

Avenue Care Services - Edinburgh Support Service

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Type of inspection:
Unannounced

Completed on:
27 January 2023

Service provided by:
Avenue Care Services Ltd

Service provider number:
SP2018013172

Service no:
CS2017361994

About the service

The service is provided by Avenue Care Services Ltd, an independent provider of home care, part of Avenue Scotland Recruitment and Consultancy Agency which is based in Dunfermline. The service operates from an office in the north of Edinburgh. Senior managers are based in Perth and Fife.

The service provides a care at home service to adults mainly in the centre, north and west of Edinburgh and outlying districts.

At the time of inspection the service was supporting 70 people in their homes. The service had a team of around 35 staff including the management team and schedulers.

The service states that its vision is:

"We are committed to delivering quality services which provide personal and practical care to people in their own homes to enable them to live in dignity and comfort and in accordance with their own lifestyle choices."

About the inspection

This was an unannounced inspection undertaken by two inspectors from the Care Inspectorate on 16 and 17 January 2023 in the provider's office, followed by visiting people in their own homes on 23 January 2023. An inspection volunteer also spoke with a selection of people and their relatives to gather their views.

To prepare for the inspection we reviewed information about the service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

Key messages

- Staff were viewed positively by people experiencing care and their families. People described them as being kind, respectful and going "above and beyond".
- People welcomed the high level of staff consistency, resulting in meaningful working relationships being established.
- The manager was very responsive during inspection and keen to implement the improvements identified.
- There was a need for improvements to be made around maintaining records relating to the care needs of people and for care plans to be fully accessible.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good. There were several important strengths which, taken together, clearly outweighed areas for improvement. However, improvements were needed to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

Staff were viewed positively by people experiencing care and their families. People described them as being kind, respectful and going "above and beyond".

Comments from people included:

"The carers are flexible and take account of how I am feeling."

"The carers are great. They are very caring and professional."

"I like how the carers pay attention to the small details e.g .they put mum's perfume on."

The staff are able to do everything that I need in the time that they have."

"I find the office staff approachable, pleasant and responsive."

People welcomed the high level of staff consistency, resulting in meaningful working relationships being established.

We spent time observing how people interacted with staff. We saw positive interactions which demonstrated that people were treated with dignity, respect, and genuine affection.

Changes to people's care and support needs were shared with care staff well, however, this was often not reflected in the support plan. People's experiences of discussions to review their care and support varied. Staff were knowledgeable about people's support needs largely achieved through ensuring a degree of consistency of carers for people. Staff displayed a strong sense of their duty of care towards people.

It is important for the health and wellbeing needs of people to receive their medication as prescribed with robust recording of medication administered. Greater clarity was needed by staff on how people would like to be supported with their medication; self-medicate, be prompted by staff or for staff to administer the medication. There was a degree of confusion surrounding staff completing medication administration records (MAR's) for people who were able to self-medicate or be prompted to take their medication. Please see area for improvement one.

Through our discussions with staff about some accidents and incidents, we identified that greater clarity was needed regarding the role the provider has when staff identify any concerns with people's wellbeing, specifically adult support and protection and any potential concerns identified to be reported to social work for them to investigate. The manager should provide re-fresher training to staff where identified.

Improvements were needed to demonstrate how staff risk assessed people's care needs, (low, medium and high) specifically on falls prevention and skin integrity. The manager acknowledged this and was keen to ensure the documentation used clearly evidenced this.

Some of the staff we spoke with felt there was often not enough travel time built in to their visits and on occasion had to rush the care delivered to people; a view some people and their relatives also echoed:

"Sometimes the visit feels rushed. It is usually because of traffic."

The manager would normally be able to monitor the arrival and departure times of staff, to support the review process of scheduling to ensure people's care needs are fully met in the agreed time. However, this had not been possible recently due to technical issues out with their control (commented more under Quality Indicator 2.2) however was looking to implement a new system shortly.

People told us communication could be improved, especially when informing people of any changes in staff, lateness or relatives who may have power of attorney and would like to be informed of any changes to people's health. Developing communication agreements with people; setting out when, how and why communication should be maintained would help improve this, including expectations balanced with what would be achievable.

Staff were able to recognise signs and symptoms of Covid-19 and respond to people in the event of suspected or confirmed cases. There was sufficient supply of Personal Protective Equipment and staff were wearing PPE correctly, helping to keep people safe. Leaders carried out observations and audits of staff, and when working together, staff supported each other to ensure that everyone maintained good practice in relation to PPE and infection prevention and control.

Staff were familiar with the latest Covid-19 guidance from the Scottish Government, including seeking the wishes of people as to whether they would like staff to continue wearing face masks when in their homes.

Areas for improvement

1. To ensure people experience care that meets their health needs, the provider should ensure that people receive their medication as prescribed with robust recording of medication administered and this is audited by management.

This should take into account (but not limited to) the following:

- All staff who administer medications are trained in line with Care Inspectorate guidance, 'Review of medicine management procedures: Guidance for care at home services (2017)', and are able to distinguish the different levels of support service users require.
- All service users being supported with medication must have a detailed risk assessment to identify the appropriate level of support required; i.e. prompt, assist, administer.
- Staff have a greater understanding of the medication support levels and the format this should be recorded in, as detailed in the provider's medication policy.
- Accurate records must be kept for all medications being administered.
- Care plans detail the medication people have been prescribed with and the purpose. This supports staff understanding should they need to seek medical attention for individuals.

