Avon Home Carers Limited

Avon Home Carers

Inspection report

The Old Church
Neath Road
Bristol
Avon
BS5 9AP

Tel: 01179586222

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20 July 2018

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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

This inspection was started on Wednesday 18 July 2018 and was announced. We gave the provider 48 hours' notice of the inspection to ensure that the provider/registered manager and office staff were available. On 19 and 20 July 2018 we made calls to people who use the service and staff to gain their views and experiences. The inspection was carried out by one adult social care inspector.

At the time of this inspection the service were providing a service to 137 people in their own homes and had 55 care staff. The service provided services to people whose care and support had been commissioned by Bristol City Council, and also people who had set up private arrangements direct with the service.

The service was last inspected in July 2017 and at that time we gave an overall rating of Requires Improvement. There was one breach of regulations because the provider's quality assurance systems had not identified areas for improvement following a medicines error. Following that inspection the provider had submitted their improvement plan and told us what they planned to do to rectify the issue.

There was a registered manager in post. This was the registered provider. 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 home is run.

Why we have rated this service as Good.

The service provided by Avon Home Carers was safe. Staff had a good understanding of safeguarding and knew what to do if they were concerned about the welfare of a person. Risk assessments were carried out alongside care planning, including an environmental risk assessment of the person's home. The service had sufficient care staff and only considered taking on new packages of care if they had the resources to meet people's care and support needs. The service followed safe recruitment procedures and completed all required pre-employment checks. Medicines were managed safely with people receiving their medicines appropriately. Regular medicine audits were being carried out.

People received a service that was effective and met their care and support needs. Their needs were assessed and a care plan written detailing how the person wanted to be supported. The plans were person centred. People were very much involved in having a say about how their care was delivered.

Staff were well trained and well supported by the management team. Their work performance was regularly checked. People were always asked to give consent before being assisted by the staff and where people were living with dementia, the care staff would act in their best interests after consultation with other parties. The service worked within the principles of the Mental Capacity Act 2005.

People received a caring service. People told us they were treated in a respectful manner and this was also

confirmed by relatives. People were actively encouraged to provide feedback about the service and to express their views about the way they were cared for. People could be expected to be looked after by the smallest number of care staff

People received a service that was responsive to their individual needs. Their care plans were kept under regular review and service delivery was amended as and when necessary. People were encouraged to give feedback about the service. Any complaints they made would be seen as an opportunity to make improvements.

People were provided with a safe, effective, caring and very responsive service that was well led. The provider/registered manager had strengthened the quality assurance systems to ensure any shortfalls were identified and acted upon.

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 had improved and was now safe.

There were sufficient staff to meet people's needs. Care calls were not missed and people received the service they expected.

People were safe and staff were aware of their responsibilities to keep people safe. Recruitment procedures ensured staff had the right qualities and skills and were suitable to work in care.

Risks were clearly identified and monitored to ensure people were safe enabling them to live independently in their own homes. The risks associated with medicines and infection prevention and control were well managed.

Is the service effective?

Good

The service remains effective.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service remains responsive.

Is the service well-led?

Good

The service has improved and is now well led.

People, their relatives and staff spoke positively about the management and leadership of the service and felt listened too. Feedback from people regarding their overall satisfaction in the service was very high. Staff felt very supported, worked well as a team and were proud to work for Avon Home Carers.

The quality and safety of the service was regularly reviewed by the provider/ registered manager.

Avon Home Carers

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.

This inspection took place over three days,18th to 20th July 2018 and was announced. We gave the service short notice of our visit to the office on 18th July, because we wanted to make sure the people we needed to speak with were available. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to notify us of.

We spoke with the provider/registered manager, the deputy, two supervisors, eight care staff and two office staff. We looked at the care records for four people and other electronic care records. We also looked at records relating to the running of the service. This included, policies and procedures, records of events that had happened, quality checks that had been completed, supervision, training and recruitment records for six members of staff.

We spoke with 17 people who used the service or their relatives and asked them about the care and support they received from Avon Home Carers.

Good

Is the service safe?

Our findings

Those people and the relatives we spoke with felt the service provided by Avon Home Carers was safe and the staff did everything they could to protect them from harm. They said, "Yes I feel completely safe when the girls are helping me", "I have no concerns about the lovely staff who come and help me" and "The staff are very efficient and kind".

At the last inspection in July 2017 we rated this section as Requires Improvement. This was because a small number of care calls had been missed for some people. At this inspection we found that the provider/registered manager had put in place checks to reduce this risk and also monitored the prevalence of missed calls.

