Avant Healthcare Services Limited

Avant (Ealing)

Inspection report

Vista Business Centre - 6th Floor, Block B
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Hounslow
Middlesex
TW4 6JQ

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15 May 2018

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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 15 May 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.

At the last inspection of 8 August 2017 we rated the service Requires Improvement overall and in the key questions of Safe, Responsive and Well-led.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Safe, Responsive and Well-led to at least 'Good'.

At this inspection of 15 May 2018 we found that improvements had been made and have rated the service Good in all key questions and overall.

Avant (Ealing) is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community living within the London Borough of Ealing. It provides a service to older adults and younger adults with physical disabilities, learning disabilities and mental health needs. The number of people using the service varied but at the time of our inspection there were 127 people using the service. A small number of these people were supported with domestic visits only (staff cleaning their houses). CQC does not regulate this part of the service. The majority of people received support with personal care, which included the administration of medicines.

Avant (Ealing) is one of three branches for the provider Avant Healthcare Services Limited. The branch was located in the same offices as the other two branches (which provided services to people living in other London boroughs). All three branches were overseen by an operations manager. Additionally, there was a branch manager employed for each branch. The operations manager was registered as the manager with CQC. 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 using the service were happy with the care they received. They felt their needs were being met in a personalised way. They told us that the care workers who supported them were kind, caring, compassionate and knowledgeable about their role. People had the same regular care workers who they were familiar with and had built positive relationships with. Care workers arrived on time and completed all the required task.

People using the service and their relatives had been involved in planning and reviewing their care. They had been invited to take part in the assessment of their needs and were regularly asked for their feedback on the service, so that changes could be made when they wanted these. People received support to access healthcare services and the provider liaised with other healthcare professionals to make sure people were

getting the care they needed. People who were supported at mealtimes, and those who were supported by care workers undertaking shopping, were happy with this support.

People had consented to their care and treatment. For people who lacked the mental capacity to make decisions the provider had liaised with the person's representatives to make sure decisions about their care and support were made in their best interests.

The procedures for recruiting staff were suitable and were designed to make sure the staff had the skills, attitude, qualifications and experiences which reflected the provider's values. There was an appropriate level of training and support for all staff so that they had the information they needed to care for people safely and appropriately. The staff felt supported. They were able to speak with the registered manager and other managers whenever they needed. They felt listened to and told us they had the guidance they needed.

There were effective systems for identifying and mitigating risk, alongside systems which monitored and improved the quality of the service. There was evidence of continuous learning and development from a senior level, with the provider making changes to reflect feedback from people using the service, staff and other stakeholders. The provider had made improvements since the last inspection and there was evidence to show the positive impact this had for people using the service and staff.

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.

There were systems designed to protect people from abuse.

Risks to people had been assessed and their safety was monitored and planned for.

There were sufficient numbers of suitable staff employed to keep people safe and meet their needs.

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

People were protected by the prevention and control of infection.

The provider had systems to learn from mistakes and improve practice.

Is the service effective?

Good

The service was effective.

People's needs and choices were assessed and care was planned to meet these.

People were supported by staff who were appropriately skilled, trained and supervised.

The provider was acting within the principles of the Mental Capacity Act 2005.

People who required support at mealtimes received this.

People were helped to access the healthcare support they needed.

Is the service caring?

Good

The service was caring.

People were cared for by kind, considerate and polite staff.

People's privacy, dignity and independence were respected.

People were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

People's needs were met and their choices respected.

People knew how to make a complaint and felt that these were responded to.

Is the service well-led?

Good

The service was well-led.

There was a positive and inclusive culture where people using the service and other stakeholders were invited to feedback their views.

There were effective systems to monitor and improve the quality of the service.

The provider had made improvements since the last inspection.

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 checked 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 15 May 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 spoke with people using the service, their relatives and staff on the telephone. Some of these phone calls 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 the action plan the provider sent us in response. We also looked at notifications and safeguarding information. 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. The registered manager completed a Provider Information Return (PIR) in March 2018 and returned this to us. 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 the relatives of five other people. We also spoke with five care workers.

