

Avante Care and Support Limited

# Avante Home Care and Support Service

## 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

This inspection took place on 19 and 23 May 2017 and was announced.

Avante Home Care and Support Service provides care services to people in their own home in Kent. The care provided was tailored to people's needs so that people could maintain their health and wellbeing or maintain their independence.

Care was delivered to older people some of whom were living with dementia and younger adults. There were 150 people using the service at the time of our inspection. The care and support people needed were mainly short calls of not less than 30 minutes, with some people needing support packages requiring two staff. The care had been managed from an office in Maidstone, which had been moved to Faversham shortly after our last inspection.

At the last Care Quality Commission (CQC) inspection in October 2015, at the Maidstone office the service was rated as Good in all of the domains and had an overall Good rating.

At this inspection we found the registered manager had consistently monitored the quality of their service to maintain a rating of Good.

There was a registered manager employed at the service. 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 2008 and associated Regulations about how the service is run.

People continued to experience care that was caring and compassionate. Staff were trusted and well thought of by the people using the service.

People continued to have their needs assessed and their care was planned to maintain their safety, health and wellbeing.

Risks were assessed and recorded by staff to protect people. There were systems in place to monitor incidents and accidents.

Staff had received training about protecting people from abuse and showed a good understanding of what their responsibilities were in preventing abuse.

The provider continued to update their policies in line with published guidance and practice in social care.

Procedures for reporting any concerns were in place. The registered manager knew how and when they should escalate concerns following the local authorities safeguarding protocols.

Staff training covered both core training like first aid and more specialised training like catheter care. They also understood the Mental Capacity Act 2005 and how to support people's best interest if they lacked capacity.

Staff continued to have good levels of support and supervision to enable them to carry out their roles.

Staff continued to be recruited safely and had been through a selection process that ensured they were fit to work with people who needed safeguarding.

Staff had been trained to administer medicines safely and staff spoke confidently about their skills and abilities to do this well.

People were pleased that staff encouraged them to keep healthy through eating a balanced diet and drinking enough fluids. Care plans were kept reviewed and updated.

There were policies in place that ensured people would be listened to and treated fairly if they complained.

The management team and staff were committed to the values of the organisation and ensured they took these into account when delivering care and support.

People were happy with the leadership and approachability of the service's registered manager.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Avante Home Care and Support Service

## **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 was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated as Good at least once every two years. This inspection took place on 19 and 23 May 2017 and was announced. We announced this inspection with 48 hours notice. We did this because we needed the registered manager to be available for the inspection.

The inspection team consisted of two inspectors. One inspector visited the office and made visits to people in their homes. Another inspector made telephone calls to people who used the service.

Prior to the inspection we reviewed the information we held about the home. We looked at information received from relatives, the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support homes which are paid for by the local authority.

To gain people's views about the service, we spoke with 12 people who used the service. We spoke with seven staff including the registered manager, training coordinator and five care workers.

We looked at the provider's records. These included 13 people's care records, care plans, health records, risk assessments and daily care records. We looked at seven staff files, audits, satisfaction surveys, staff rotas, and policies and procedures.

# Is the service safe?

## Our findings

People told us that they felt safe when receiving care from Avante home care staff in their homes. They told us that having continuity in staff attending helped them have confidence and feel safe with their staff. People said, "I am very happy with the staff and yes I do feel safe." And "I certainly do feel safe in their hands, definitely."

People were consistently protected from the risk of receiving care from unsuitable staff. There was an up to date policy to support robust and safe staff recruitment. Staff confirmed the process they had been through when recruited and recruitment records confirmed the registered manager followed their policy. Applicants for jobs had completed applications and been interviewed for roles within the service. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

People had consistent care from regular staff so they were protected from risk. People described how one member of staff did a lot of their calls. People's comments included, "The staff are always on time, and if for some reason they are going to be late they ring and let us know." And, "Well yes the girls are usually about the same time and they have called me if they are going to be late." One person's relative said, "Mum is safe in the hands of the staff they are very good and know what support she needs." The rota confirmed staff were allocated to 'double handed calls'. The staff rota showed that call times were planned in advance, staff and people we spoke with confirmed that staff stayed for the correct time and that within reason they arrived on time. Staff we spoke with confirmed that whenever possible they were rostered with the same people and that they got time allocated to travel between calls. This meant that people could be sure that their calls times and staff allocated would be consistent.

The service had procedures in place and provided training for staff so that if they were asked to take on the administration of medicines for people they could do this. Staff we talked with told us how they supported people safely when dealing with medicines. Staff followed the medicines policies and the registered manager checked that this happened by spot-checking staff and auditing medicines records. Spot checks are supervisions of staff in the field. This protected people from potential medicine errors.

People were kept safe by staff who understood and received training about the risks relating to their work. The registered manager had ensured that risks had been assessed and that safe working practices were followed by staff. Environmental risks were assessed and equipment was checked by staff before they used it. If they were at risk, the steps staff needed to follow to keep people safe were well documented in people's care plan files. We found risks assessments were completed by staff as a priority.

