Avant Healthcare Services Limited

Avant (Ealing)

Inspection report

Vista Business Centre
50 Salisbury Road
Hounslow
Middlesex
TW4 6JQ
Tel: 020 8583 5050
Website: http://www.avanthealthuk.co.uk/

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Ratings

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

Overall summary

We undertook an announced inspection of Avant (Ealing) on 21, 24, 25 and 26 August 2015. We told the provider two days before our visit that we would be coming because the location provides a domiciliary care service for people in their own homes and staff might be out visiting people.

Avant (Ealing) provides a range of services to people in their own home including personal care. At the time of our inspection 60 people were receiving personal care in their home. The care had either been funded by their local authority or people were paying for their own care.

This was the first inspection of the service at the location. They were previously registered at a different address.

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

Summary of findings

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 service is run.

There was a policy in place in relation to medicines but care workers did not use a medicine administration record (MAR) chart to record medicines they had administered which were not provided in a blister pack.

The provider had a policy and training in relation to the Mental Capacity Act 2005 but they did not have procedures in place to ensure appropriate actions were taken when a person using the service had been identified as unable to make decisions about their care.

The provider had systems in place to monitor the quality of the care provided but these did not provide appropriate information to identify issues with the quality of the service.

We received mixed feedback from people when asked if they felt the service was effective and well-led with both positive and negative comments relating to management of the service.

We had mixed feedback from people using the service in relation to the timekeeping of the care workers. Some people told us that the care workers always contacted them if the visit was going to be late while other people said they were not informed that a visit was going to be delayed.

People using the service and relatives told us that their regular care workers knew their support needs and provided appropriate care. There were effective procedures in place in relation to the recruitment of care workers for Avant (Ealing).

The provider had processes in place for the recording and investigation of incidents and accidents. A range of detailed risk assessments were in place in relation to the care being provided and were up to date.

Care workers had received training identified by the provider as mandatory to ensure they were providing appropriate and effective care for people using the service. Also care workers had regular supervision with their manager and received an annual appraisal.

People using the service told us they felt comfortable when receiving support from the care workers in their home.

Support plans identified the person's cultural and religious needs. The plans also identified the person's preference to the language spoken by the care worker.

Detailed assessments were carried out to identify each person's care needs before they started to receive care in their home. This information was used to develop a support plan for each person that was up to date.

There was a complaints process in place and people using the service were sent questionnaires to gain their feedback on the quality of the care provided.

We found breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to the management of medicines, the Mental Capacity Act 2005 and monitoring the quality of the service. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe. Medicines were not always recorded on a medicines administration record (MAR) chart when administered by care workers.

The provider had an effective recruitment process in place.

The provider had processes in place for the recording and investigation of incidents and accidents. A range of risk assessments had been completed in relation to the care being provided.

Requires improvement

Is the service effective?

Some aspects of the service were not effective. The provider had a policy in place in relation to the Mental Capacity Act 2005 but they did not have procedures in place to ensure appropriate actions were taken when a person using the service had been identified as unable to make decisions about their care.

People using the service and relatives gave mixed feedback relating to the punctuality of care workers. Some people told us they had no issues with punctuality with care workers calling if delayed while other people had experienced issues.

There was a good working relationship with health professionals who also provided support for the person using the service.

Requires improvement

Is the service caring?

The service was caring. People we spoke with felt the care workers were caring and the felt comfortable when receiving care.

The support plans identified how the care workers could support the person in maintaining their independence.

Each person's cultural and religious needs were identified in their support plans as well as their chosen language to be spoken.

Good

Is the service responsive?

The service was responsive. An initial assessment was carried out before support began to ensure the service could provide appropriate care. Support plans were developed from the assessments and were up to date.

Care workers completed a record of the care provided after each visit.

People using the service were sent questionnaires every six months and they could also provide feedback during regular service reviews.

Good

Summary of findings

Is the service well-led?

