

Advinia Home Health and Care Private Limited

Advinia Home Care

Inspection report

3rd Floor, 314 Regents Park Road
Finchley
London
N3 2JX

Date of inspection visit:
14 April 2016

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18 May 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 14 April 2016. We gave the provider two days' notice that we would be visiting their head office. We gave the provider notice as we wanted to make sure the manager was available on the day of our inspection. This was the first time this service had been inspected since it had moved to a new address.

Advinia Home Care provides support and personal care to people living at home. At the time of our inspection there were two people currently receiving support with personal care. The provision of personal care is regulated by the Care Quality Commission.

There was a manager in post who had applied to be registered with the Care Quality Commission. 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 told us they were well treated by the staff and felt safe and trusted them.

The service was not following appropriate recruitment procedures to ensure that only suitable staff were employed at the agency.

Staff could explain how they would recognise and report abuse and they understood their responsibilities in keeping people safe.

Where any risks to people's safety had been identified, the management had thought about and discussed with the person ways to mitigate risks.

People who used the service and their relatives were positive about the staff and told us they had confidence in their abilities and staff told us that they were provided with training in the areas they needed in order to support people effectively.

Staff understood that it was not right to make choices for people when they could make choices for themselves and people's ability around decision-making, preferences and choices were recorded in their care plans and followed by staff.

People told us they were happy with the support they received with eating and drinking and staff were aware of people's dietary requirements and preferences.

People confirmed that they were involved in the planning of their care and support. Care plans included the views of people using the service and their relatives. Relatives told us they were kept up to date about any

changes by staff at the office.

People and their relatives told us that the management and staff were quick to respond to any changes in their needs. Care plans reflected how people were supported to receive care and treatment in accordance with their current needs and preferences.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry.

The agency had a number of quality monitoring systems including six monthly surveys for people using the service and their relatives. People we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve service delivery.

We identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach was in relation to staff recruitment. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. The service was not following appropriate recruitment procedures to ensure that only suitable staff were employed at the agency.

People told us they felt safe with and trusted the staff who supported them.

Where any risks to people's safety had been identified, the management had thought about and discussed with the person ways to mitigate risks.

Requires Improvement ●

Is the service effective?

The service was effective. People were positive about the staff and felt they had the knowledge and skills necessary to support them properly.

Staff understood the principles of the Mental Capacity Act (2005) and told us they would always presume a person could make their own decisions about their care and treatment.

Staff were provided with training in the areas they needed in order to support people effectively.

Good ●

Is the service caring?

The service was caring. People told us the staff treated them with compassion and kindness.

Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff demonstrated a good understanding of peoples' likes and dislikes and their life history.

Good ●

Is the service responsive?

The service was responsive. People told us that the management and staff listened to them and acted on their suggestions and wishes.

Good ●

They told us they were happy to raise any concerns they had with any of the staff and manager of the agency.

Is the service well-led?

The service was well-led and people we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve.

Staff were positive about the manager and told us they appreciated the clear guidance and support they received.

Good 

Advinia Home Care

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 was undertaken on 14 April 2016. We gave the provider two days' notice that we would be visiting their head office. After our visit to the office we talked to one person who used the service and two relatives. The inspection and interviews were carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This 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 reviewed the completed PIR and previous inspection reports before the inspection.

We also reviewed other information we have about the provider, including notifications of any safeguarding or other incidents affecting the safety and wellbeing of people.

We spoke with one care staff who supported people with personal care, the manager of the service, the nominated individual for the organisation and two staff who worked in the head office.

We looked at two people's care plans and other documents relating to their care including risk assessments and daily notes. We looked at other records held by the agency including meeting minutes as well as health and safety documents and quality audits and surveys.

Is the service safe?

Our findings

People using the service and their relatives told us they were well treated by the staff and felt safe with them. Relatives told us they had no concerns about safety and that they trusted the staff who supported their relatives. One person told us, "I absolutely trust them."

However, we found that staff recruitment checks were not always being carried out to make sure that only suitable staff were employed at the agency. We saw that, for one staff member, the agency had not pursued a reference from their last employer and that they had been allowed to start working alone before a completed criminal records check had been received. For another staff member a criminal records check had not been re-applied for even though this had been stipulated in a risk assessment relating to the person's suitability to work. The manager told us that a risk assessment had been carried out for the first member of staff but acknowledged this was not robust enough and did not take into account the lack of a suitable reference.

This was in breach of Regulation 19(1)(2)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the manager wrote to us and provided details of how the concern we identified regarding criminal records checks had been addressed.