The provider's policy gave details of how the registered manager would monitor incidents and accidents. There had been 32 recorded incidents in 2017. The registered manager had fully investigated these incidents, apologised to people when needed and taken steps to prevent reoccurrences. For example, people received telephone calls when staff were running late for their calls.

The registered manager continued to understand how to protect people by reporting concerns they had to the local authority and protecting people from harm. Staff followed the provider's policy about safeguarding people and this was up to date with current practice. Staff were trained and had access to information so they understood how abuse could occur. Staff understood that they could blow-the-whistle to care managers or others about their concerns if they needed to. Blowing the whistle enables employees to contact people with their concerns outside of the organisation they work for, like social services.

People's care could continue if there was disruption to the service, for example in periods of extreme weather conditions. The registered manager used a system to assess and prioritise people who could not make other arrangements for their care if staff could not get to them. This meant that the service could focus its resources into getting staff to the people most in need and protected people's continuity of care.

# Is the service effective?

## Our findings

Staff understood people's needs, followed people's care plan and were trained for their roles. People said, "The staff know (Persons name) extremely well and make sure that he is cared for in a way that meets his needs. I think all the staff I have met appear well trained." "Well they all seem to know what help I need if they are not sure they ask." "Staff know what my problems are and are very good at knowing just what they need to do. No problems with them."

Staff continued to understand the care they should be providing to individual people as they followed detailed care plans. Care plans were left in people's home for staff to follow and staff confirmed to us that these were in place and kept up to date. People told us that staff followed their care plan and we saw that this was checked by management through spot checks and audits.

People's experiences of the service indicated that staff were competent and well trained. It was possible for people to make choices about the staff they had to deliver their care. Staff spoke about the training they received and how it equipped them with the skills to deliver care effectively. The registered manager used a trainer to deliver hands on training for new staff and to keep staff up to date.

The care people received was fully recorded by staff. We could see that care notes reflected the care required in people's assessment of need. Staff told us they read people's care notes and care plans before they started delivering care so that they were up to date with people's needs. People confirmed staff followed their care plans. Staff were provided with hands on practice so that they could use equipment safely.

People's health and welfare was protected by staff. This service was not providing food and drink to all of the people receiving support. This was because there were relatives living at home with people or people took care of their own needs around food and drink. However, where staff were helping people to maintain their health and wellbeing through assisting them to prepare meals, we found that people were happy with the food staff cooked for them. Staff had up to date food hygiene training. People said, "The staff leave plenty of drinks for me and make sure they check I have everything I need before they leave."

When people needed referring to other health care professionals such as GP's or district nurses, staff understood their responsibility to encourage people to seek help. When needed, staff ensured they passed the information on to relatives or care managers so that help was organised to protect people's health and wellbeing. A relative said, "Our regular carer always lets us know if she has concerns about mums health." People were supported to maintain contacts with their GP and other health monitoring sessions with community nurses to assist them to stay healthy.

People had recorded their consent to receive the care in their care plan and staff gained verbal consent at each visit. Gaining consent from people before care was delivered happened routinely. People were free to do as they wished in their own homes. The registered manager had a good understanding of the Mental Capacity Act (MCA) 2005. There was an up to date policy in place covering mental capacity. Staff had



received training in relation to protecting people's rights. This prepared them for any situation where they may think the MCA needed to be considered as part of someone's care.

The registered manager wanted staff to have the skills and support they needed to do their jobs well. Staff received a comprehensive induction when they started working for the service. Records showed that when new staff started work they began training based on the Care Certificate Standards. These are nationally recognised training and competency standards for adult social care services. Staff told us they had completed shadow shifts and an induction when they started working at the service. Staff said, "When I started the training I got was intensive, but it did give me the skills I needed." "I always report any concerns I have about risk to a manager." And, "We get a letter about three weeks before our training is due for an update, my ongoing training enables me to keep up to date with any changes in practice." Other equipment was provided in the training room to enable staff to practice hands on care. This gave staff the opportunity to practice using equipment safely.

The registered manager used a range of methods to ensure that staff could develop the right skills for their role. They provided competency checks for staff which challenged them to say how they would maintain standards in relation to dignity and privacy, administering medicines and keeping people safe. Staff gave us examples of how their practice had changed after spot check supervisions. In one case they better understood how to use some hoisting equipment. This ensured staff had training relevant to the people they delivered care to.

The registered manager had a plan in place to ensure that all staff received supervisions and an annual appraisal. This gave staff the opportunity to discuss what had gone well for them over the previous year, where they had strengths and weaknesses in their skills and enabled them to plan their training and development for the coming year. This assisted staff to improve their skills and keep up to date with developments in social care.

## Is the service caring?

### Our findings

People described the care that they received very positively. People gave staff 99% for their caring attitude in the feedback questionnaire responses. People we spoke with told us that the staff who visited them were all very caring and would always ask them how they were feeling and ask them what they would like help with. People said, "The staff are angels, they treat both of us very well, and definitely show us respect." "The staff are brilliant, they are compassionate and caring, they are also very respectful, I could not ask for better."

