Avant Healthcare Services Limited

Avant (Hillingdon) Healthcare Services Limited

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

The inspection took place on 23 July 2018. We told the provider two working 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.

The last inspection of the service was on 8 August 2017 when re rated the service requires improvement. Following this, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of ''Is the service safe?'', ''Is the service responsive?'' and ''Is the service well-led?'' to at least 'good'. We had rated the key questions, ''Is the service effective?'' and ''Is the service caring?'' as good. The provider told us they would make all the necessary improvements by 30 April 2018. At this inspection of 23 July 2018, we found the necessary improvements had been made and have rated the service as good for all key questions and overall.

Avant Healthcare (Hillingdon) Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and adults under the age of 65 with a disability or mental health needs living in the London Borough of Hillingdon. At the time of the inspection 62 people were using the service. The service is one of three locations managed by the provider, a private limited company.

There was not a registered manager in post. There was a branch manager in charge of the day to day running of the service and they were supported by an operations manager. The branch manager planned to apply for registration in the future. In the meantime, the operations manager had applied to be registered for the service. This application had been submitted to the Care Quality Commission but had not been processed at the time of our inspection. 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 requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were generally happy with the service, they liked their care workers and felt that their needs were being met. Some people said that care visits did not always take place at the planned time. The provider had systems to audit and respond to any visits which were late or did not take place as planned. People told us that they were involved in planning and reviewing their care. They said that the agency responded to changes in their needs or request for changes to the care package. The staff were kind, polite and caring.

The staff felt supported. They had access to a range of training and took part in regular individual and group meetings to discuss their work and the service. They were able to feedback their opinions to the managers and good practice was praised and rewarded.

Risks to people's safety and wellbeing had been assessed and planned for. The provider had procedures designed to safeguard people from abuse and to investigate any accidents, incidents or complaints. People

received their medicines in a safe way and as prescribed. People had consented to their care and the provider had acted in accordance with the Mental Capacity Act 2005.

The provider had effective systems for monitoring the quality of the service and making improvements. These included a range of audits and asking people using the service and other stakeholders for their views and ideas. The managers worked closely to reflect on their practice and look at ways improvements could be made. People were able to make complaints. These were investigated and appropriately responded to. The records used by the provider were accurate, up to date and complete.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Systems and processes were designed to safeguard people from abuse.

Risks to people's safety and wellbeing had been assessed and planned for.

There were sufficient numbers of suitably qualified staff deployed to care for people and meet their needs.

People received their medicines in a safe way and as prescribed.

There were systems for learning from when things went wrong and making improvements.

People were protected from by the prevention and control of infection.

Is the service effective?

Good

The service was effective.

The provider assessed people's needs and preferences and planned care to meet these.

People were supported by staff who received the training and supervision they required.

The provider had acted in accordance with the Mental Capacity Act 2005 to ensure people consented to their care.

People were supported to access healthcare services when needed.

People received support to maintain a balanced diet and stay hydrated.

Is the service caring?

Good

The service was caring.

People were supported by kind, caring, polite and compassionate staff.

People were involved in making decisions about their care.

People's privacy, dignity and independence were respected.

Is the service responsive?

Good

The service was responsive.

People received personalised care which met their needs and reflected their preferences.

People knew how to make a complaint. Complaints were investigated and the provider responded to these.

Is the service well-led?

Good

The service was well-led.

The provider had effective systems for monitoring and improving the quality of the service.

People using the service, staff and other stakeholders were able to contribute their ideas and were listened to.

There was a clear management structure and the provider had shown a commitment to making improvements to the service.

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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 checked whether the provider was 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 23 July 2018. We told the provider two working 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.

This was a comprehensive inspection carried out by one inspector. Before the visit, we contacted people using the service, their representatives, staff and other stakeholders for their feedback. Telephone calls to people using the service and their representatives were made by an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service

Before the inspection visit we looked at all the information we held about the service. This included the last inspection report and provider's action plan for the requirements we made. The provider had sent us notifications. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We also looked at other information we held, such as experience shared by members of the public and the local authority commissioners and safeguarding teams.

We sent surveys to 16 people using the service, 38 of their representatives, 20 members of staff and one community professional. We received six completed surveys. We contacted the local authority quality monitoring team and they shared a report they had created after they visited the service in June 2018. We also looked at information in the public domain, such as the provider's own website, home care review

websites and social media information about the provider.

The provider had completed a Provider Information Return (PIR) in May 2018. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 17 people who used the service and 13 representatives of other people on the telephone. We also received feedback from three care workers.

