

Avoston Ltd

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Avoston Limited is a domiciliary care agency providing personal care to people living in their own homes. It currently provides a service to older adults with a range of care and support needs. At the time of inspection, since this is a new service, only a few people were supported in the Chichester area. There were plans to expand the service.

Everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were protected from the risk of abuse and harm by staff who had been trained appropriately and knew what action to take if they had any concerns. Risks to people had been identified and assessed, with guidance for staff on what actions to take, which was followed. People told us that staff were rarely late when visiting their homes and, if they were going to be late, they would be informed. New staff were recruited safely. Some people required staff to administer or prompt them to take their medicines; this was completed in a safe way. People's needs were regularly reviewed to ensure the service they received was suitable.

Before people received support from the service, the registered manager undertook assessments of people's needs. People and their relatives were involved in discussions. 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.

Staff completed a range of training which was relevant to their roles and specific to meet people's needs. They received regular supervision from the registered manager.

People were supported to eat and drink in a healthy way and staff prepared meals for people. One relative told us that their family member's appetite had increased because staff had encouraged them with eating. Support staff could accompany people to healthcare appointments if required. People received support from community nurses, GPs, and other health and social care professionals.

People told us that staff were kind and caring. People's diverse needs were identified and catered for and care was delivered in a personalised way that met people's preferences. People were treated with dignity and respect.

Care plans were drawn-up with people and their relatives and provided detailed information about people's personal histories as well as their care and support needs, which staff followed. People's communication needs had been identified, so that staff communicated with them in a way that suited them. At the time of

inspection, no complaints had been received, but the registered manager said that any complaints would be managed in line with the provider's policy.

People and their relatives spoke highly of the service and of the registered manager and support staff. Their feedback was obtained at regular reviews and the registered manager maintained regular contact with people.

A range of audits had been implemented to measure and monitor the quality of the service and to drive improvement. Staff felt supported by the registered manager and the registered manager had regular contact with the provider. The service worked in partnership with others.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The service registered with us on 12 October 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the timescales set out on our registration programme.

Follow-up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

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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 undertaken 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.

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.

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.

During the inspection

We spoke with one person who used the service and one relative to obtain their feedback. We also spoke with the registered manager and a care worker. We reviewed a range of records. This included three care records and medication records. We looked at one staff file in relation to recruitment and supervision. A

variety of records relating to the management of the service, including policies and procedures, were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm.
- The registered manager demonstrated a clear understanding of actions they would take if they had any issues or concerns about people's safety. They told us, "I would start by investigating any concern and if I felt there was a need, I would raise a safeguarding. If it was against a member of staff, I would suspend them whilst the investigation took place".
- Staff had completed training in safeguarding vulnerable adults. One staff member explained, "I would report any concerns to the manager and she would take it further".

Assessing risk, safety monitoring and management

- People's risks were identified, assessed and managed safely.
- Care plans included risk assessments in a range of areas. For example, one person's risks relating to skin integrity, seizures, infection and money management had been assessed. Their risk of falls included information about their low blood pressure and guidance for staff which was followed. The registered manager suggested to the person that a referral to the local authority falls team might be beneficial, but the person turned down this suggestion.
- One person was cared for in bed and a pressure mattress was supplied for their use by the community nursing team. Guidance, including the correct settings for the mattress, was provided to staff within the person's care plan.
- Risks to staff in relation to lone working and undertaking early morning or evening calls, had been assessed and were managed satisfactorily.

Staffing and recruitment

- There were sufficient staff to meet people's needs; staff rotas confirmed this.
- One person told us they received information about the staff who would be supporting them in advance. They explained that they usually saw the same two staff and that they liked the continuity of having staff they knew well.
- People told us that staff invariably arrived at their homes on time. One person said, "The only time they have been a little late is when the traffic is bad or where the client before me needs more time. Staff let me know if they're going to be late and it's never been more than 30 minutes".
- New staff were recruited safely. The staff file we looked at showed that all appropriate checks had been made before the staff member commenced employment. These included checks with the Disclosure and Barring Service which considered the person's character to provide care. References were obtained and employment histories verified.

Using medicines safely

- Medicines were managed safely.
- One person had their medicines administered by staff and another person was prompted to take their medicines by staff. The registered manager told us that one person had their medicines delivered to their home every month and that they kept a check on this, to ensure the person did not run out of their prescribed medicines.
- Staff had been trained in the administration of medicines and the registered manager assessed their competency to do so.
- Medication administration records (MAR) were kept in people's homes. Copies of the MAR were kept in the provider's office and these had been accurately completed by staff.

