Care Avenues Limited

Care Avenues Limited - London

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

We carried out an announced inspection of Care Avenues Limited - London on 29 January 2019. Care Avenues Limited - London is registered to provide personal care to people in their own homes. The 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, the service provided personal care to six children in their homes. At the last inspection on 22 June 2016 the service was rated 'Good'. At this inspection we found the service remained 'Good'.

The service had a registered manager. 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 legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the service is run.

Most risks had been identified and assessed, which provided information to staff on how to reduce these risks to keep children safe. However, for some children with specific health conditions, there was lack of robust risk assessments in place to ensure they were safe at all times. We made a recommendation in this area. There were sufficient staffing levels to support people. Staff had been trained in safeguarding vulnerable adults and knew how to keep children safe. There was a safe recruitment process in place to ensure staff were suitable to support children.

Staff had the knowledge, training and skills to care for children effectively. Staff received regular supervision and support to carry out their roles. Children had choices during meal times and were supported with meals when required. Staff knew what to do if children were not feeling well. Children's needs and choices were being assessed regularly through review meetings to achieve effective outcomes.

Relatives told us that staff were friendly and caring. Children were treated in a respectful and dignified manner by staff. Relatives had been involved with making decisions about their care.

Care plans were person centred and included clear information on how to support children. Relatives were aware of how to make complaints if they wanted to and staff knew how to manage complaints.

Staff felt well supported by the management team. Quality assurance and monitoring systems were in place to make continuous improvements.

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 remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

Care Avenues Limited - London

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.

The inspection was carried out on 29 January 2019 and was announced. We gave the service 24 hours' notice. We announced the inspection because we wanted to ensure someone would be available to support us during the inspection. The inspection was carried out by one inspector.

Before the inspection, we reviewed relevant information that we had about the provider including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. A notification is information about important events which the provider is required to tell us about by law. We also received a Provider Information Return (PIR) from the service. A PIR is a form that asks the provider to give some key information about the service, what it does well and any improvements they plan to make. We sought feedback from professionals that the service was involved with.

During the inspection we spoke with the registered manager, deputy manager and the care coordinator.

We reviewed documents and records that related to people's care and the management of the service. We reviewed four care plans, which included risk assessments, and five staff files, which included pre-employment checks. We looked at other documents such as training and quality assurance records.

After the inspection, we spoke to three relatives and three staff.

Good

Is the service safe?

Our findings

Relatives told us that their children were safe when staff came to support them. One relative commented, "They keep [person] safe. I am very happy with the care that they provide." Staff had been trained in safeguarding people. Staff were able to explain how to recognise abuse and knew who to report abuse to such as the management team or the local authority.

Most risk assessments were carried out and were specific to people's individual needs. There were risk assessments in place for moving and handling, epilepsy and the environment. These assessments provided information to staff about how to manage risks and keep people safe.

However, risk assessments had not been created in relation to some children's specific health conditions. Records showed some children had specific health concerns such as cerebral palsy and were at risk of choking. Risk assessments were not completed to demonstrate the appropriate management of these risks in order to minimise them leading to serious health complications. For example, how this health condition affected them, the risks associated with this and what staff could do to minimise risks to ensure children were safe at all times.

We recommend the service always follows best practice guidance on risk management.

The registered manager told us that staff did not support children with medicines as this was done by relatives. Staff had been trained on medicine management. The registered manager told us that training was delivered to staff if there was a need to support a person with medicines in the future. A medicines policy was in place.

The registered manager told us that there had been no incidents since the last inspection. The registered manager and staff were aware of what to do if accidents or incidents occurred. There was an incidents form in place that could be used to record them. In addition, the registered manager told us that if incidents were to occur, then this would be analysed and used to learn from lessons. This would ensure the risk of re-occurrence was minimised.

Systems were in place to reduce the risk and spread of infection. Staff had been trained on infection control and confirmed they had access to Personal Protective Equipment (PPE). We observed supplies of PPE in the office. Relatives confirmed that staff used PPE when supporting children with personal care.

Relative and staff provided positive comments about staff deployment. A relative commented, "They always come on time." A staff member told us, "They [management] give timesheets to make sure we come on time. If we are late, we have to let them know." Systems were in place to monitor staff time-keeping and attendance to ensure staff were not late and missed calls were minimised. Staff had to complete timesheets, which was reviewed and signed by relatives to confirm attendance, time keeping and the required tasks had been completed. This was then reviewed by the management team. Rotas were sent in advance to staff to ensure they had adequate time to plan travel.

Pre-employment checks had been carried out, which ensured that staff were suitable to support people safely. We checked five staff records. Three staff had been recruited since the last inspection and these showed that relevant pre-employment checks, such as references and proof of the person's identity had been carried out. We saw that a Disclosure and Barring Service (DBS) check had been undertaken before staff were employed. This is a check to find out if the person had any criminal convictions or were on any list that barred them from working with adults or children who use care services.

Good

Is the service effective?

Our findings

Relatives told us staff performed their role effectively. A relative told us, "[Staff] understand [person using the service] very well." Another relative commented, "I think [staff] are very good."

Staff participated in training and refresher courses required to perform their roles effectively. Specialist training had also been provided in autism, tracheostomy and catheter care. A staff member told us, "They give good training." Staff had received an induction, which involved shadowing experienced care staff and meeting people. Staff supervision was carried out, which included discussions on performance and training needs. Appraisals had been carried out for staff employed for more than 12 months to review staff performance for the last 12 months and set objectives. Staff told us they were supported in their roles. A staff member told us, "They [management] are really supportive."