During the inspection visit we met the provider's operations manager, the provider's managing director (who was the nominated individual), the branch manager, a field care manager and the human resources manager.

We looked at the care records for five people who used the service and the recruitment, training and support records for five members of staff. The provider also showed us other records they used for managing the service, these included records of complaints, quality monitoring and meeting minutes.

At the end of the inspection we discussed our findings with the branch manager, operations manager, managing director and human resources manager.

Good

Is the service safe?

Our findings

At our inspection of 8 August 2017, we found the provider had not always developed individual risk assessments.

At the inspection of 23 July 2018, we found improvements had been made. The provider had assessed the risks to individual people using the service. These assessments included risks to their physical or mental health, assisted moving, skin integrity, nutritional risks and equipment being used, as well as assessing people's home environment. The assessments were personalised and showed where people were independent and where they needed assistance. There were clear plans to show how people should be supported to minimise the risks. People had agreed to these assessments and plans and were given copies of them. Assessments and plans were regularly reviewed. The provider audited these assessments to make sure they were accurate, consistent and in line with the company's procedures.

The provider had contingency plans for dealing with different emergency situations, such as adverse weather or transport problems. They had effective systems for communicating with the staff, people using the service and their representatives to discuss how these plans would be implemented when needed.

At our inspection of 8 August 2017, we found the provider did not always deploy care workers appropriately to ensure people received visits at the agreed time and for the full length of visit.

At the inspection of 23 July 2018, we found improvements had been made. The operations manager explained that they had more than enough care workers employed to meet the needs of the 62 people being cared for at the time of our inspection. The provider was actively recruiting more staff. The human resources manager told us they aimed to recruit from the local community where the staff would know the area, share the same cultural background and be able to travel easily. They were advertising locally and used a 'refer a friend' scheme to encourage care workers to recommend the agency to their friends.

People told us they had the same regular care workers most of the time. Some people said that care workers did not always arrive on time. In some cases, people said that they had two care workers who had not arrived at the same time and this had happened on a number of occasions. We saw that the provider had investigated each of these incidents and had taken appropriate action to reduce the risk of reoccurrence. Most people told us that care workers stayed for the correct length of time, although some said that there had been occasions when care workers had not stayed. We looked at a sample of records and saw that care workers usually stayed for the correct amount of time. Again, the provider had systems to audit when this was not the case, and they had recorded when they had done so and the action they had taken, when this was needed. Some of the comments we received included, ''When they turn up late on a Sunday the shop is closed and [my relative] does not get their newspaper which makes them unhappy'', ''The timing is a bit up the creek some of the time'', ''They used to be late, but they are getting better now'', ''We have the same regular carers and they turn up on time, they are good'', ''If they are late the mostly phone us'' and ''They are on time in the week.''

The provider sent rotas to the staff and people using the service, or their representatives, each week for the following week. These stated the time and length of the visit and the assigned care worker. The provider notified people by telephone if there were any changes to the rota. The managers responsible for planning the staff rotas had been trained so they knew how to do this. The branch manager and operations manager audited these to make sure people were receiving care and support from the same familiar staff.

The provider's systems for recruiting staff included checks on their suitability. For example, a full employment history, references from previous employers, checks on their identity, eligibility to work in the United Kingdom and from the Disclosure and Barring Service regarding any criminal records.

At the inspection of 8 August 2017, we found the provider had a process in place in relation to the administration of medicines which was not in line with guidance from the National Institute for Health and Care Excellence (NICE).

At the inspection of 23 July 2018, we found improvements had been made. The provider had renewed and updated their procedure in line with changes in guidance and legislation.

People received their medicines safely and as prescribed. People's medicines were recorded in their care plans along with risk assessments outlining any risks associated with these. The staff were trained to understand and administer medicines safely. Their knowledge and skills were tested as part of the training and then again in regular competency assessments, which had been recorded. The staff completed medicines administration records. These showed any variations to the prescribed administration each day. Field based managers audited these records and had recorded where they found any problems, and the action taken to remedy these. People told us they received their medicines as prescribed. The provider had supplied all managers with recent training to show them how to audit and check medicines management. There was also evidence of good practice examples shared with the care workers.

People told us they felt safe with the agency. They said that they trusted the care workers and felt that any concerns they had would be dealt with.