Some aspects of the service were not well-led. The provider had various audits in place to monitor the quality of the care provided. We looked at six audits and saw the audits in relation to the daily records made by care workers and medicines did not provide the appropriate information relating to the quality of aspects of the service requiring improvement. Action had not always been taken to address issues.

People using the service gave mixed feedback in relation to their experience of how the service was managed. Some people had a positive experience when communicating with the provider, while other people gave negative feedback.

Two of the three care workers we spoke with felt they received appropriate support from the managers to carry out their role but the third care worker did not feel they were supported. Two care workers told us they felt the service was not well-led.

Requires improvement 

Avant (Ealing)

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 on the 21, 24, 25 and 26 August 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

While carrying out this inspection we also inspected a second service that the provider had registered at the same address. Both services have shared policies and procedures but we also looked at information related to the care provided which was specific to each service and this is identified in the report.

One inspector undertook the inspection. An expert by experience carried out telephone interviews with 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. The expert by experience had expertise in relation to home care services for older people.

During our inspection we went to the office of the service and spoke with the operations manager.

We reviewed the support plans for six people using the service, the employment folders for six care workers, the training and supervision records for 20 care workers and records relating to the management of the service. After the inspection visit we undertook phone calls to 11 people who used the service, seven relatives and received feedback via email from three care workers.

Requires improvement

Is the service safe?

Our findings

One person who used the service said "I take my medicines but the carers always remind me before they leave", and a relative told us "My family member takes medication themselves but the carers prompt them and record it."

The provider had a policy and procedure for the administration of medicines but the care workers were not recording the administration of medicines that were not provided in blister packs. The operations manager explained that the majority of medicines were provided in blister packs. They confirmed that a medicine administration record (MAR) chart was not used when care workers prompted the person to take medicines from a blister pack. Instead of completing a MAR chart the care workers recorded in the record of their visit when they had either prompted or administered the medicines from the blister pack or applied creams. The operations manager confirmed that any medicines that were not provided in a blister pack and any prescribed eye drops or creams should be recorded on a MAR chart.

During the inspection we looked at the record of daily visits for seven people using the service. We saw the support plan for one person stated that the care worker should administer medicines provided in a blister pack. We looked at the daily records for visits made during May 2015 and saw that the care workers had regularly administered warfarin, eye drops and a laxative powder that required mixing with water. The care worker had not recorded the dosage of the medicines administered in the daily records and they had not completed a MAR chart. The log book had been reviewed on the 31 May 2015 by the field based manager but the recording of the medicines had not been identified. This meant that care workers did not maintain accurate records of the medicines administered and there were no risk assessments in place.

We looked at the daily visit records log book for one person whose support plan identified they needed prompting to take their medicines during each visit. We saw from their log book that care workers had not recorded if they had prompted the person to take their medicines during 15 visits in May 2015. When we looked at the records of daily visits we also saw that there was no consistency in the wording used to record if the care worker prompted or administered the medicines. By not recording when the medicines had been prompted or administered in the record of each visit care workers could not check if the person had taken their medicines or if they had refused.

The above paragraphs demonstrate a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw from the training records that care staff had completed a course in the management of medicines as part of their induction as well as annual refresher training. Two care workers confirmed that had received administration of medicines training but one care worker did not confirm if they had received the training but commented the "Only promoted medication in a blister pack."

We found that the provider had an effective recruitment process in place for new care workers employed by Avant (Ealing). The operations manager told us that when they a completed application form was received an interview was arranged. As part of the recruitment process two references were requested and the new staff member could not start their role until a Disclosure and Barring Service check had been received to see if they had a criminal record. During the inspection we looked at six staff folders and saw the provider had received two suitable references for each member of staff, notes had been taken during the interview and a check for any criminal records had been completed. This meant that checks were carried out on new staff to ensure they had the appropriate skills to provide the care required by the people using the service.

We saw that each person had a range of risk assessments in place which were detailed and up to date. The risk assessments included if the person was at risk of falls, nutrition or continence issues and if the person smoked. A moving and handling risk assessment was completed which included a description of the care activity, if one or two care workers were required, any equipment required and the mobility of the person using the service. An assessment of the working environment within the person's home was also carried out to ensure the care worker's safety.