Preventing and controlling infection

- People were protected by the prevention and control of infection by staff who had received appropriate training.
- Personal protective equipment, such as disposable aprons and gloves, were used by staff when supporting people with their personal care.
- The provider had an infection control policy which staff followed.

Learning lessons when things go wrong

- Lessons were learned when things went wrong.
- The registered manager told us about one person who they supported at home. Over time, this person's care needs had increased, to the extent that the registered manager felt it was no longer safe for the person to live independently. The registered manager thought this person's needs could not be met by care staff, so they made a referral to the local authority. The person needs would be reassessed, since the registered manager felt they now needed residential care.
- The registered manager explained the importance of assessing and regularly reviewing people's care and support needs, to ensure the service provided continued to be safe and appropriate.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and support needs were assessed before they received support from the service.
- The registered manager met with people and their relatives to undertake an assessment. Care plans included documentation about people's needs before they received support from staff.
- People's care and support needs were reviewed every six months, or earlier, if required.

Staff support: induction, training, skills and experience

- Staff completed a range of training relevant to their role and specific to people's needs. One person described staff as, "Helpful and knowledgeable".
- New staff were supported by the registered manager through an induction programme. The registered manager explained that they went through the policies and procedures with new staff, set up a shadowing programme for new staff to work with experienced staff and arranged initial training. The registered manager also supported staff when they completed their training workbooks, to ensure that staff had a thorough understanding of a particular topic.
- Staff who were new to care could study for the Care Certificate, a universally recognised, skills based, vocational training qualification.
- Mandatory training for staff included basic food hygiene, diet and nutrition, dignity and respect, equality and diversity, falls prevention, first aid, health and safety and moving and handling. All staff had completed the relevant training.
- The registered manager had completed 'Train the trainer' and supported staff with dementia training and medicines management.
- Staff received supervision from the registered manager every three months and records confirmed this.
- One staff member, who was new in post, told us they had not had any supervisions yet, but they had received a 'spot check' from the registered manager. Spot checks enable the registered manager to observe how a staff member supports a person in their own home. The staff member described the registered manager as, "very supportive".

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

- People were supported by staff in the preparation of meals.
- One person told us that staff ensured they had enough to eat by preparing their breakfast and lunchtime meals. Snacks would be left so they had sufficient to eat during the day.
- Referring to a family member, a relative said, "They help him to eat. He wasn't eating properly and he wasn't interested. They put [named fortified food] in his porridge and use full-fat milk, things like that. It's

boosted his intake".

- A staff member told us, "Basically it's people's own choice. We can advise on healthy, balanced meals, but they have a right to choose".

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

- The service worked with other agencies to provide people with holistic care.
- The registered manager told us they received advice, guidance and support from healthcare professionals such as community nurses, GPs, occupational therapists, physiotherapists and speech and language therapists.
- One person had a health condition which meant they had difficulty with swallowing. A speech and language therapist had advised staff on how to support the person to eat well and on the consistency and preparation of food. For example, the person would have difficulty eating pastry, so this was to be avoided.

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

- People were supported by staff to access a range of healthcare professionals and services.
- One person was supported by staff to attend their GP for check-ups and blood tests. This person's relative said, "Staff run him to hospital appointments; I can't praise them enough"
- The registered manager told us they had good working relationships with local medical practices. They said, "We can call people's doctors, with their consent, or if there was an emergency".

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Consent to care and treatment was gained lawfully.
- People's capacity to make decisions had been assessed and was reviewed annually.
- Everyone receiving support from the service had capacity to make decisions and no-one was deprived of their liberty.
- One person was unable to sign some of their care plan documentation to show they gave their consent for particular decisions. Staff read out the information to the person and confirmed they understood what it meant.
- Staff had completed training on the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who knew them well. Referring to a family member, a relative told us, "He was brought back from the brink. The worry that has been taken off my mind has been incredible. He tells us, 'I look forward to seeing my little ray of sunshine', when he sees the carers".
- The registered manager had a good understanding of how to support people equally and their diverse needs. One person was very deaf, but chose not to wear hearing aids. They also had poor eyesight. Staff explained how they supported this person and respected their decision not to wear hearing aids, so they talked clearly and loudly instead.
- People chose whether they wanted a male or female member of staff to support them and their preferences were met. If people had particular religious or cultural beliefs, then these would be recorded. No-one receiving a service had expressed a preference with regard to this.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be involved in all aspects of their care. The registered manager met with people and their relatives every six months, or earlier if needed, to discuss and review care plans.
- Staff told us they supported people to be as independent as possible and that decisions were sought from people at every care visit.
- People spoke highly of the registered manager and the staff who supported them. One person said, "I'm more than happy with them and also with the price they charge me".
- The provider had a policy about treating people with dignity and respect; staff followed this guidance.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated 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