The provider had procedures for safeguarding adults and whistle blowing. Training in these was provided for the staff and these subjects formed part of individual and group team meetings to check on staff understanding and knowledge. There were posters and information for staff available at the agency offices and also emailed to them. People using the service received information about recognising and reporting abuse as part of their information pack about the agency. The provider had worked appropriately with the local authority to investigate concerns and to keep people safe. When people were assisted with shopping, the staff recorded the amount of money taken and how this was spent on a financial transaction record which was signed by the person and checked by managers.

People were protected by the prevention and control of infection. The staff wore gloves, aprons and shoe protectors when at people's houses and disposed of these appropriately. The staff had received training in infection control. People confirmed the staff washed their hands and wore protective equipment. The spot checks made by managers observing care workers at people's homes included a check on this and any problems were recorded and acted on.

The provider had systems for learning from accidents, incidents and when things went wrong. The care workers and managers reflected on any mistakes or incidents. These were recorded and there was evidence the managers discussed incidents which occurred throughout the company so that they could all learn from these. They held regular meetings with care workers and emailed information to make sure all staff were

informed and could learn from these. There was also evidence that any incidents or concerns were fully investigated and the findings of the investigations were shared with managers throughout the organisation.

Good

Is the service effective?

Our findings

The provider carried out assessments of people's needs and references along with them and/or their representatives. The assessments included information about people's background, family history, religion and culture as well as their current needs. People confirmed they had met with a manager who had assessed them. The assessments were regularly reviewed and updated when people's needs changed. The field based manager told us that they knew everybody well and were familiar with their needs. They told us they regularly contacted people and spoke with them to make sure their needs were being met.

People were cared for by staff who had been appropriately trained and supported. New members of staff completed a five day induction training course before starting work with people. The training was provided by both external companies and the provider's human resources team. It was designed in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. The staff completed work books to test their knowledge. Their competencies at certain tasks were also assessed.

Training updates in these core subjects were provided to the staff annually and when needed, for example following an error, incident or concern. In addition, the provider had organised for additional qualifications in certain subjects – such as dementia, diabetes and other health conditions. The human resources manager told us that they matched the staff who needed this training depending on the needs of people who they were caring for. For example, a team of care workers who were supporting a person living with dementia, were offered the dementia awareness training.

The provider had a programme of training and coaching for all levels of office staff and managers. They had a set training programme which included key areas of management, information about meeting regulations and good practice guidance. The human resources manager also told us that they offered additional training where there was an identified need. One of the managers we spoke with told us how useful this training and coaching had been. They said that they had learnt to organise their time better and this had helped their job.

Following all training sessions, the trainer emailed participants outlining the main learning points and any areas the participants had agreed to work on. This helped reinforce the learning and was a record the staff could refer to.

All staff took part in regular team meetings. For the managers, these meeting included reflective practice where they discussed their work and shared ideas for improving the service. They also had a good overview of the needs of all the people using the service and staff and identified anyone who needed special time or attention. The care workers met with their line manager in venues local to their work places and had opportunities to discuss the people who they cared for as well as key policies and procedures, such as whistle blowing and safeguarding adults.

There were effective systems to make sure all staff were kept informed. New staff were issued with an

electronic handbook and this was updated monthly for the staff being sent the provider's policies and procedures. The provider used an email system to share information and staff rotas. The out of office hours support for staff was provided by an on-call team who worked closely with day time managers to make sure they were aware of any specific needs and handed over information from their shifts.

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

The provider undertook assessments of people's mental capacity. We looked at a sample of these. They were completed with details about people's individual needs and how they preferred to communicate. People who had the mental capacity to make decisions about their care had agreed to these and confirmed this. Where people lacked mental capacity, the provider had liaised with their representatives to make decisions in their best interests. This was documented.

People's healthcare needs were recorded in their care plans along with information about any support they required from the agency. There were contact details for healthcare professionals and the staff worked closely with these to make sure any changes in people's needs were acted on. For example, when people's mobility changed the provider had liaised with occupational therapists to make sure they had the right equipment. The staff had contacted people's GPs and spoken with pharmacies when people became unwell or had changes to their medicines. People using the service and their representatives confirmed this.

Some people were supported at mealtimes by staff preparing or heating up food for them to eat. People told us they were happy with this support and were given choices. The staff we spoke with confirmed they made sure people had enough to drink and access to drinks before they left, especially in the hot weather. The operations manager told us they had sent out reminders to all staff to make sure people were well hydrated.

Good

Is the service caring?