Most of the people using the service and relatives we spoke with did not comment if they felt safe when their care workers were in their home. One person who used the service did confirm that they felt safe when they were

Requires improvement

Is the service safe?

receiving personal care in their own home. People did tell us that their regular care workers knew their support needs and provided appropriate care. We saw the service had effective policies and procedures in place so any concerns regarding the care being provided were responded to appropriately. Any safeguarding concerns were recorded in the computerised system with any associated documents and correspondence related to the investigation. At the time of the inspection there were no safeguarding concerns for the location. We looked at the record of a previous safeguarding investigation which included detailed information.

Care workers were aware of what to do in case of emergencies. We saw in the front of the log book which was used to record information following each visit the care workers could access the main office number as well as the contact details for the registered manager and the field based manager in case of emergencies. Care workers told us they would call the emergency services if required, inform the office and the person's relatives.

The provider had a procedure in place for recording and investigating incidents and accidents. The care worker would complete an incident and accident form then the information was transferred to the computerised system. During the inspection we looked at one incident and accident record which included detailed information about the investigation. We saw that following the investigation appropriate actions were identified and taken to reduce the risk of the event happening again.

The operations manager explained that the number of care workers required for each visit was based upon the person's care needs which were identified during the initial assessments, any local authority referral information and in discussions with the person who would be receiving care and their relatives. They told us that if during the assessment of support needs they identified that the number of care workers required for each visit was not adequate they would contact the local authority to review the care package.

Requires improvement

Is the service effective?

Our findings

The provider had a procedure in place in relation to the Mental Capacity Act 2005 (MCA) but appropriate actions were not identified when a person had been assessed as not being able to make decisions about their care. The MCA is law protecting people who are unable to make decisions for themselves to maintain their independence. The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty. This is a process to ensure people are only deprived of their liberty in a safe and correct way which is in their best interests and there is no other way to look after them.

During the inspection we saw that people had been identified in their local authority referral or during the initial assessment carried out by the provider as not having capacity to make decisions. We saw the referrals and assessments for two people identified them as being unable to make any decisions in relation to their care and daily life with their relatives being consulted to make decisions on the person's behalf. There had been no contact with the local authority to confirm the mental capacity of the person using the service and to identify if their relatives had a Lasting Power of Attorney in place. A Lasting Power of Attorney in health and care matters legally enables a relative to make decisions in the person's best interest as well as sign documents such as the support plan on their family member's behalf. This meant that people were not appropriately supported when decisions about their care were made to take into account their wishes whenever possible.

We also saw that support plans were agreed by a relative and they were also contacted for feedback of the quality of the care even though the person using the service had been assessed as having capacity to make decisions in relation to their daily living and care. There was no record in the support plan to show that the person using the service had requested their relative be involved in the planning and provision of their care. If a person receiving care has been assessed as having capacity they should be involved in agreeing their support plan and providing feedback on the care they receive. We asked the operations manager if they had any copies of mental capacity or best interest assessments that had been carried out in relation to the person's ability to make decisions relating to their life. We also asked if they had copies of Lasting Power of Attorney documentation for any of the people using the service. The operations manager told us that they had not been provided with any such records by the local authority in relation to people's capacity to make decisions and did not have any information relating to any Lasting Powers of Attorney that were in place.

During the inspection the operations manager reviewed the information for all the people using the service to identify anyone who had been identified as not having capacity to make decisions about their care. They contacted the relevant local authority who was funding each person's care and requested further information relating to any capacity assessments that had been carried out. The operations manager also made changes to the initial assessment form so that if the person was identified as not having capacity to make decisions the local authority would automatically be contacted for additional information.

The above paragraph demonstrates a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The operations manager explained that all care workers received training in relation to the MCA as part of the induction and the annual refresher training sessions. We saw all the care workers were up to date with this training and the care workers we spoke with confirmed they had received this training.

