

Axe Valley Home Care Limited

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Inspection report

Suites 3 & 4, The Grove
The Underfleet
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EX12 2FU

Tel: 0129724753

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Axe Valley Home Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. Not everyone using Axe Valley Home Care Limited receives a regulated activity, CQC only inspects the service being received by people provided with 'personal care', help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

At the time of our inspection 127 people were being supported with personal care by this service.

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

We received mixed responses from people about their experiences of using the service. Everyone praised the care staff and the care they received. However, some people were not happy about changes the provider had recently made. People were not happy that they were not always having their regular carers and did not know who would be undertaking their visits.

The provider had been making changes to the staff routes by putting in place clusters to minimise the distance staff travelled between visits. They had developed small teams of staff in each cluster, so there would be continuity. This had been successfully rolled out in Seaton but was causing anxiety for people in Exmouth where it was being rolled out.

The provider told us at the beginning of the pandemic they had considered the best use of the office team. They had decided not to send out weekly care rota's in order to prepare staffing time and resilience for managing the service in the pandemic. They had written to everyone using the service setting out the time of their visits as commissioned and naming the locality supervisor and key worker.

The provider recognised that they could have improved their communication with people about the changes. They had restarted sending out their monthly newsletter in October 2020 which advised people, they had taken onboard the need to improve communication, particularly in terms of visit times.

Staff did not always speak positively about staffing, the way visits were scheduled, and the changes communicated about their rotas. The provider said they were in regular communication with the staff through newsletters and staff supervisions. However, they had recognised staff were under additional pressure during the pandemic and the changes being made and had increased their visibility in the community to support staff.

Improvements had been made to ensure that systems and processes were operated effectively to ensure people were protected from abuse and improper treatment. They were ensuring the providers policy to

safeguard vulnerable adults was being followed.

The provider had a business continuity plan which set out how they would operate in extreme conditions. They had risk assessed each visit people received to prioritise visits in case they needed to implement their business continuity plan. They also employed rapid response staff to cover staff absences to help ensure people received their visit.

Medicines continued to be safely managed and people told us staff wore the correct PPE during their visits. The service had implemented a number of additional infection control measures in response to the coronavirus pandemic.

People were given the opportunity to provide feedback to the service about their experience of the care received. Quality monitoring calls were completed on a quarterly basis to speak with people to ask about the service they receive and if they had any concerns.

We have made a recommendation that the provider continues to look at their communication methods and ensure the new systems they have put in place are fully embedded so improvements continue and are sustained.

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 (published 18 March 2020).

Why we inspected

The inspection was prompted in part due to concerns about missed and shortened visits to people and a negative culture between office and management staff and care staff. A decision was made for us to inspect and examine those risks. We also looked at a breach of legal requirements which had been found at the unannounced comprehensive inspection in January 2020. The provider had completed an action plan after the inspection to show what they would do and by when to ensure systems and processes were operated effectively to ensure people were protected from abuse and improper treatment. This focused inspection checked they had followed their action plan and to confirm they now met legal requirements.

We undertook an announced focused inspection to review the key questions of safe and well-led only. 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.

The overall rating for the service has changed Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Axe Valley Home Care Limited on our website at www.cqc.org.uk.

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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Axe Valley Home Care Limited

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 team consisted of an inspector, who attended the site visit and an assistant inspector who contacted people who use the service and staff to ask their views. An expert by experience carried out phone calls to people using the service and their relatives. 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.

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

This inspection was announced before our visit. Inspection activity started on 11 November 2020 and ended on 25 November 2020. We visited the office location on 11 November 2020.

What we did before the inspection

We reviewed information we had received about the service since the last 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 process we spoke with 13 people and four relatives to seek their experiences of using the service. We also spoke with 10 staff members.

During the inspection

We spent time with the registered manager who is also one of the directors at the office location. Along with the head of care and a second director. We reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, survey results, staff scheduling and quality assurance records.

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 were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider was not ensuring that systems and processes were operated effectively to ensure people were protected from abuse and improper treatment. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Improvements had been made and action had been taken to ensure the provider's policy to safeguard vulnerable adults was being followed.
- The service referred allegations to the local authority and the Care Quality Commission (CQC) as required.
- Staff had undertaken safeguarding training and were aware of their responsibilities to identify and report potential abuse. Staff told us they had confidence in the management team to take action if they raised concerns.
- People told us they felt safe and trusted the staff that came into their homes commenting, "I do feel safe with the care I get, and I usually have the same person for weekdays, and she is caring, friendly and well trained so of course I feel very safe with her looking out for me" and "I am very very satisfied with all the carers who visit me, and they do make me feel safe and looked after."