Our findings

People using the service and their representatives told us they had good relationships with their care workers, who were kind, caring and compassionate. Some of their comments included, ''The weekend carers go the extra mile'', ''There are no words to praise them highly enough'', ''Our carer now is brilliant'', ''We have a really lovely carer'', ''All the carers are very polite and caring'', ''There is one carer who is very good and looks at the whole picture, she has got to know me [relative] well and gives [person using the service] proper time, when [person] is agitated, she never rushes [them]'', ''If I could give an award to my weekend carers I would'', ''There are two brilliant people who know what they are doing and are so accommodating to my [relative], they have am empathetic approach and are an asset to Avant'', ''The carers always treat me with dignity'', ''My carer and I have a really good rapport, he knows what he is doing without me telling him and he is fun'', ''They are good people'' and ''The carers are nice to me.''

People told us that the care workers respected their privacy, knocking on doors and pulling these closed when providing care. One relative said, ''They always cover [person] with a towel, they are good at respecting [person's] privacy.

Care plans included information on what people could do for themselves and there was an emphasis on promoting independence. People explained that they were able to maintain their independence if they wanted.

The provider matched care workers to people using the service with the same cultural background, religion and those who spoke the same first language. We saw evidence within spot checks that staff used their knowledge of people's culture to treat them in ways which were respectful and caring. Information about people's culture, religion, sexual orientation and life style choices was included within care plans, where appropriate, so that the staff knew about specific needs people had.

People using the service and their representatives told us they were involved in making decisions about their care. They said that they had been involved in creating their care plans and had been sent copies of these. There was evidence of telephone monitoring and visits by field based managers where people were asked if they were happy with their care and treatment and if they had any changes they wanted. People also told us, ''We can ring anytime if we wants something changes'', ''They ask for our views and these are respected'' and ''[The branch manager] contacts me every now and again to make sure things are ok.''

Good

Is the service responsive?

Our findings

At our inspection of 8 August 2017, we found care plans described the tasks required during each visit but these were not individualised enough to identify how the person wished their care to be provided.

At the inspection of 23 July 2018, we found improvements had been made. The provider had created care plans which were personalised. People using the service had been involved when these were created and had explained about their choices and preferences. These were evidenced throughout the care plan, including how people wished to be cared for and other choices and preferences, such as a person who did not enjoy company and liked to be left alone rather than staff spending time talking to them. Care plans were regularly reviewed and updated when there were changes in people's needs.

The staff kept records when they visited people. These records were checked by the field based managers. Any variations between the care planned and provided were investigated and this was recorded. The records we viewed showed that care workers arrived on time, stayed for the agreed length of time and carried out the required tasks.

There were examples where people explained how they had received personalised care which had made a difference in their lives. For example, one relative told us that the care workers helped the person being cared for to exercise each day and as a result the person's mobility had improved and they did not need the equipment they had previously been assessed as needing. The field based manager explained to us that if they felt someone would benefit from extra visits because the provider spoke with the local authority to try to arrange these. Sometimes they did this when they realised that people had little family or social contact and only had visitors when they saw care workers for personal care or mealtime visits. If the local authority agreed, the provider included a social visit in the package where they took people out into the local community. The field based manager explained that they were trying to arrange for a small group of local people to have this visit at the same time so they could meet for coffee or lunch. This would help to build up people's social networks.

The provider had records which showed when the care workers had undertaken additional tasks to meet people's needs. For example, they had purchased essential food or drink for them if they found there was none in the house. People confirmed this with one person telling us, ''If I need anything like bread, I can ask them and if they have time, they will get it for me and I give them the money for it." Other records showed an example where a care worker had helped a person who had moved house to register with utility companies, a care worker who had encouraged a person to try more diverse foods and have a more balanced diet and a care worker organising for a person's heating to be fixed when this broke down.

Feedback from a healthcare professional sent to the provider commented positively on the support the care workers had given an individual to improve their health and reduce the number of infections they had.

There was an appropriate complaints procedure and people had received a copy of this. People told us they knew what to do if they had a complaint or a concern. People felt confident that these would be responded

to. The provider had a record of all complaints. These records showed how the complaint had been investigated and what action they had taken, such as retraining staff, additional monitoring or adjusting care packages. The provider audited all complaints to identify any themes. These were discussed at managers meetings so they could learn from these and improve the service.

At the time of our inspection, no one was receiving palliative, or end of life, care and treatment. The branch manager explained that people had received this care in the past. The staff had worked closely with healthcare professionals and palliative care teams to make sure people were comfortable and pain free.

Good

Is the service well-led?

Our findings

At our inspection of 8 August 2017, we found records relating to the care of people using the service did not always provide an accurate and complete picture of their support needs as information was not consistently recorded.