We received mixed feedback from people using the service and relatives relating to the timekeeping of care workers. A person using the service told us "My carer is never late" but they did mention that there was sometimes a problem when the regular care worker was away. They said "Any delayed arrival rarely caused any problems unless I had an appointment that morning." Another person told us "My carers arrive on time more or less and the office sometimes lets me know if the carers were likely to be delayed." A person using the service commented that the care workers were generally on time but "often they don't get enough time in between calls to get to people. It doesn't often happen that carers are late. I can phone the office staff if I am worried." One person who used the service commented when asked about staffing levels "Weekends are difficult – there are not enough carers on Fridays and Saturdays." A relative told us the care worker did not often arrive late but sometimes there might a short delay and the care worker would call the office. They said the office staff did not

Is the service effective?

always call the relative and they would have to call the office themselves to find out what was happening. The relative also confirmed that care workers would stay for the full time scheduled for the visit and carried out all the expected activities.

We saw people were being cared for by care workers that had received the necessary training and support to deliver care safely or to an appropriate standard. The operations manager explained that new care workers were invited to attend the six day induction course. The induction training was based upon the Care Certificate and included safeguarding, first aid and one day focusing on moving and handling. Once the new staff member had completed their induction training they then shadowed an experienced care worker for between eight and 16 hours depending on their previous care experience. The new staff member would then work with another care worker on visits. The field based manager would then carry out observations of the new staff member providing care for three people using the service. They completed an assessment form that included comments on the professional behaviour of the care worker, if they completed records accurately and if they were competent in providing the care identified in the person's support plan. During the inspection we saw the completed observation forms for six care workers which were detailed and identified them as competent in the role.

The operations manager told us that a number of training courses had been identified as mandatory by the provider. These included infection control, fluid and nutrition, dementia awareness and how to deal with emergencies. All care workers attended an annual refresher course of the training they completed as part of their induction. We looked at the training records for 20 care workers and saw they were up to date with their annual refresher training. There was a manual handling training room in the office that staff could use for practical experience of using hoists and other equipment. The operations manager explained that once the new care workers completed their three month probation period there would be regular supervision and assessments. These included meetings with the field based manager, reviews with the human resources team and an annual appraisal. We looked at the records for six staff and saw there were completed detailed notes from supervision sessions and an annual appraisal. During the inspection we saw that two people using the service required the care workers to help them to eat. Each person's support plan identified that they had issues with swallowing and required the care workers to assist them to eat pureed food. We asked the operations manager if the care workers that visited these people had received training on how to support a person safely to eat if they had problems with swallowing. The operations manager confirmed that care workers received training on nutrition but not on feeding support. They told us that appropriate training would be identified as soon as possible.

A telephone based logging system was used to record the arrival and departure time of care workers when visiting people using the service. The operations director explained that if care workers were going to be more than 30 minutes late for a visit they would contact the person by telephone. They also told us that as part of the contract agreement with the local authorities care workers could visit within a two hour window of the agreed time. The computerised logging system enabled a report to be produced to compare the planned visit times, actual arrival time and the duration of the visit. During the inspection we saw copies of this report which showed that the visits were made within the two hour window with the majority of visits made within 30 minutes of the agreed time.

We saw the support plans identified if the care workers had to prepare food for the person using the service or assist them to eat their meal. The support plans we looked at indicated if the person's food was prepared by a relative, if the care worker needed to remind the person to eat or if they had to provide additional support to ensure they ate regularly. We saw when we looked at some of the records of the visits completed by the care worker's they noted if they had provided food for the person using the service.

We saw there was a good working relationship with healthcare professionals who also support the people using the service. The support plans we looked at provided the contact details for each person's General Practitioner (GP). Other contact details included the district nurse and physiotherapist if they were involved in providing support for a person. The operations manager explained that the field based managers would discuss with the various medical professional any specific support in person required or if a scheduled visits by the care workers needed to be changed to enable treatment to be provided.

Good

Is the service caring?