Assessing risk, safety monitoring and management

- The management team had risk assessed each visit people received to prioritise visits. This was in order to prioritise visits in the event of staff shortages or adverse weather conditions when the provider implemented their business continuity plan. They considered people's clinical needs, what they could do for themselves and family support available. Each visit the person received was risk assessed as different times of day might have different family support available. This ensured people assessed as the higher risk were prioritised during difficult times.
- The management team undertook regular monitoring spot checks. This included observing staff practice and contacting people who use the service to ask about their visits and any concerns.

Staffing and recruitment

- Most people told us they were happy with the staff that visited them and the timing of their visits. Comments included, "All the carers are brilliant. No complaints about them, they are doing an excellent job and doing really well with everything they do"; "They always come, and they do not turn up late unless they contact us to tell us they will be arriving late. They come in at the right times" and "Everyone arrives on time and knows exactly what they should be doing even if it is a new carer, they catch on quickly so I feel it must be well run."

- However, some people were unhappy that there had been changes to their regular staff which had caused them upset. Comments included, "Axe Valley up to the change have been very good to me"; "Whilst the carers and the standard of care are 'excellent', they have concerns with regard to the coordination of her care visits" and "I don't know what they are playing at, it was all going smoothly for some time."
- The provider explained they had been developing clusters, so staff routes had been modified to minimise travel for staff between visits. This had worked successfully in Seaton and they were implementing the new routes in Exmouth where concerns had been raised. They had identified that they had not clearly communicated this with people using the service which had added to their upset. This had been rectified in the provider's October newsletter.
- Staff did not always speak positively about staffing, the way visits were scheduled, and the changes communicated about their rotas. The provider said they were in regular communication with the staff through newsletters and staff supervisions. However, they had recognised staff were under additional pressure during the pandemic and the changes being made. As a result, they had increased their visibility in the community to support staff. They were also looking at alternative ways of meeting with staff using video technology.
- Some staff told us they were not always given enough time to travel between people's houses and the travel time allocated changed. The provider used a computerised system that calculated the travel times between visits and considered the means of transport used. For example, a car, walking or cycling. However, they identified that sometimes these travel times had been altered so they put in place a block on any changes being made to the travel times on the system. This meant the travel times would be consistently allocated so people would not have late visits.
- The service had experienced some staff turnover and were actively recruiting new staff with four new staff scheduled to start. Visits were covered by current staff picking up extra hours or the management team and office staff undertaking visits.
- The provider had a business continuity plan to manage risks that threaten the smooth running of the service. The business continuity plan had been used because of staff shortages due to Covid-19 on three occasions. This meant the provider had worked with the local authority to cover some visits when staff had needed to isolate or shield. The provider had taken action to have additional staff available to cover unexpected absences. They were employing rapid response staff to cover staff absences to ensure people received their visit

Using medicines safely

- Medicines continued to be safely managed. Staff who administered medicines had received training and had their competency assessed.
- The management team were very clear that to avoid medicine errors they used GP summaries to update people's medicine charts not verbal instructions.
- People were happy with how their medicines were managed.
- It was not always clear when speaking with staff that they were following the provider's safe disposal of medication policy. We discussed this with the provider who said they would send the policy to all staff with a reminder that provisions were available such as envelopes and return labels at the office.

Preventing and controlling infection

- People we spoke with told us staff wore the correct personal protective equipment (PPE) during their visits saying, "The Carers are brilliant and they are all wearing face masks and everything"; "Daily visits from Carers, neat and tidy, who obviously are aware of all protocols with regard to COVID"; "I always feel well protected against COVID and they are meticulous about masks and hand cleaning" and "They all wear PPE when they arrive and are very good about keeping their masks on and using hand sanitise."
- Staff confirmed they had access to all of the PPE they required and had received infection control training.

One commented, "I have not had any shortage for PPE, we have everything masks, apron gloves and visors, never had problems with getting it. We did all the covid training through the online stuff and they are very full-on with training."

- The service had implemented a number of additional infection control measures in response to the coronavirus pandemic.
- The provider had an infection control risk register for everyone to assess what level of PPE staff needed to use in order to give support. On the provider's computerised care system staff were advised of the correct PPE to use. At each visit they had to tick the system to say they had followed the instruction.
- Staff had received training in infection control. The registered manager ensured regular communications were in place to update care staff about changes in infection control guidance.
- Spot checks and feedback questionnaires included checks on infection control practices.

Learning lessons when things go wrong

- Systems continued to be in place to review accidents and adverse events.
- The provider monitored missed visits to people. They had made changes to their system after someone had not had their visit. They had removed the office staff ability to 'delete' visits and only the management team had access to this system.
- The management team were always reviewing their systems and willing to make changes in response to issues identified. For example, they had made changes following a discussion with a person's family about ensuring they explored contact details of other relatives involved in a person's care. They had also identified that people's support plans from the commissioners did not always reflect the support people required. To ensure they had accurate information about people they completed an assessment of the person prior to them using the service and again if they spent any time in hospital to ensure they had the support required.