At the inspection of 23 July 2018, we found improvements had been made. Care plans, risk assessments and other records were a complete and accurate picture of people's needs and the planned care to meet these. The care workers completed contemporaneous notes at each visit, which showed how the planned care had been provided. The managers audited these records to make sure they were accurate and contained sufficient details.

At our inspection of 8 August 2017, we found the provider had a range of audits in place but some of these did not provide appropriate information to identify areas of the service requiring improvement so these could be addressed.

At the inspection of 23 July 2018, we found improvements had been made. The provider had made significant improvements in all areas of the service, meeting the breaches of Regulation which we identified at the previous inspection and learning from feedback they received about the service. These improvements included creating a more in-depth risk assessment tool, completing these for everyone and reviewing them, undertaking better assessments of people's mental capacity, working closely with other professionals to improve the care planning and care provided to people using the service and making support plans more personalised.

The provider had a wide range of audits and was continually developing these. Audits included checks on support plans and risk assessments, audits of complaints, accidents, incidents, rotas, any late or missed calls, log books and medicines administration records. The operations manager analysed the audits and there was evidence that lessons were learnt from these and improvements were made to the service. For example, where problems were identified the managers offered coaching sessions and training for the staff concerned so they could learn from these and improve their practice. The human resources manager took part in quality monitoring so they could link this directly to training and support for staff. For example, they had visited people using the service, carried out spot checks and audited some of the records. This meant they had a good overview of the areas of training needed to improve the service.

The provider's information about their values, vision and aims were shared with the staff and people using the service. The staff were given copies of all policies and procedures. The provider was in the process of reviewing and developing this on a continuous basis and in line with changes in good practice guidance and legislation. At the time of our inspection, they were developing how they could be a better disability friendly and LGBT+ (Lesbian, Gay, Bisexual and Transgender) aware employer and provider of services.

The branch manager was an experienced manager of domiciliary care agencies and had worked with Avant for just over one year. There was a clear management structure for the branch and for senior managers

within the organisation. The branch manager had a management in care qualification and was undertaking additional management qualifications along with all managers working for Avant. The operations manager had applied to be registered as the manager of this branch. They were already registered as the manager of another branch of the organisation.

People using the service and their representatives told us they felt supported by the office staff and managers. Some of their comments included, ''I know [branch manager] and he is helpful'', ''They are good guys and are fantastic, I feel it is a good private firm'', ''I have no concerns about speaking with the managers'' and ''The office are helpful.''

People also told us they were happy with the service they received. Their comments included, ''We have had good carers'', ''I am very happy with Avant'', ''Avant has become a much better and more organised agency in the last year'', ''They are all nice, the carers and the office staff'' and ''The agency is reliable and our carer has a nice personality.''

The staff we spoke with told us they liked working for the provider. They also told us they had seen improvements over the last year with one member of staff telling us, ''Communication has improved so much'' adding that they found the senior managers supportive and they had learnt a lot from them. They told us, ''[The operations manager] is the best, she knows everything and works so hard, she is very helpful and will always find time to speak with me.''

People using the service and other stakeholders were invited to contribute their views about the service. The provider asked people to complete regular satisfaction surveys. They collated the responses to these and took action (which had been recorded) where they received any negative feedback. They also carried out monthly telephone reviews or met with people to find out about how they felt and if they wanted any changes in their care packages. These were recorded and there was evidence they took action when there was a problem. The provider ran forums for people using the service and their representatives so they could share ideas and discuss the service.

Similarly, staff took part in regular meetings, both formal meetings and informal arrangements where the managers held open sessions for staff to attend and speak directly to them. The staff were able to contribute their ideas through a suggestion box. The care workers regularly met with field based managers who assessed their work and also met with them to discuss any needs they had.

There was a positive culture within the agency. The provider used their core values to judge how well the service was meeting people's needs. For example, they had introduced an initiative where they recognised and awarded outstanding practice. Other staff, people using the service or their representatives could nominate staff for work they had undertaken beyond their normal role. The provider also encouraged the staff to report anything they had done. All examples were shared with the other staff through email communication and on a notice board displaying outstanding work. A number of staff were selected each quarter to receive a reward and special recognition. The provider demonstrated how individuals had met their values and shared this with the whole organisation so that others could learn from this. In addition, examples of good work, such as well completed care plans, daily records, medicines administration charts and spot checks were shared with others so that they could learn from this good practice.

The provider worked closely with the local commissioning authority to assess the quality of the service. The quality monitoring team from the local authority carried out an audit in June 2018 and found the provider was meeting or exceeding all their expectations and performance indicators.