Feedback we received from people and their relatives was that all care calls were covered and there were no missed visits. Staff on the whole turned up on time, but people were notified if their call was going to be delayed. Staff stayed for the full expected duration of the care call unless the person ended the care call.

Staff completed safeguarding training and know what to do in the event of an allegation of abuse being made. This training was refreshed on an annual basis to ensure they continued to be aware of the reporting process for allegations of abuse. The provider had a safeguarding policy and procedures in place to guide staff on what to do and posters were displayed in the office of the contact telephone numbers. The service had raised alerts appropriately in the past where there was concerns regarding a person's welfare and put in suitable safeguards to protect them.

Risk assessments were carried out as part of the care planning process. This enabled the service to manage any risks to people's personal safety. Examples of the assessments completed included mobility and the need for assistance with moving tasks and a medicine risk assessment where appropriate. Environmental risk assessments had been completed. This was to ensure people's homes were safe and that care staff did not work in an unsafe environment. Information was included in these assessments about where the utilities such as water, gas and electricity could be turned off in the event of an emergency.

The provider/registered manager had procedures in place the staff were to follow if they were unable to get a response from a person when they arrived for a care call. The staff would contact the office or the on-call person if out of office hours, or call relatives.

The provider/registered manager did not consider taking on new packages of care unless the service had the capacity to provide the level of support required. They also ensured staff had the appropriate skills to meet people's needs before new care packages were considered. Sufficient staff were employed to support people but there was an ongoing process of recruitment in place in order to meet demand. These measures meant people received the care and support they needed.

Staff rotas were organised by the supervisors and were well managed. Care staff told us they generally had a regular run of people they visited but could also visit others when covering for leave and sickness. Senior

care staff worked both in the office and out in the community, covering care calls, doing spot checks on staff work performance and completing care plan reviews.

Safe recruitment and selection processes were followed to protect those people who used the service from being looked after by unsuitable staff. Records showed that references had been obtained and a check made with the Disclosure and Barring Service (DBS) before new staff started working. The DBS helped employers make safer recruitment decisions by checking whether the applicant had a criminal record and whether they were barred from working with vulnerable adults.

All staff had received training in the safe administration of medicines and their competence was then checked on at least a yearly basis. People were assisted with their medicines where this had been identified as an assessed need. This was clearly recorded in the person's care plan along with a risk assessment and a signed consent form. Medicine administration records (MAR) had been completed appropriately to show where people had taken medicines or declined them. Since the last inspection the provider/registered manager had set up robust checking systems to ensure the support the care staff provided was safe. When the MAR's were returned to the office for filing on a monthly basis, they were checked to ensure they had been completed properly. This measure meant the provider/registered manager was able to take the correct action if any shortfalls were identified. The provider/registered manager maintained a monthly log to record the prevalence of medicine errors (all those seen had been in respect of missing staff signatures). The log showed what follow up actions had been taken.

Care staff were provided with personal protective equipment to prevent and control infection. This included gloves, aprons and hand sanitising gel. The provider had an infection prevention and control policy and staff had received training in this area to minimise risks of cross infection. People confirmed that staff left their home tidy and clean after each visit.

There was a business continuity plan in place to deal with any unforeseeable emergencies. This covered what to do in the event of flooding, utility failure and for backing up electronic care records. There were plans in place to ensure people continued to receive their support in the event of an emergency. The provider/registered manager had taken successful action during the heavy snow in March 2018 and hired 4x4 vehicles to get staff to priority people. They had completed shopping support for people, earlier in the week, prior to the expected snow fall.

Good

Is the service effective?

Our findings

People's needs were assessed before they received a service from Avon Home Carers. The provider/registered manager completed these assessments to ensure the agency could meet their needs. People were involved in the assessments along with any relatives and health care professionals as appropriate. People and relative told us, "I get the help I need to stay in my own home", "I am very satisfied, I would not be able to manage on my own any more" and "There are certain things I like done one way and the staff know all about this. I was asked loads of questions at the start".

The staff who supported people received training and support to enable them to do their jobs well. This meant they had the necessary skills and knowledge to meet people's needs. New staff had an induction training plan to follow at the start of their employment. This covered moving and handling, health and safety, safeguarding adults, safe medication administration, basic first aid, dementia care and the Mental Capacity Act 2005. New staff then worked alongside more experienced staff, called 'shadow shifts' so they could consolidate their learning. They did not work alone until they felt confident within their role. Care Certificate training was completed within the first 12 weeks with a senior staff member monitoring completion of this. The Care Certificate is a set of national minimum standards all health and social care staff must meet, which was introduced in April 2015.