Pre-admission assessments had been carried out to identify children's backgrounds, health conditions and support needs to determine if the service was able to support children. Using this information care plans were developed. The service assessed children's needs and choices through regular reviews with them. Where changes had been identified, this was then reflected on the care plan. This meant that children's needs and choices were being assessed to achieve effective outcomes for their care.

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. We checked whether the service was working within the principles of the MCA.

Staff had received training on the MCA and were aware of the principles of the act. Consent forms had been completed by relatives to consent to care and treatment. Staff told us that they always requested consent before doing any tasks.

Care records included the contact details of children's GP, so staff could contact them if they had concerns about a child's health. Staff were able to tell us the signs to identify if a child was unwell and what actions to take to report an emergency. Relatives we spoke to told us that they felt confident staff would know what to do if their children were not feeling well.

Care plans included the level of support children would require with meals or drinks. A relative told us, "[Person] has swallowing difficulties. They make sure the food is soft and it has consistency." Some children required their meals through a Percutaneous Endoscopic Gastrostomy (PEG). PEG is an endoscopic medical procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. Staff had been trained on how to use a PEG and there was information available on how to support children with meals via a PEG. Staff told us that it was relatives that mostly prepared meals for their children. However, choices were provided where possible with meals.

Good

Is the service caring?

Our findings

Relatives told us staff were caring. A relative told us, "They [staff] are caring and friendly." Another relative commented, "The [staff] that have come in, I have been very happy with."

Each child had their likes and dislikes recorded in their care plans and staff told us this was used to get to know the child and build positive relations with them. Relatives confirmed that staff had a good relationship with the children. One relative told us, "They [staff and person] get on very well." Staff we spoke with knew children's preferences and support needs and used this knowledge to care for them in the way they were comfortable with.

Children were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse and had been trained in equality and diversity. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally.

Staff ensured children's privacy and dignity were respected. Staff told us that when providing support with personal care, it was done in private. A staff member told us, "Most of the time personal care is done in service user's room but I make sure door is closed and use a towel to cover their body when supporting." A relative told us, "They close the door and respect [person] privacy and dignity."

Staff gave us examples of how they maintained children's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining children's privacy when giving personal care was vital in protecting their dignity.

Records showed that relatives were involved in making decisions about the care and support their children received. Relatives had agreed with the methods for the delivery of the care plan. Relatives told us that they had been involved with the planning of care.

Staff told us that children were encouraged to be independent. A staff member commented, "You have to talk to them when giving personal care. You explain how to do things and then see if they can do it with our support."

Good

Is the service responsive?

Our findings

Each child had an individual care plan which contained clear information about the support they needed. Care plans included children's personal information and how to support them in a person-centred way. There was a section called 'What is important to me' that provided information on children's family circle, living arrangements and support needs. Information on one care plan included, 'I can sit with support. Able to roll to my left side when lying flat but cannot do so on the other side'. Care plans were up to date and reviews took place regularly with people. A staff member told us, "Care plans are helpful." A relative told us, "[Person] is very happy with the care."

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. A relative told us, "[Person] has seizures every day. The [staff] that look after [person] has to be very skilled. They know how to look after [person]."

The staff team worked together to deliver effective care and support. There was a daily log sheet, which recorded information about children's daily routines, behaviours and daily activities. Staff told us that the information was used to communicate with each other between shifts on the overall care people received and if a particular person should be closely monitored. This meant that children received continuity of care.

Children had access to information that was accessible. Children's ability to communicate was recorded in their care plans. In one care plan, information included 'I react to soft voices and smiley faces'. Staff were able to tell us how they communicated with children they supported that may have difficulty with communicating. Materials such as picture exchange communication and basic sign language were available and used to communicate with children that had communication difficulties, when needed.

There was an appropriate complaints management system in place. A complaints register was kept that provided oversight of complaints received. A complaints policy was in place. We saw complaints had been recorded, investigated and relevant action had been taken. Staff were aware of how to manage complaints. They told us that the management team took complaints seriously and this would be reviewed and investigated. Relatives told us that they had no concerns about the service but knew how to raise complaints.

Good

Is the service well-led?

Our findings

There were systems in place for quality assurance. The management team carried out spot checks on staff to observe their performance on service delivery. The findings of the spot checks were recorded and communicated to staff. Audits on care plans and staff files had also been carried out. We spoke to the registered manager on the shortfalls we found with risk assessments and this had not been identified at audit stage. The registered manager told us that they were in the process of changing the layout of the care plans and this may have resulted in some information not being added. The registered manager told us the information within care plans would be reviewed and information included to ensure children were safe at all times.

At the last inspection we made a recommendation for the provider to review its questionnaires to people, in order for them to be easier to complete. At this inspection, we found that this had been implemented and the surveys were easier to understand and complete. The service had requested feedback from relatives to identify ways to improve the service. The results of the feedback were positive. Comments from the survey included, 'Easy to approach. Flexible as per needs and helpful' and 'Happy with the service provided and can't think of any more improvement'.

Staff survey had also been completed. This focused on training, service delivery, support and travel time. The results were positive. Comment from one staff member included, 'A good company'.

Relatives were positive about the management. A relative told us, "[Registered manager] is good." Another relative commented, "The people that run it are very nice. I am very happy with Care Avenue. They are a good company."

Staff told us the service was well-led. One staff member told us, "[Registered manager] is good. She is supportive." Another staff member commented, "I am really happy with them [management]." A third member of staff told us, "They [management] are good. They tell you what to do." A social care professional also told us, "I can confirm that I have no concerns with their service, and hope to continue working in partnership with them moving forward."

Staff meetings were held. At these meetings staff spoke about children's care and were able to provide feedback on their roles. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues. This meant that staff were able to discuss any ideas or areas for improvement as a team to ensure people received high quality support and care.