- Care plans were written in a person-centred way and contained detailed information about people, their preferences, and how they wished to be supported. For example, one person had a range of health conditions and chose to stay in bed all the time. Staff supported them according to their choice; the person enjoyed looking out of the window, and their bed was arranged so they could do this.
- People's personal histories and backgrounds were documented, so staff had a good understanding about people and a firm foundation on which to develop relationships.
- Staff demonstrated a good understanding of people's care needs, likes, dislikes and preferences.
- A relative confirmed they were involved in reviewing their family member's care needs and said, "[Named manager] keeps me updated as I don't live close-by". One person told us that they were fully consulted by the registered manager and staff about every aspect of their care.

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.

- People's communication needs were met. Everyone using the service was able to communicate verbally. The registered manager said, "Everyone has capacity and understand why we are there to support them. Everyone speaks English, but we can think about alternative means of communication, such as pictures, if we need to".
- One person had macular degeneration, so used a magnifier with a torch to look at the television. Staff supported this person appropriately.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy.
- Avoston Limited is a newly registered service and no complaints had been received at the time of the inspection.
- The registered manager told us that any complaints would be addressed early and in line with the complaints policy.
- A relative told us they had no complaints about the service and said, "I have no worries or concerns. It's a 5-star service".

End of life care and support

- No-one who received support from the service was on end of life care at the time of the inspection.
- Where assessed as needed, some people had a 'Do not attempt cardio-pulmonary resuscitation' (DNACPR) plan in place. These were completed by a medical professional, with the involvement of people and their relatives. Original documents of DNACPRs were kept in people's homes for easy access by healthcare professionals.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People received personalised care from staff who encouraged their independence. Staff supported people in ways that suited them.
- The registered manager understood the concept of person-centred care and had created a culture that enabled staff to deliver care in this way.
- Avoston Care was in its infancy and the registered manager was keen to create a service that was delivered to a high standard, with plans to develop and expand to more people living in Selsey, Bosham, Chichester and beyond.
- The registered manager told us that, since this was a new service, questionnaires to obtain people and relatives' feedback had not yet occurred. However, they told us that feedback was important and that people's views were obtained when care plans were reviewed. The registered manager maintained regular contact with people and their relatives.
- A relative told us, "It's fantastic all round. It's a new company, but we sat down with the manager and she reassured us about things". The relative added that their family member had been supported by another care agency initially, but that this had not worked well, so they had changed to this service.
- All support staff spoke English as their first language. The registered manager showed us the provider's equality policy and explained that bespoke support would be planned for people and staff where required, according to their diverse needs.
- One staff member said, "It's lovely here. I don't feel under any pressure. Travel time is included and that makes it so much more relaxed. [Named registered manager] is always willing to do shifts. She doesn't make false promises".

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

- The registered manager understood their responsibilities under duty of candour. They told us, "It's our duty to be honest and open and inform people, relatives and other agencies of anything that goes wrong".
- The registered manager understood regulatory requirements and notifications which were required to be sent to us by law had been completed.
- A policy had been devised which included procedures to follow if a staff member went sick or was unable to undertake people's calls. The registered manager was available to fill any gaps as the client base was

small.

- The registered manager felt supported by the provider. They told us they had six monthly face-to-face meetings with the directors and weekly calls by video conferencing. The registered manager said the directors were available when needed and that they empowered them to take day-to-day decisions about the management of the service.

Continuous learning and improving care; Working in partnership with others

- A system of audits had been implemented which measured and monitored the quality of care and of the service overall. For example, a monthly audit analysed any accidents or incidents that people experienced. One person had a number of falls and these had been analysed; the registered manager had suggested a referral to the falls team for the person. The person decided they did not want to be referred.
- Care plans were reviewed and audited, and staff supervisions and appraisals were recorded to ensure these were undertaken regularly. Staff training dates were entered on a spreadsheet, so the registered manager knew when training had been completed or was due.
- The registered manager was passionate about providing a good 'care at home' service. They said, "I've been working in home care for a long time and I think there are better ways of doing things than have been done in the past, and looking after the staff well. It's really important to listen to staff. Care is a career choice, not a stop-gap. People care about our staff too".
- The registered manager attended a local managers' forum held at Selsey Medical Centre, which was organised by social services. The registered manager worked with the local authority and was a member of a professional body linked to supporting care agencies.