All other staff had yearly update training to complete and the provider/registered manager had a training and development plan in place. This ensured the staff team remained skilled and competent. Records were maintained of staff training attended and when refresher training was due. The provider/registered manager had completed a train the trainer course and provided face to face classroom training in safeguarding adults and moving and handling. In the office there was a training room for staff to be able to practice safe moving and handling with a hoist and other equipment. Staff had their practice observed to ensure they were completing this safely. Care staff were encouraged to complete health and social care qualifications to at least level two (previously called national vocational qualifications NVQs)).

There was a programme of regular individual supervision sessions in place. Senior staff were supervised by the provider/registered manager. Senior staff then supervised a number of the care staff. Supervision meetings are where an individual employee meets with a line manager to review their performance and discuss any concerns they may have about their work. In addition to these measures, spot checks were completed where a senior care assistant would observe the practice of a member of staff and their interactions with people.

People were supported with eating and drinking where this had been identified as a care need. Their care plans detailed the agreed level of support the person needed. Staff would have received food hygiene training as part of their mandatory training and could be making hot drinks, breakfasts, heating up microwave meals or preparing sandwiches and hot snacks. Any concerns care staff had about a person's eating and drinking would be recorded and reported to the office, other health care professionals and family.

The service referred people to other health and social care professionals as required. The care staff or the office staff would contact GPs, district nurses, physiotherapists, occupational therapists and dieticians for example. Any instructions left by these services would be incorporated in the person's care plan to ensure the services all worked together to benefit the person. The care staff were expected to act on any changes in a person's health and well-being, reporting to the right people so that appropriate action could be taken.

Staff told us they gained people's consent at each care call before they did tasks for them. People said, "They ask what I want them to do" and "They always ask me what help I need and if there is anything more they can". Some people who were supported by the service lacked the capacity to make important decisions about their life but had agreed to help with daily living tasks. These people were living with dementia, had a degree of cognitive impairment or mental health issues. People were encouraged to make decisions for themselves but where there was a risk of unsafe decisions being made, the staff would involve other parties and make best interest decisions. When the service was being set up people were asked to sign an agreement for staff to support them with personal care tasks, assist them with their medicines and the sharing of information with other professionals as and when required. These had been signed by the person or where a person lacked capacity, their legal representative. Where lasting power of attorney's (LPA's) were in place, the service asked for proof of these and kept a copy of the document.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). This 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. Staff complete MCA training as part of the mandatory training programme. This ensured they understood the importance of protecting those people who lacked capacity.

Good

Is the service caring?

Our findings

People and relatives we spoke with were complementary about the care staff who supported them. Their comments included, "The care staff are very good and kind to us both", "They are like part of the family, very friendly and kind", "I have built up a good rapport with (named carer)" and "All the staff care, they genuinely care". People told us they were treated in a respectful manner and this was also confirmed by relatives.

People were actively encouraged to provide feedback about the service and to express their views about the way they were cared for. The provider/registered manager wrote in their provider information return (PIR) that they used regular monitoring, supervision and appraisal as a means of ensuring that care staff approached people appropriately and communicated effectively. Spot checks were undertaken by the senior care staff who observed the work performance and interactions of care staff with the person they were visiting.

The provider/registered manager explained how they matched people to care staff linking them by personality qualities, approach, common interests and level of skills. The working relationships that care staff had with people was kept under review to ensure both sides were happy with the care and support provided.

People were supported by the smallest number of care staff in order to give consistency of service. This ensured care staff were fully understanding of their specific care and support needs. The feedback we received from people and their relatives was that they valued having the same staff visit them but understood they needed time off. Some people required two, three or four care calls per day and maybe two care staff each visit. These people were visited by a number of staff but the service would ensure that at least one of them was well-known to them.

The provider/registered manager had received19 complimentary cards and letters since the beginning of 2018. Comments in these included, "I cannot praise (named member of staff) enough", "Thank you for being so helpful", "Thank you for all your tender loving care" and "Thank you for all your practical support and help over the last few difficult months". A social worker had written to the service saying, "please pass praise to the staff team for their support to (named person). They were polite, helpful, friendly and provided a good service".

Good

Is the service responsive?

Our findings

People and their relatives said, "Very satisfied with the service. The staff seem to know how to handle X because they can be very awkward", "We have regular carers now which is better for mum. They look after her very well", "I asked them if I could have a later call in the evening and they made the change. Yes, I do feel they listen to me" and "I could not manage without Avon Home Carers. I sometimes get into a pickle but they sort me out. Always with a smile of their face".