Staff could explain how they would recognise and report abuse. They told us and records confirmed that they had received training in safeguarding adults. Staff understood how to "whistle-blow" and were confident that the management would take action if they had any concerns. Staff were aware that they could also report any concerns to outside organisations such as the police, the local authority or the Care Quality Commission.

Staff knew the procedure to follow if the person they were supporting became ill or had an accident.

Before people were offered a service, a pre assessment was undertaken by the manager in the person's home. One person told us, "It was a really good assessment."

Part of this assessment involved looking at any risks faced by the person or by the staff supporting them. We saw that risk assessments had been undertaken in relation to mobility, falls and nutrition if applicable.

Where risks had been identified, the management had thought about and discussed with the person ways to mitigate these risks. For example, we saw that one person's balance was a cause for concern and this person told us that the staff made sure they supported them safely and always walked down the stairs in front of them which they found reassuring.

We saw that risk assessments were being reviewed on a regular basis and information was updated as needed. Risk assessments had been signed by the person using the service or their representative. People

using the service and their relatives confirmed that risks to their safety had been discussed with them. One person told us, "I'm up to date on that (risks)." The manager told us all staff were informed of any changes in a person's care needs or risks and staff confirmed they were kept updated.

Environmental risk assessments had been completed to ensure both the person using the service and the staff supporting them were both safe. For example, we saw risk assessments had been developed for staff who were working alone with people as well as having safe access to people's homes.

People told us that staff usually came at the time they were supposed to and that they didn't feel rushed. Staff did not raise any concerns with us about staffing levels. They told us that they had enough time to carry out the tasks required and that they would inform their manager if they felt they needed more time to complete complex tasks or any additional tasks. People told us that the staff worked the agreed amount of time and often asked if there was anything more they could do before they left.

At the time of this inspection, staff did not support people with their medicines and only rarely reminded people to take them. Only one of the two staff members working at the agency had undertaken medicine management training. The manager confirmed that all staff would undertake medicine management training in case people using the service required this support in the future.

Is the service effective?

Our findings

People who used the service and their relatives told us they had confidence in the staff who supported them. People described the staff as "competent" and "flexible". A relative told us, "[my relative] has got better since they have been caring for her."

Staff told us they were provided with training in the areas they needed in order to support people effectively and safely. They told us that this covered safeguarding adults, food hygiene, moving and handling, and infection control. We saw relevant certificates in staff files we looked at. In addition to the mandatory training, staff told us that they were also offered national vocational training. Staff told us that they could also discuss any training needs in their supervision.

A staff member told us about a recent health and safety course they had undertaken which included looking at slips, trips and falls. As a result of this training the staff member told us that the way they assessed risks had improved the way they cared for people. We saw detailed risk assessments, in relation to slips, trips and falls, written by this member of staff, in the support plans for people using the service.

Staff confirmed they received regular supervision. A staff member told us that supervision was a positive experience. They said that their supervision was a good way to, "Discuss my strengths and weaknesses, what I want to achieve and look at my training needs."

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.

Staff understood the principles of the MCA (2005) and told us they would always presume a person could make their own decisions about their care and treatment. They told us that if the person could not make certain decisions then they would have to think about what was in that person's "best interests" which would involve asking people close to the person as well as other professionals and advocates.

People told us that staff always asked for their permission before carrying out any required tasks for them and did not do anything they did not want them to do. Staff told us it was not right to make choices for people when they could make choices for themselves and people's ability around decision making, preferences and choices were recorded in their care plans. The registered manager told us that the people currently using the service had the capacity to make decisions about their care.

At the time of the inspection, staff were only warming up ready meals for people or making people breakfasts. The agency was not taking primary responsibility for meeting people's nutritional needs although staff did sometimes record if people had had their breakfast or lunch.

There was information incorporated into people's care plans so that the food they received was to their preference. Eating and drinking needs assessments were recorded in their care plan which indicated food likes and dislikes and if people needed any support with eating and drinking. People told us they were happy with the support they received with eating and drinking.

At the time of the inspection the agency was not taking primary responsibility for organising people's access to healthcare services and support, as this was being organised by people's relatives.

Care plans showed the agency had obtained the necessary detail about people's healthcare needs and staff had a good understanding about the current medical and health conditions of the people they supported. They knew who to contact if they had concerns about a person's health including emergency contacts.

Is the service caring?

Our findings

People told us they liked the staff who supported them and that they were treated with warmth and kindness. Comments about the staff were generally very positive and included, "I have friendly relationships with them" and "They are patient and take their time."

People confirmed that they were involved in the planning of their care and support. Care plans included the views of people using the service and their relatives. People told us that staff listened to them and respected their choices and decisions. One relative told us, "The staff keep us informed." Another relative commented, "We are all involved."