Our findings

We asked people using the service and relatives if they felt the care workers treated them with dignity and respect when providing care. One person told us they felt comfortable when receiving personal care and their regular care worker was "a very pleasant person." Another person confirmed they felt comfortable during person during personal care and "I'm not embarrassed." This person also told us that when their regular carer arrived with a trainee care worker they were happy for them to come into the bathroom whilst they were being showered. A relative told us "My family member feels comfortable when receiving personal care and the care worker knows what she's doing."

We asked care workers how they maintained the dignity and privacy of the person they were providing care for. All three care workers explained that they maintained the person's dignity and privacy when providing care. One care worker told us "By being respectful, professional, caring and asking what they would like and how they would like it done, make sure they are okay with everything I do. Talk to them through everything I do. So they know I'm there to care for them and they are not just an object or a number but they are human beings." Another said "Ensure the client is appropriately covered during changing and washing." The operations manager confirmed that care workers completed training on dignity and privacy during their induction and through annual refresher sessions. Also all care workers were signed up as dignity champions for the organisation.

People using the service and relatives we spoke with gave us mixed feedback about the care provided and the care workers who visited them. One person who used the service told us "I have a regular carer who is very good. An excellent carer, very reliable and very friendly." Another person described the personal care they received as "absolutely fine" and that their regular care worker was "very experienced and very careful." A relative told us "The service was very good, generally the same people. They were always very friendly and got on with things. They became part of the family." Another relative said "My family member smiles when they see their care workers. My family member is happy; they especially like one of them. As soon as they hear one of the care workers they start laughing – she is a lovely lady – a warm, lovely person." A relative told us "The usual care worker is a lovely girl; she makes my family member laugh. She's always got a joke, always comes in with a smile. They get on very well." Another person using the service said "If I ask them to do something, they do it. I am very happy with the service and every one of them (the care workers) gets 10 out of 10 – I cannot fault one of them."

One person said in relation to the care workers who provide cover for their regular care worker "Some of the young girls – they're nice young girls but they have no communication skills. They can't talk to you and it makes things very difficult. They don't seem to want to engage in conversation." Another person told us that they had "not been comfortable with trainee care workers" who were shadowing their usual care worker who visited them. They spoke to the office and they no longer have new staff come to their home for training.

The support plans identified how the person maintained their independence by identifying when the person receiving care required support and when they were able to complete tasks on their own.

The support plans identified the person's cultural and religious needs. The person's preference in relation to the language spoken by care workers was recorded as well as their wishes relating to the gender of the care worker providing their support. The name they preferred to be called by care workers was also identified.

We saw care workers were provided with information about the personal history of the person they were supporting. The information included which members of their family and friends knew them best, the person's interests and hobbies as well as their work and family history. The person using the service was also asked what their wishes were in relation to their care and how their life could be enhanced. Information was also provided for care workers on what may upset or annoy the person using the service and any recent events such as hospital stays that may influence how the care worker provided support. If the person was living with dementia additional guidance of specific ways to support the person was provided for care workers.

Good

Is the service responsive?

Our findings

The operations manager explained that they received detailed referral information from the local authority when they accepted new care packages. The field based manager was assigned to the person and they would visit them to carry out a support needs and risk assessment. These assessments were used with the referral information from the local authority to develop the support plan. The person using the service would be contacted before the initial care worker visit to confirm the support to be provided and the times of each visit. If an email address had been provided an introductory email would be sent confirming the details of the support as well as giving information about the service and its policy and procedures. We saw the detailed referrals received from the local authorities for ten people using the service.

We saw that each person using the service had a detailed support plan in place. The support plans were stored electronically in the office with paper copies kept in the person's home. We saw the support plans for six people using the service which were detailed and up to date. The support plans included contact information for the person's next of kin, their GP, if they had a social worker and/or other professional involved in their care. The support plan identified the individual activities to be carried out during each visit as part of providing the person's care and support. The descriptions explained how the person wanted their care and support provided. The operations manager explained that the frequency the support plans were reviewed was dependant on the risk assessment of the person using the service. If the person had been assessed at a higher risk level as either they were unable to make decisions about their care or were not able to provide feedback on the service being provided their support plan was reviewed monthly. The support plans for people assessed at a lower risk level were reviewed every three months. The operations manager explained this enabled any changes in support needs to be identified quickly and the support plan amended appropriately.