During the inspection visit we met the registered manager, branch manager, deputy branch manager and a field based manager. We also met the provider's nominated individual, the HR and training manager and the training and quality manager. We looked at the care records for five people using the service, including people receiving medicines and the records of recruitment, training and support for five members of staff. The branch and provider's managers showed us other records used to run the service which included records of meetings, complaints, safeguarding investigations, quality monitoring and staff training.

At the end of the inspection visit we gave feedback to the registered manager and nominated individual.

Good

Is the service safe?

Our findings

At the inspection of 8 August 2017 we found that risk assessments were not always developed to ensure where specific risks related to each person were identified or that guidance was provided as to how to reduce any possible associated risks.

At the inspection of 15 May 2018 we found that improvements had been made. The provider and reviewed and updated the way that risk were assessed. They had provided training for the staff responsible for this and had undertaken audits on all risk assessments. The audits included guidance for the assessors so that improvements could be made.

We looked at a sample of risk assessments. These were appropriately detailed and linked to a wide range of different risks for each person. The assessments included details of any medical and health risks, risks reacted to mental health, nutritional risks, skin integrity and social and emotional wellbeing.There were assessments of people's physical environments and equipment they used. The information included guidance for the care workers on how to minimise risks of harm and support people safely. There was an emphasis on promoting independence so that people were not unnecessarily restricted by staff actions. The assessments had been reviewed by the person receiving the service and/or their representatives. The provider regularly reassessed these and had responded to changes in people's needs by assessing risks again following these changes.

At the inspection of 8 August 2017 we found that 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.

At the inspection of 15 May 2018 we found that improvements had been made. The provider had reviewed and updated their medicines procedure and this reflected best practice guidance. The staff responsible for managing medicines had received updated training and support to help them understand best practice.

People received their medicines as prescribed and in a safe way. We spoke with some people who received this support and they confirmed they were happy with this. The staff undertook medicines training annually and their competency at administering medicines was assessed and recorded following the training. In addition, each member of staff was subject to regular work place assessments which included observations of them administering medicines. The provider had responded appropriately when there had been concerns in this area by providing more training and support for the staff.

Medicines administration records were clearly recorded with details of people's medicines. There were also medicines risk assessments and information about people's medicines needs within their care plans. The field based managers visited each person who was supported with medicines twice a month to check that they were receiving the right support and that records had been completed accurately. The branch or registered manager audited their checks. This ensured there was a double layer of checking to minimise the risk of something being missed.

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

At the inspection of 15 May 2018 we found that improvements had been made. People using the service and their relatives told us that care workers arrived on time and they had the same regular care workers. A small number of people told us they would like more male care workers to be available. We discussed this with the registered manager who explained that they actively sought male care workers when recruiting new staff but they did not have as many candidates applying for work as women. Some people told us that the care workers they had at weekends or when their regular care workers were on holiday were not as good at time keeping. However, most people told us that care workers arrived on time.

The provider sent people using the service, their representatives and the staff rotas twice a week. Changes to these and updates were also emailed so that the staff knew where they were working and people knew which staff to expect. The electronic call monitoring system used by the provider for scheduling and monitoring calls ensured that people were generally assigned the same regular care workers. The provider monitored call attendance and carried out an audit of any visits that were late or early. The audit included information about remedial action taken by the provider to prevent reoccurrence.

There were appropriate systems for the recruitment of staff which included checks on their suitability, such as their identity, eligibility to work in the United Kingdom, references from previous employers and a check from the Disclosure and Barring Service regarding any criminal record. The managers within the organisation had taken part in training to help them identify and take appropriate action when recruitment checks revealed a higher risk. There were risk assessments in place and these included actions for the provider, such as additional supervision or training for the new staff.

People using the service and their relatives told us they felt safe with the staff and the provider. Some of their comments included, ''I feel safe with the [care worker] I have now. I have faith in him, he is a diamond'', ''I feel safe with everybody, especially the manager who always listens to me'', ''I feel safe with the carers – they have nice personalities'', ''My carer is very helpful and understanding'', ''Safety wise there are no issues, they are well trained and they are very good to me'' and ''If I have to go out and leave the care worker with [person receiving the service] I feel they are safe and the care worker helps do anything I need.''