This ensures care and support is consistent with the Health and Social Care Standards which state, 'If I need help with medication, I am able to have as much control as possible.' (HSCS 2.23)

How good is our leadership?

4 - Good

We evaluated this key question as good. There were a number of important strengths which, taken together, clearly outweighed areas for improvement. However, improvements were needed to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

The management team had a good overview of the service and people spoke positively of their experiences.

"I have a good relationship with the management. They are approachable but sometimes the initial response is immediate and made without thought."

"Management is approachable and amenable. They take cognition of my views and try to change the service to take account of these."

Good management oversight was underpinned by a variety of quality assurance systems including but not limited to weekly independent audits which produced action plans for the manager. This enabled any improvements identified to be actioned quickly.

People were supported to understand the standards they should expect from their care and support and were encouraged to be involved in evaluating the quality of the service provided. People were confident giving feedback and raising any concerns because they knew leaders would act quickly and use the information to help improve the service. Leaders demonstrated a clear understanding about what was working well and what improvements were needed. They ensured that the outcomes and wishes of people who were using the service were the primary drivers for change.

We acknowledged that the provider had experienced some technical difficulties (out with their control) that had impacted to degree how robust the quality assurance measures were. Specifically around ensuring staff have adequate time for visits and travel time through monitoring live when staff arrive and depart their visit to people. However staff routinely gathered the views of people experiencing care to support ongoing improvement and development opportunities.

How good is our staff team?

4 - Good

We evaluated this key question as good. There were a number of important strengths which, taken together, clearly outweighed areas for improvement. However, improvements were needed to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

Regular supervision was used constructively and supported staff's personal and professional development. There were clear records of learning being undertaken and planned, which inform training for each member of staff. There was a degree of reflective practice from staff on how best to support people's personal outcomes and we gave examples to the manager about how this could be further developed.

Feedback from staff regarding how they were supported by the management team was mixed. Some staff felt the management team were approachable, others felt that although they met with their line manager on a monthly basis for supervision, they did not always feel listened to or valued. We concluded that staff had a role to play in ensuring that they were accountable for their own practice and development in line with the SSSC code of practice.

Staff competence was regularly assessed to ensure that learning and development supports better outcomes for people. This meant that people were being cared for by staff who understood and were sensitive to their needs and wishes because there were several learning and support measures in place.

A staff training plan for the year had been developed, identifying any gaps in knowledge or where refresher training was required.

The provider had a staff contingency plan should staffing levels reduce because of an outbreak of infectious disease, utilising internal resources including bank staff and staff from other services within the organisation.

How well is our care and support planned?**4 - Good**

We evaluated this key question as good. There were a number of important strengths which, taken together, clearly outweighed areas for improvement. However, improvements were needed to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

The content and detail of personal plans was not consistent. Whilst some were written with people to a high standard, others were not and did not always clearly reflect people's health and wellbeing needs and preferences. There was a lack of relevant information that would lead and guide staff in a consistent manner.

Personal outcomes for people were often generic and not person centred. Whilst we recognised many would have very similar outcomes, for example maintaining independence, people would benefit from having more meaningful agreed outcomes planned.

Changes to people's care and support needs were shared with care staff well, however, this was often not reflected in the support plan and the service was behind in reviewing and updating them. This has the potential to impact people negatively if staff do not have access to the latest guidance on meeting people's care needs. Please see area for improvement one.

We were also aware that some people may present a degree of stress and distress behaviours and therefore could explore the use of positive behavioural support plans; detailing trialled and tested techniques to support people should such incidents occur.

The provider should develop care plans to include anticipatory care elements to ensure people's wishes are taken into account when receiving end of life care. We will follow this up at the next inspection.

Areas for improvement

1. The provider should ensure that people's agreed care plans are kept up to date and available to all relevant parties, including people experiencing care and support, and care staff.

This ensures care and support is consistent with the Health and Social Care Standards, which state: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event, were taken account of in making this requirement.' (HSCS 4.14)

What the service has done to meet any requirements we made at or since the last inspection**Requirements****Requirement 1**

By 30 April 2022 the provider must ensure that people's health, safety and wellbeing needs are being accurately assessed, documented, met, and are effectively communicated between all relevant staff. This

means ensuring the people experiencing care and support and those important to them are central to identifying what is important to them and that everyone is working together to maximise their health, safety, and wellbeing. This must include but is not limited to:

- a) Developing and implementing a plan to review everyone's care and support needs, prioritising those who have experienced significant change to their health and wellbeing;
- b) Ensuring support plans are maintained and kept up-to-date to reflect any changes in the needs of people receiving care;
- c) Ensuring that up to date support plans are available to all relevant parties, including people experiencing care and support, and care staff.

This is to comply with Regulation 4(1)(a) and (d) (Welfare of users) and 5(1) (Personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15)

This requirement was made on 16 February 2022.

Action taken on previous requirement

Many people have had their care plan reviewed to ensure it was up to date and reflective of the persons agreed outcomes. The large majority of people we spoke with said that a manager had come out to undertake a review.

However, copies of people's care plan in their homes were often out of date and there was a degree of reliance on the carer who knew the clients well.

Met - within timescales

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.4 People are getting the right service for them	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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