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.

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.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Some people and relatives were unhappy that they were not sent a weekly rota and did not know the exact time of their visit and who would be undertaking their visit. The provider told us at the beginning of the pandemic they had considered the best use of the office team. They had decided not to send out weekly care rota's in order to prepare staffing time and resilience for managing the service in the pandemic. They had written to everyone using the service setting out the time of their visits as commissioned and naming the locality supervisor and key worker. Each area had a localities manager whose role it was to undertake welfare calls to people and ask if they had any concerns.
- We received feedback from some people that the length of some of their visits were cut short. The staff used a system to electronically log in and out of a visit and these were reviewed, and people had received their contracted visits. When visits were shorter these were logged on the person's care records. The management team explained that when they implemented their business continuity plan due to staff shortages because of Covid-19, visits were undertaken in line with people's risk level and only essential care given so visits on these occasions were shorter. We discussed with the provider that improvements could be made to ensure this information was shared with people.
- People and their relatives gave mixed feedback on the communication they received from the office. Some were positive and commented, "I had to go out all of a sudden and I called the office, and they were most helpful and understanding so I wouldn't hesitate to call them if I was worried"; "I do call the office and I would say that it is well run and well managed" and "on the whole they seem to do a good job, but I think that they are struggling for staff." Other people and relatives however told us communication with the office was not good saying, "Phone the office and nothing is ever done-organisation of the office is truly appalling"; "Communication with the office is poor" and "You can always improve on a service and they do have a bit of improving to do I would say. Man, management could do with a bit of tweaking and then they would keep more staff."
- The provider undertakes a survey twice a year to ask people their views about the service. The last survey was in July 2020 and overall was positive. The provider had made people aware of any issues raised and the action they were taking in the October 2020 newsletter.
- Staff had also been given surveys to complete in July 2020. The responses were positive but concerns about planning had been raised. The provider had taken action and had been organising staff routes into

clusters to help give more consistency and minimise travel. This had caused some disruption, but the management team were hopeful once this was embedded this would make planning more effective.

- The provider had previously moved their office to one location and changes had been made to the office team. They were working on better communication with people. The provider had implemented a new on call provider in October 2020 as a pilot to undertake their out of hours calls. The on-call provider told us, "This Pilot has highlighted to us ... how efficient and thorough their processes are. At no point have I raised a query and not been given an immediate answer or a resolution. They know their client base and processes which has made the experience so much easier for us. Their Service Users have been happy to speak to us and trust us to pass the information back to Axe Valley in a timely and accurate manner whilst knowing Axe Valley will act upon it promptly."

We recommend the provider continues to look at their communication methods and ensure the new systems they have put in place are fully embedded so improvements continue and are sustained.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 told us "As a business we are constantly looking to progress the business trying to move it forward to grasp new technologies. We have electronic care planning care records with an open pathway, which enables families to read care plans from anywhere after permission from the service user."
- The registered manager understood their responsibilities in responding to concerns raised. They told us they followed the providers policy and worked with people to deal with their concerns.

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

- Quality assurance systems were in place to monitor the quality of service being delivered. This included the care manager auditing 10 percent of care records each month.
- Quality monitoring calls were completed on a quarterly basis to speak with people to ask about the service they receive and if they had any concerns.
- Staff on the whole were positive about the management team but some were unhappy about the changes which had been made. Comments included, "Management team are lovely"; "Management have been great with me, always helpful when I phone to ask anything, yes, I feel they listen to me, and I feel comfortable talking to them about ideas they never brush it off" and "I do find if I speak to (registered manager), she will act on things promptly and takes it seriously, so I am perfectly happy in that case but sometimes I find you have to bypass the office staff." The registered manager said, "We can't move our business forward if we do not evolve". They went on to explain that the changes of clusters in Seaton had resulted in positive feedback. For example, one staff member's car had broken down and they had still been able to undertake their visits.
- The provider said they recognised the pressures staff were under and had support systems in place to help them. Staff each worked in small teams under a team leader supporting them. They had a free employee support programme with access to mental health support, rewards schemes in place for those staff going above and beyond and designated emergency mental health first aiders.

Working in partnership with others

- The management team told us they had on the whole received good support from external professionals during the pandemic and had continued to liaise with occupational therapists and community nurses where required.
- The management team were working with the local authority Business Relations team regarding

communication in regard to acute pressure periods.

- The provider has been actively involved with the Devon County Council Provider Engagement Network (PEN). The PEN group enables health and social care commissioners and local authority procurement teams to engage and work collaboratively with social care providers. They have also been involved in discussions with the local authority about the challenges of dealing with Covid-19.
- The provider is located on the border of Devon and Dorset. The Dorset clinical commissioning group undertake a regular quality monitoring checks of the service. The last one in July 2020 raised no concerns.