The provider had a procedure for recognising and reporting abuse. The staff received training in this as part of their induction and again at regular intervals. We saw that safeguarding people and whistle blowing were discussed in team meetings and individual supervision sessions. The staff who we spoke with had a good understanding of their responsibilities. The provider had responded appropriately to allegations of abuse. There were records which included information about corrective actions and the outcome of any safeguarding investigation. The provider had worked with the local safeguarding authority and other agencies to protect people when they were at risk of abuse.

People were protected by the prevention and control of infections. The provider had procedures regarding this and had trained the staff so they understood the importance of these. The staff were supplied with personal protective equipment, such as gloves and aprons. People using the service confirmed that the staff wore these and had good hygiene. During unannounced spot check observations which the managers made on the staff, they observed how well they followed good hand hygiene and other infection control practices.

The provider had a contingency plan which outlined how they would respond to different emergency situations. The staff received email and text alerts to inform them about important news, such as travel

disruption.

All accidents and incidents were recorded and the provider investigated these to see if lessons could be learnt. There was evidence that the provider undertook regular audits to show when staff were late or early for visits, for complaints and when other things went wrong. The audits included analysis by senior managers and action plans to make improvements in the future. Information about people using the service or staff where there was any sort of risk was shared amongst the managers of all branches and the out of hours support managers so that everyone who needed to know this information had access to it.

Good

Is the service effective?

Our findings

The provider assessed people's needs and choices so that care could be planned to meet these. Field based managers visited people before they started using the service to discuss their needs and how they would like to be cared for. One of the field based managers we spoke with described the assessment process. They explained that they worked with the person, their representatives and others to decide how best they could meet their needs. Assessments were recorded and emailed to the person and/or their representative for agreement. The information was then used to develop a care plan.

People were supported by staff who had the skills, knowledge and experience they needed. People using the service confirmed this, explaining the staff were well trained and knowledgeable with one person telling us, "They always know what to do and are happy to do it."

New members of staff were enrolled on five days of classroom based training at the office location. The training included all the required modules of 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. Staff competencies were assessed as part of the induction. The staff then took part in annual refresher courses of essential training. In addition the provider had work books and on line modules to help the staff understand specific topics, for example dementia, diabetes and Parkinson's disease. The staff could sign up to any module they wished to complete. The provider linked staff to certain modules when a person they supported had a specific need. The registered manager explained that they also linked staff to these modules when they might need this for other reasons. For example, one person using the service who did not have dementia was living with another person who did. The person with dementia did not receive a service from the provider. However, the staff involved in caring for the person's partner were all trained to understand dementia so that they were aware of the other person's needs.

One of the provider's senior managers was a trained coach. They offered sessions for all the managers on how to coach and support staff. This technique was used to complement the classroom based training. We saw evidence of coaching sessions for individuals and groups of staff. The branch manager told us how useful this had been for their own development and confidence.

All of the managers within the organisation were supported to take part in specific management training. There was a plan for each quarter which outlined training designed specifically for managers. There was also a training programme for care workers. The human resources (HR) and training manager oversaw this and made sure all staff had access to the training they needed.

The registered manager explained that the organisation tailored training to specific identified needs. For example, in 2017 concerns were raised about medicines management. The provider had increased the training in this area in response. The HR and training manager told us they used feedback from the staff following training to develop their programme. For example, they had introduced more interactive exercises in training as staff had requested this.

Staff were encouraged and supported to undertake additional vocational qualifications. The provider offered individual support according to the needs of each member of staff. For example, some staff had disabilities which affected their ability to complete records. The provider had made special arrangements to support them in this area. The field based managers offered additional training and support in the work place for staff who were struggling to understand an area of work.

New members of staff shadowed experienced staff for up to 16 hours before they were able to work independently. Their competencies and skills in the work place were assessed at the end of their induction. In addition, the provider carried out regular spot checks to observe all care workers.

All staff were invited to regular individual and team meetings. These included sharing information about the service and asking for their feedback and opinions.

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 and found that they were.