People received a service that was responsive to their individual needs. Each person had a plan of care that set out the care and support tasks the care staff needed to complete. The plans were person centred and had been agreed with the person or their representative. A copy of the care plan was kept in the person's home and also electronically, in the office. Care plans were reviewed on at least a six monthly basis and amended to reflect any changes in the person's care and support needs. The care plans were clear and provided sufficient detail. Since the last inspection the provider/registered manager had introduced a summary care plan, placed at the front of the care file. These provided a very clear overview of the person's care and support needs.

The service tried to be as flexible as possible and if possible would try and accommodate requests to changing call because of other matters in a person's life, for example going out with relatives or hospital appointments.

People were proved with a care file to keep in their own homes. These contained information about Avon Home Carers (the service user guide), a copy of their care plan and risk assessments, medicine records where required and visit records. These visit records provided an account of the tasks completed and how the call had gone. Visit records were returned to the office on a monthly basis and audited by the provider/registered manager , the deputy or the supervisors. The provider/registered manager had made arrangements for the service user guide to be produced in different formats. For example, in braille and on a compact disc.

Since the last inspection the provider/registered manager had purchased a specific piece of equipment to help people who had fallen and could not get off the floor. Senior staff had been trained in its use and would take the equipment to the person's home. Following assessment by the staff to make sure they were not injured, the equipment was used to assist the person off the floor. When the provider/registered manager had submitted their provider information return (PIR) in June 2018, they has used the equipment on five occasions, preventing the call-out of ambulance services. The equipment had then be used again on two occasions in July 2018. On these five occasions the equipment had been used with people who had a history of falls and the service had liaised with both them, and their family. On each of the five occasions, the fall had been handled competently and the risk of back injury to staff had reduced.

People said they felt able to raise any concerns with the office staff and knew how to make a complaint. They were provided with a copy of the provider's complaints procedure and this was included in the care file kept in each person's home. People and relatives we spoke with had not needed to make any complaints

and said they had been listened to when they made requests to the staff. The complaints policy included the contact details for the provider/registered manager plus other agencies – the Care Quality Commission, the local authority and the local government ombudsman. The CQC had not received any complaints about this service.

The provider/registered manager said Avon Home Carers would continue to support people to live in their own homes when they were unwell or had end of life care needs. They would work in collaboration with other health and social care services to support the person's wish to remain at home.

Good

Is the service well-led?

Our findings

People, relatives and staff spoke positively about the management of the service. Staff were proud to work for Avon Home Carers and said they would recommend working for the service to friends and family. Relatives said they would recommend the service as well.

At the last inspection we had found that the quality assurance systems in place had not identified where corrective actions were required following a medication error. The service had been found in breach of regulation 17 of the Health and Social Care Act (2008). Following that inspection, the provider/registered manager sent us their action plan telling us what they were going to do to rectify the issue. The appropriate action had been taken and systems were now in place to monitor ongoing compliance.

Since the last inspection there has been a change in the management structure of the service. A new deputy was in place having been promoted from within the service. The provider/registered manager planned for the new deputy to start their level five leadership and management qualification. The management structure was clear and individual 'office staff' understood their roles and responsibilities. Care staff said they were well supported by the management team who provided good leadership and guidance. It was evident there was good team work in place.

There was an on-call rota for staff who needed guidance when the office was closed, early mornings, evenings and weekends. This was shared by the deputy and the supervisors. One of the supervisors worked on a Thursday and Friday and each weekend, providing senior cover and this meant care staff were well supported when working outside of office hours.

Staff meetings were organised where staff could meet up and discuss the running of the service, feedback about work related issues and make suggestions how things could be done better. All the staff we spoke to said they could visit the office at any time and were made to feel welcome. The provider/registered manager had set up a group email to communicate with all staff and used this to provide updates and changes. Care staff all felt the communication between the office staff and themselves was effective.

The provider/registered manager had undertaken a 'Client Survey' earlier in 2018. People were asked if they felt safe with their carers, whether staff were well trained and caring, listened to and responsive and what their overall satisfaction rate is. Based on 66 responses to the survey, the service had scored well with scores of 96.2% to 100%. These results had shown an improvement from the previous year where the scores were from 95.8% to 100%.

The provider/registered manager had systems in place to assess and monitor the service. This ensured the quality and safety of the service was maintained and where shortfalls were identified action was taken to rectify the issues. Audits were completed in respect of care documentation, medication records, any accidents and incidents, safeguarding concerns and complaints.