Care workers completed a record for each visit to the person they provided care for in a log book. These books included a section to record the care provided, a record for any financial transactions and an incident and accident form. The care worker recorded their arrival and departure time as part of the recorded of the visit. The log books were collected when they were completed in full and were stored in the office. We looked at the daily records for seven people and we saw these were appropriately detailed and reflected the needs outlined in the support plan.

People we spoke with did not specifically discuss the complaints process but five people using the service and relatives told us that when they had complained any issues had been resolved to their satisfaction. Their complaints related to the support provided by the care worker and following the complaint the care worker who visited them was changed. We saw there was a complaints policy and procedure in place. Information on how to make a complaint was included in the service user guide that was given to people when they started to use the service and as part of the introduction to the service email. We saw that all complaints were recorded on the computerised system. The details relating to the complaint were noted on the system and any relevant documents including emails, minutes of meetings, investigation notes and any disciplinary records were stored in the complaint record. Information from the complaints was used as part of the discussions during the care worker supervisions sessions. The operations manager told us that once a complaint was resolved regular telephone calls were made to the person using the service to check there were no further issues with the care provided.

The operations manager explained that until recently questionnaires were sent out each year to people using the service to gain their feedback on the care provided. They told us that it was now sent out every six months due to a low response rate and they were looking at how they could increase the response rates. The questionnaires were sent by post, emailed and care workers would remind the person the forms had been sent out when they visited. People were asked to comment on if they thought the care workers were appropriately training, if they treated them with dignity and respect and if the care provided met their needs. People could also write additional comments on the questionnaire. The operations manager told us if any issues were identified from the comments they would contact the person to discuss their concerns and action plan was developed. We looked at the analysis of the results of the most recent questionnaire and saw the feedback from people using the service was positive in relation to the care they received and their comments had been acted on.

Good

Is the service responsive?

People using the service could also provide feedback on the quality of the care provided through the regular service reviews carried out by field based managers. The questions in the review included if the person felt their care needs were being met, if they were happy with the care they received and if there was anything the person was unhappy with. Any issues were identified and the support plan was updated if required. Telephone monitoring calls were also carried out to gain feedback from the person using the service and their relatives. People could comment on the reliability of their care worker, if they were friendly and treated them with respect and if they felt safe when receiving care. The information was reviewed and if any issues were identified the manager would discuss them with the care worker and take any relevant action.

Requires improvement

Is the service well-led?

Our findings

Some aspects of the provider's quality monitoring systems were not effective in identifying issues. They had various audits in place to monitor the quality of the care provided but some of these did not provide appropriate information to identify issues with the quality of the service. The operations manager explained the log books used by the care workers to record their daily visits were checked as part of the service review visits carried out by the field based managers. A random selection of up to five completed log books were checked each month when they were returned to the office. We saw that both these checks failed to identify that care workers were recording the administration of medicines that were not provided in a blister pack in the record of their visit. This meant that the field based manager could not implement the appropriate recording of the medicines using a MAR chart to ensure they were safely administered.

The above paragraph demonstrates a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we asked people using the service and relatives if they thought the service was effective and well-led we received mixed feedback. One person who used the service told us "They are not fit for purpose. All they think about is making money. The patients are the last thing they think of. There are too many people sitting at computers – not enough doing the work." A relative commented "The service is not well-run and the carers call even when they have been told the person using the service will be away." We also received some positive comments. People using the service commented "I think it is well-run - they're sometimes short of the right sort of staff but they do their best" and "I don't know who the people in the office are but I've got a book with the telephone number if I ever want to call. The service is well-run as far as it concerns me." A relative said "We have to be grateful" for the care received and they described Avant as "Really helpful people." Another relative said "I do regard the service as well-run but I don't know if the carers do – they give them more jobs to do if someone calls in sick – then they're not very happy."