The provider carried out assessments of people's mental capacity. We saw records of these. When people lacked capacity information about their representatives was included and these representatives had been asked to be involved in making decisions in people's best interests.

People's healthcare needs were recorded within their care plans. There was evidence that the staff monitored their health and condition at each visit. The provider had liaised with other healthcare professionals, such as GPs, community nurses, occupational therapists and pharmacists to make sure people received the support they needed and could access services.

People who were supported during mealtimes were happy with this support. Some of their comments included, "I rely on the carers to get my food and drink - my meals are delivered and they warm them up'', "The carers ask me what I want to eat and they get it" and "The carer always asks me if I want food or drink.''

Good

Is the service caring?

Our findings

People using the service and their relatives told us that the care workers who supported them were kind, caring, helpful and polite. They had good relationships with their regular care workers. Some of their comments included, ''I'm sticking with the company just because they have good carers", "I think it's a very good service, they are all kind. I look forward to seeing the carers, we have little chats. They are never in a hurry'', "I find them very friendly and polite. They are considerate and respectful'', ''They are always polite'' and ''My usual carer is top class – the best I could wish for, very kind indeed.''

People told us the care workers respected their privacy. Some of their comments included, ''If I use the toilet, they always wait outside'', ''They always take care of my privacy'' and ''They cover me with a towel when they are helping me to wash.''

The care workers supported people to maintain their independence and do as much for themselves as possible. People confirmed this with one person saying, ''They encourage me to do bits and bobs for myself, they ask me, 'would you like to do that?' about something and let me have a go.'' Another person told us, ''We work together as a team, they do their jobs and I do mine.''

People using the service and their relatives were involved in planning their care. They told us that they had met with field based managers to talk about what they wanted and needed. They knew they had a care plan and told us they were involved in regular reviews of this. We saw that care plans included information about people's preferences and how they wished to be cared for. There was clear information about individual skills and abilities and how the staff could encourage people with these. Records of care provided indicated that people had been given choices during each visit, and people told us this was the case.

The registered manager explained that both the population of people they cared for and the staff team came from a diverse range of cultures and different countries. They told us that they looked at people's language and cultural needs when matching care workers. They had been able to give everyone a care worker or team of care workers from the same ethnic background and speaking the same language. This meant that people were being cared for by staff who understood and respected their culture and treated them accordingly. There were many Asian older people being cared for by the agency and the provider was able to match Asian staff who knew about people's dietary and cultural requirements. In addition, the office staff spoke a range of languages. This meant that when people rang the office to ask about their care they were usually able to speak with a member of office staff in their first language.

Good

Is the service responsive?

Our findings

At the inspection of 8 August 2017 we found that 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 15 May 2018 we found improvements had been made. The care plans included a good amount of detail about individual preferences, choices and things that were important to the person. People using the service and their relatives were involved in creating the care plans. Individual personalities were reflected within these. The registered manager explained this was an area where they had worked hard to improve. The field based managers had received training and support so that they better understood about how to record care plans in a personalised way. All care plans were audited by the branch or registered managers who gave feedback about where they thought improvements were needed.

People using the service and their relatives told us the service met their needs and was flexible. One relative explained that the care workers took on extra tasks to support the person being cared for when they had to go into hospital for a short while. The registered manager told us that they had reviewed the care packages of two people who wanted to visit their temple for worship. On the days people wanted this the provider arranged for care workers to visit earlier than usual to support the person to get washed, dressed and eat before they went to worship. They told us that sometimes this arrangement was made on the actual day, but that they did their best to accommodate this.

People using the service and relatives described how care from the agency had made a difference to their lives. Some of them said that they could not do without the care and support they received. One relative told us, "The carers do everything they have to do and they also motivate my [relative]. They help me and I help them so we can together get the best care for [person]." The registered manager told us that the staff had helped people establish links with the local community and places of worship. One of the roles of the field based managers was to talk with people about any needs they had in this area and then put them or their relatives in touch with useful resources, for example day centres.

The staff recorded how they had cared for people and supported them in communication log books. These records were checked regularly by the field based managers to make sure people had received care as planned. The records we viewed showed that care plans were followed and that people received visits at the same regular times each day.