Relatives commented. 'Care staff go the extra mile.' 'I have nothing but praise for the staff, Mum was taken ill and they stayed with her until the ambulance arrived.' 'Staff are really good, they go above and beyond, ten out of ten.'

What people thought about their care was incorporated into their care plans which were individualised and well written. The care plans clearly set out what care the staff would provide. People could vary the care they received from the service and used a mix of care that suited their needs. For example, some people had a mix of personal care and domestic help.

Staff treated people well. When staff spoke to us they displayed the right attitude, they told us they give people time to do things, they tried not to rush people. People described that staff were cheerful, kind and attentive to their needs.

People let us know how important it was for them to be as independent as possible and how staff supported this. People indicated that, where appropriate, staff encouraged them to do things for themselves and also respected people's privacy and dignity. People told us that staff were good at respecting their privacy and dignity. Staff told us that they offered people choices about how they wanted their care delivered. They also described in detail how they assisted people to maintain their dignity during the delivery of personal care.

Information was given to people about how their care would be provided. People signed their care plan. Each person had received a statement setting out what care the service would provide for them, what times staff would arrive and information about staff skills and experience. People were knowledgeable about the service and told us that there were care plans they could look at in their homes. The care plans enabled them to check they were receiving the agreed care.

Information about people was kept securely in the office and the access was restricted to senior staff. The registered manager ensured that confidential paperwork was regularly collected from people's homes and stored securely at the registered office. Staff understood their responsibility to maintain people's confidentiality.

## Is the service responsive?

### Our findings

People's needs were reviewed and kept up to date and the registered manager and staff were always available to listen to people's views. People said, "I do know how to complain, there is a procedure, I just ring the office." "They sent out a copy of how to complain with the questionnaire they sent but there is also a copy in the folder. I have never had to make a complaint." "I think they would listen if I said we needed more care, they already help me out if something comes up and I need some extra time."

People's needs were assessed using a range of information which was used to develop a care plan for staff to follow. Care plans were individualised and focused on areas of care people needed. Key information about people was noted for quick reference for staff. The registered manager responded to changes in people's care needs. For example, some staff had received specialist training from occupational therapists so that they could deliver passive movements safely. [Passive movements are used to assist people with physical disabilities to exercise their limbs and joints].

Records showed that people had been asked their views about their care. The registered manager reviewed the care plans at least four times a year. People said, "They come and check if I am happy with the care." And, "We have talked about his care plan usually when they visit which is about six weekly." Reviews of the care plan could be completed at any time if the person's needs changed. We could see that care plan reviews had taken place as planned and that these had been recorded.

Staff protected people's health and welfare by calling health and social care professionals if people were unwell. Staff gave us examples of situations where they had called for assistance from the ambulance service, for example a person with breathing difficulties. People told us staff were good at talking to them if they had concerns about their health. People were encouraged to speak to their GP.

There was a policy about dealing with complaints that the staff and registered manager followed. This ensured that complaints were responded to. There were good systems in place to make sure that people's concerns were dealt with promptly before they became complaints. There was regular contact between people using the service and the management team. There had been ten informal complaints so far in 2017. These ranged from staff not dealing with the rubbish to a carpet rucking up when staff moved the bed. The registered manager had responded to all of the complaints and always tried to improve people's experiences of the service.

## Is the service well-led?

### Our findings

The registered manager had been leading the service for five years. They were also well supported by senior managers working for the provider, Avante home care. The management team at the service provided a good balance of skills experience and knowledge. They had demonstrated that they could sustain a Good rating.

People said, "I do think the service is well managed, they never miss a day regardless of the weather or if people suddenly go sick, no they are as good as gold." "I call the office and they are very helpful."

The registered manager continued to quality audit the standards in the service. These audits assisted the registered manager to maintain a good standard of service for people. The management structure supported the audit process and filed supervisors understood their roles in relation to promoting quality. This enabled them to consistently work alongside staff, and meet people face to face to get their views about the service. Care plans, risk assessments and staff files were kept up to date and reviewed regularly. Records showed that the registered manager responded to any safety concerns and they ensured that risks affecting staff were assessed.

The aims and objectives for the service were set out and the registered manager and staff followed these. The care culture was based on staff being Supportive, Personal, Attentive, Relationship Centred, Kind, Listening and Enabling or SPARKLE. Staff received training and development to enable this to be achieved. Staff said, "The training about the culture of the organisation is very good." And, "We aspire to provide the service to the SPARKLE standards."

The registered manager had a clear understanding of what the service could provide to people in the way of care. If they could not meet people's needs, for example if people needed nursing care, they referred them onto nursing services. This demonstrated that the registered manager wanted to ensure they maintained the quality of the service for people by meeting their needs.

Staff remained committed and passionate about delivering high quality, person centred care to people. We spoke with staff who were well supported and who had regular and effective communications with their managers.

The registered manager ensured that staff received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. This led to the promotion of good working practices within the service. Staff told us they enjoyed their jobs. Staff believed they were listened to as part of a team, they were positive about the management team of the service. Staff told us that the registered manager were approachable.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service.

The registered manager was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team. The registered manager understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.