Relatives told us they were kept up to date about any changes by staff at the office.

Staff we spoke with had undertaken training in equality and diversity and understood that racism, homophobia or ageism were forms of abuse. They gave us examples of how they valued and supported people's differences. They told us that it was important to respect people's culture and customs when visiting people in their own homes.

Staff told us they enjoyed supporting people and demonstrated a good understanding of people's likes and dislikes and their life history.

People confirmed that they were treated with respect and their privacy was maintained. One person commented, "They are respectful. I am at ease with the staff."

Staff gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity. One person told us, "They never say anything about their other clients."

A staff member commented, "We are there to look after them as best we can. We must always be respectful because we are going into their homes."

Is the service responsive?

Our findings

People using this service and their relatives told us that the management and staff were quick to respond to any changes in their needs. We saw from people's care records and by talking with staff that if any changes to people's health were noted by staff, they would phone the office and report these changes and concerns. Relatives told us they were kept up to date with any issues.

A relative commented, "They are very helpful, very good. They fit in with me and are very flexible with mum." A person who used the service told us, "The staff are very willing and pleasant. They would do anything I ask. They always ask if there is anything else they can do before they leave."

Staff gave us examples of where they had contacted the agency and the person's relative if someone had become ill or looked unwell.

Each person had a care plan that was tailored to meet their individual needs. Care plans reflected how people were supported to receive care and treatment in accordance with their needs and preferences.

We checked the care plans for both people currently using the service. These contained a pre-admission document which showed people's needs had been assessed before they decided to use the agency. People confirmed that someone from the agency had visited them to carry out an assessment of their needs. These assessments had ensured that the agency only supported people whose care needs could be met. We saw the following comment in the latest satisfaction survey, "I found the initial assessment of my mum very helpful and not rushed at all. Staff are friendly and at ease so my mother is relaxed and happy with them."

People's needs were being regularly reviewed by the agency, the person receiving the service and their relatives. Where these needs had changed, usually because someone had become more dependent, the agency had made changes to the person's care plan. We saw a number of examples of this including an increase in care hours when someone's care needs increased. Relatives told us that they could call the agency if they needed an extra hour or two of care and that this was provided when required. One relative told us, "They are very flexible and keep us informed."

Care plans included a detailed account of all aspects of people's care, including personal and medical history, likes and dislikes, recent care and treatment and the involvement of family members.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry. When we asked people who they would raise any complaints with, they told us they could speak to any of the staff or management. One person told us, "I would ring the manager if I had any concerns. I'd just ring up and say I'm not happy." A relative we spoke with commented, "I have no complaints. If I did I would call the manager."

The registered manager told us there had been no written complaints about the service although relatives had raised a concern about staff timekeeping. The manager had met with the person and their family and

had taken action to address the concern but the initial verbal complaint had not been recorded. This meant that, as the agency increased the number of people it supported, it would be difficult to audit and look for any potential patterns or trends. The manager told us that from now on all concerns or complaints would be recorded and monitored as part of the on-going quality assurance systems.

Is the service well-led?

Our findings

People using the service, their relatives and staff were positive about the manager. One staff member told us that the manager was, "very approachable, very friendly". A relative told us the manager was, "Professional, but in a nice way." One person who used the service said, "I've been in touch with the manager. She is friendly and efficient."

There were systems in place to monitor the safety and quality of the service provided. These included regular quality surveys, regular reviews of service provision and informal phone conversations with people using the service and their relatives. The manager told us that care plans and daily notes were audited to ensure that staff competencies were monitored.

People confirmed they had been asked for their views about the agency and completed surveys we saw indicated people were satisfied with the service. The manager had met with both people who used the service to find out if they were satisfied with the service. The manager was aware that, as the service grew, more formal systems would need to be implemented to monitor the quality of service delivery.

Staff told us that they were aware of the organisation's visions and values. They told us that people using the service were always their priority and that they must treat people with dignity and respect. When we discussed these visions and values with the manager it was clear that these values were shared across the service. Staff had regular meetings with the manager to discuss and monitor any change in needs of people who used the service. Staff told us that they could make suggestions for improvements such as suggesting what training they would like to undertake.

The manager was aware of the legal requirements in relation to notifications that needed to be sent to the Care Quality Commission.

This section is primarily information for the provider

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | <p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered person had failed to ensure that recruitment systems were appropriate and sufficiently robust to ensure that all staff working for the service were of good character and had the qualifications, competence, skills and experience which are necessary for the work to be performed by them.</p> <p>Regulation 19(1)(2)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Fit and proper persons employed</p> |