People explained that a manager from the service regularly visited them or telephoned them to review their care and ask if they wanted any changes.

People using the service and their relatives told us they knew how to raise any concerns and could either speak to the office or email them. Of those who had raised a concern, they felt that they were listened to and appropriate action had been taken. Some of the comments we received were, ''The manager came to visit me and I felt they listened'', ''The manager responds to my concerns straight away'' and ''If I had a problem I would talk with the manager.'' The provider kept a record of all complaints and action taken to address

these. We saw that the provider had written to apologise when people were unhappy. They had investigated concerns and taken appropriate action such as changing care workers, providing more training and supervision for care workers or addressing another issue.

At the time of our inspection no one was receiving end of life care from the provider. However, the staff received training to help them understand about this area of care. The registered manager told us they had staff with additional training who they would match to anyone in this situation to make sure they received the right support.

Good

Is the service well-led?

Our findings

At the inspection of 8 August 2017 we found that 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. We also found that 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 15 May 2018, we found improvements had been made.

The provider had taken action to meet all of the breaches identified at the previous inspection. They had increased the number and type of audits to make sure they had a clear overview of all aspects of the service. Audits included regular checks on complaints, medicines administration records, disciplinary action, communication log books, scheduling of visits and care records. The audits were also checked to make sure these were carried out effectively. The branch manager and other branch managers worked closely together to learn from each other. The provider had responded to an area of improvement identified during the CQC inspection of another branch, where we found some staff needed more information about the Mental Capacity Act. The provider had added additional information to the induction training package, had sent out information electronically to all staff and had held team meetings to discuss this and check staff knowledge.

Other improvements at the service included creating more personalised care records. These were regularly reviewed and updated. The registered manager had audited all records and made suggestions where they felt improvements were needed. The care plans, risk assessments and reviews had been sent to the person using the service and/or their representatives for their approval. The provider had revised some of their policies and procedures to ensure these were in line with changes in legislation and good practice guidance. For example, they had updated their medicines procedure and procedures around data management.

People using the service and their relatives were happy with the care they were receiving. Some of their comments included, ''The service is good, they are helpful and cooperative'', ''They do their job properly and we do not have any complaints'', ''They take care of your needs and go the extra mile'', ''We are quite happy with them, in fact we would be lost without them'', ''I think they do a good job and we have got to know them well'', ''The carers are brilliant and the manager actually answers the phone if you ring'', ''They are professional and follow the care plan'', ''I am very happy with the service'' and ''For us, having the agency means that [my relative] can stay at home and that is so important.''

The registered manager was also the operations manager overseeing three of the provider's branches. There was also a branch manager and deputy branch manager, who had both been in post since January 2018, who oversaw the day to day running of the service. They had previously worked in other roles in the branch and new the people using the service, staff and systems well. We received positive feedback from the staff about all the managers. They told us they felt supported and could speak with managers whenever they needed something. The majority of senior staff within the branch had been promoted from within the

company and the registered manager told us that they encouraged staff to undertake training and take on additional responsibilities to gain promotion. This was evident through minutes of appraisals where the staff were able to discuss if they wanted to develop their careers.

The staff were aware of the values and visions of the organisation. They received training regarding these and were sent the organisation's policies and procedures once a month with any changes highlighted. The provider shared good practice examples with all staff, praising the staff who had completed a good piece of work and sharing this example so that others could learn from it.

The provider engaged with people using the service, staff and other stakeholders. They sent out quarterly satisfaction surveys for people to explain how they felt about the service. There was evidence they had analysed the results of these and had investigated any areas of concern which had been highlighted. The provider also carried out regular visits and telephone monitoring to ask people whether they were satisfied with the service and if they wanted any changes. These were recorded. The staff were invited to individual and team meetings where they were able to voice their opinions. The provider also had suggestion box where staff could place anonymous suggestions for improvements.

The provider had organised forums for people using the service. The registered manager told us that forums in 2017 had been popular but attendance during 2018 had been lower than they wanted. Therefore, they had decided to hold future forums at a venue nearer where people lived with the hope that more people would attend.