of care the agency were commissioned to deliver.
- The small team meant staff and people got to know each other well and there was good continuity of care. This was one of the key things all relatives commented on. They also liked the fact the registered manager and provider worked hands on as part of the team.
- Since the last inspection staff had received training in moving and handling and the provider was planning further updates on an ongoing basis. This ensured there were enough suitably qualified and experienced staff to meet people's needs.

#### Preventing and controlling infection

- People were protected from cross infection because infection control procedures were in place.
- Staff used personal protective equipment to prevent cross infection when assisting people with personal care for example, gloves and aprons.

#### Learning lessons when things go wrong

- Accident and incident forms recorded actions taken to reduce or prevent further incidents or accidents.
- It was clear the registered manager and provider were passionate about learning from when things go wrong. They had been working closely with the local authority's quality assurance team to ensure their documentation was clear and being kept up to date.
- The registered manager was able to give a good account of how they had worked with other healthcare professionals to keep one person safe at home despite their increased needs due to their deteriorating health. The person's GP praised the service for the work they were doing with this person.

#### Using medicines safely.

- This was fully inspected during the previous comprehensive inspection and no improvements were needed.
- At this inspection we reviewed the medicine audits as part of the quality assurance checks. They showed records were being well maintained.
- People's relatives said care staff ensured people had their medicines at the right time.

# 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 requires improvement. At this inspection this key question has now improved to good.

This meant people's needs were met through good organisation and delivery.

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

When we last inspected this key area we found people's contemporaneous records were not accurate or complete. This was a repeated breach and we therefore issued a warning notice.

- At this inspection we found improvements had been made to the care plans and daily records. This meant that staff had detailed plans to refer to, which meant... This included details about people's preferred ways to be cared for, their wishes and their social histories.
- Relatives confirmed there were care plans in their home for staff to refer to. They said these were accurate and up to date. Relatives confirmed they had been fully consulted about the care plan information.
- There were detailed descriptions of people's needs and how these may change. For example, for one person living with Parkinson's disease, their plan described the different sorts of hallucinations they could experience. Staff were given to guidance as to how this may affect the person's daily life and what staff should do to support and reassure them.
- Plans included a section on emotional support. This detailed who and what was important to the person. For example, one plan said the person liked staff with a sense of humour and needed to be reminded to stay in touch with family and friends. It also had a section for how staff should best support the person with their desired outcomes.
- Staff said they found the plans useful, but they had worked with the people they cared for a long time so unless new issues arose, they were confident they understood people's needs and wishes. One relative confirmed this, saying "They are so kind, they talk to (name of person) about what they are going to do. They ask them if they are ready and they are very patient. They (staff) certainly know their job."

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.

- At the last inspection we identified this was an area for improvement. During this inspection we saw plans had a communication section which gave good detail about how people liked to communicate and what staff should do to support the person. This included what worked well and what had been tried but had not worked so well. For example, the service had tried using picture and alphabet boards for one person. This had not worked well because of their difficulty in moving their limbs. The section on communication stated it was best to offer physical choices, so the person could word yes or no. It was instructed staff to reassure

the person.

Improving care quality in response to complaints or concerns

- There was a complaint system and relatives confirmed they would be able to raise any concerns or complaints. They said they were confident these would be addressed.
- Since the last inspection, there had been no new complaints.

End of life care and support

- Care plans contained a section to record people's known end of life wishes.
- Since the last inspection, the registered manager said they had worked closely with community nurses and the GP to ensure a person's last days were pain free and comfortable.

# 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 remained the same.

Although there had been some good improvements to show the warning notice in respect of good governance had been met, it is too soon after the last inspection to judge whether these improvements can be sustained.

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.

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

- At the last inspection we found improvements were needed to ensure quality monitoring tools were being used to make the necessary quality improvements.
- At this inspection the registered manager and partner described how they had been working closely with the local authority quality improvement team. They had reviewed their medicine management, care plans and daily records which had led to improvements.
- As a result of the medicines audit some changes had been made to how the recording of administration of medicines was completed which meant more accurate records were being maintained.
- The registered manager said they were working with the quality assurance team to review their care plans and ensure they were updated each time there were changes. This resulted in significantly more detailed plans being in place for people.

Since our last inspection, documents and audits were easier to access due to improved systems.

- 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
- Since the last comprehensive inspection, the registered provider had been mentored by another care provider. This had helped them to better understand their role and responsibilities.
- The registered provider and partner were very open and honest about their struggles to get things right and meet regulations. They were passionate to ensure they were meeting their responsibilities and provide the best service possible to people.
- There was evidence to show where there had been a concern, the registered provider had investigated and been transparent with the person raising the issue.

Continuous learning and improving care; Working in partnership with others

- Training was an area which was work in progress. Some key training had taken place since the last inspection. For example, all staff had attended a whole day training in safe moving and handling. They had also revisited and completed the Care certificate. However they still had further some gaps in staff learning.
- The registered manager was planning on building in more training to help the staff team with specialist

health related areas such as diabetes, dementia and Parkinson's. The registered manager explained they were a very small team so it was not easy to get everyone trained as their whole time was spent providing the care to people.

- There was evidence the service worked closely with healthcare professionals to achieve the best outcomes for people. This included the occupational therapist, speech and language specialist as well as the community nurse team.
- The service had also worked and were continuing to work with the quality improvement team. This had impacted significantly in helping them to meet the breaches we found in the previous inspection.

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

- Relatives said they and their family members were fully consulted about their care and support. One relative said "(name of registered manager) is so good, understanding and is doing a fantastic job."
- The registered manager used a variety of ways to capture the views of people and their families. This was done via surveys and by day to day contact with them through care delivery. There were high levels of satisfaction.
- Following our last inspection, one relative wrote to us to say how well they thought the service was doing and they believed we had misjudged them.
- Staff confirmed they were consulted, and their views were considered. They said they enjoyed working for this agency because they were able to deliver high quality personalised care.
- People's protected characteristics were fully considered when assessing and delivering care. People were able to choose which aspects of their care plans they wished to contribute to. People's right to privacy was fully respected. People were asked for their preference of male or female workers to assist them.