We asked care workers if they felt supported by their manager and if the service was well-led. Two of the care workers we spoke with felt they were supported by their manager. One care worker told us they did not feel supported in their role. They told us "There is a lot of staff turnover especially with management at Avant. I feel this is due to lack of communication and professionalism." When asked if the service was well-led one care worker felt the service was well-led. They told us "Avant takes care of the clients. They listen. They have meetings with the carers and clients to see if anything needs to change. They are supportive." The other two care workers we spoke with did not feel the service was well-led. They told us "I actually feel embarrassed working for Avant. I always hear the same complaints for the same clients. The clients do tell the management team in the office but they don't seem to action properly", and "There are communication problems – they do not answer the phone after hours and send the new rota late Friday night so it is too late to complain."

The provider carried out a number of different types of audits to review the quality of the care provided. A monthly quality assurance audit was carried out which reviewed the outcomes of a number of other audits that were carried out to provide on overall picture of the service. The audit included how many compliments were received and the number and type of incidents and accidents and complaints recorded during the month. During the inspection we looked at the audit for June 2015 which was detailed and included a list of actions identified in response to any concerns.

We also looked at the most recently produced individual audits that there were used to create the monthly quality assurance audit. We saw monthly audits were carried out to review the complaints that were received. The analysis included any trends in what caused the complaint, the issues identified, the outcome of any investigation and if the complaint was substantiated or not. The incident and accident audit was carried out monthly. The results were analysed to ensure investigations were carried out and to identify any trends in the type of incident or accident that had occurred. The information from these two audits fed into the main quality assurance audit.

Other audits included a review of the time keeping of care workers and the number of missed visits. We saw a report was produced every week to review the electronic monitoring system used to record the arrival and departure times of care workers. The report showed which care workers had regularly called the monitoring system to record when they arrived at a person's home and when they had completed their visit. The operations manager

Requires improvement

Is the service well-led?

explained the weekly figures were circulated to all the care workers and all those who had achieved above 85% compliance with the system were congratulated. Any care workers that achieved less than 85% received an email to ask why they were not using the system correctly and if there was no improvement in compliance they would meet with their manager.

A weekly audit was completed reviewing the number of missed calls that had happened and the reason they occurred. Any reoccurring issues or trends were identified and appropriate action would be taken.

A new client checklist audit was carried out monthly to ensure all the paperwork was completed for people who had started to receive care during the previous month. The operations manager explained a list of all the people new to the service was produced. They would check the paperwork for each person to ensure the support plans, risk assessments and any other documents had been completed. The branch manager would complete a checklist as they completed the paperwork for each new person using the service.

The operations manager told us about the "In your shoes" scheme where office based staff would shadow a care worker on their visits so they could understand their role. We saw three examples of the reports that had been completed which identified the care that was provided, what the care worker did and any comments on their performance. There was also a career development programme in place to support care workers in gaining further vocational qualifications and applying for senior roles within the organisation.

We saw photographs of the support staff were displayed in the office so care workers could identify the staff who worked in the office.

The operations manager told us there were regular team meetings held for care workers. We saw the minutes from the two recent meetings which included information on the sickness policy, visit times and safeguarding. The minutes of the meetings were circulated to all the care workers. Care workers were also asked for feedback from a regular questionnaire that was sent out. The questions included if they felt they had adequate training and support from their manager. There was also a section for the care workers to write general comments. We looked at the results from the most recent survey which had been analysed. We saw the majority of the results were positive.

People using the service were given an information booklet when they started receiving care which included the organisation's background and the types of care and support provided by the service. There is also information on what the standards were that people could expect from the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered person did not ensure the proper and safe management of medicines.** **Regulation 12 (2) (g)**

Regulated activity	Regulation
Personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **The registered person had not acted in accordance with the Mental Capacity Act 2005.** **Regulation 11 (3)**

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered person had not assessed, monitored and improved the quality of the services provided.** **Regulation 17 (2) (a)**