

Avant-Garde Services Ltd

Avant-Garde Services Limited

Inspection report

9-11 Gunnery Terrace
Cornwallis Road
London
SE18 6SW

Tel: 02039252764
Website: www.avant-gardeservices.com

Date of inspection visit:
30 March 2022
04 April 2022

Date of publication:
25 May 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Avant Garde is a domiciliary care service in the London Borough of Greenwich, providing personal care and support to people living in their own homes. On the day of the inspection there was one person using the service.

People's experience of using this service and what we found

Medicines were not always safely managed in line with best practice. Risks in relation to people's health needs were not always identified or assessed or advice from health professionals sought when needed. Assessments of people's needs were not sufficiently robust.

We have made a recommendation for the provider to consult best practice guidance around the assessment of people's needs.

The person using the service was happy with the support provided and felt safe with staff. Staff knew the action to take if they suspected abuse or neglect had occurred.

There were arrangements to make sure people were protected from the risk of infection through safe infection control practice.

Staff were supported in their roles through training and regular supervision. Staff offered support to ensure people could receive a balanced diet of their choice.

The person using the service had a small staff team who knew them well and they liked. Staff treated people with care, consideration dignity and respect. There were arrangements to ensure people were involved in making decisions about the support they received.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The person using the service received person centred care that met their wishes. They knew how to complain if they needed to.

Staff spoke positively about the support they received from the registered manager. The registered manager understood their responsibilities under the CQC regulations. They carried out spot checks on staff and audited records to oversee the quality and safety of the service. Feedback was sought from people and staff through regular contact and surveys.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This service was registered with us on 26 March 2020 and this is the first inspection.

Why we inspected

We inspected to provide a rating for this service.

Enforcement and Recommendations

We have identified breaches in relation to identifying risks, the management of medicines and the systems to monitor the quality and safety of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety of the service.

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Avant-Garde Services Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

This service is also registered for supported living but was not carrying out any regulatory activity for this service type at the time of the inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

The inspection activity started when we visited the office on 30 March 2022 and ended on 11 April 2022 when we received feedback from staff and people using the service.

What we did before the inspection

Before the inspection we reviewed the information we had received about the service. This included the provider's registration assessment record.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and reviewed records such as the care plan and risk assessments in place. We looked at the call monitoring system support and medicines records. We viewed the staff recruitment records for two staff.

We spoke with one staff member by phone on 4 April 2022 and tried unsuccessfully to speak with another staff member.

We asked for feedback from the person using the service which we received by email on 11 April 2022.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not safely managed. Medicines profiles were not accurate and did not include all prescribed medicines, or, say if any medicines were self-administered. Medicines risk assessments had not included a detailed assessment of possible risks in relation to any prescribed medicines. Staff were administering over the counter medicines without seeking the advice of the GP.

We found no evidence of any harm but this posed a risk to people's safety. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager took prompt action to address the concerns we identified following the site visit and liaised effectively with health professionals in relation to the concerns. A new medicines profile was completed and as required protocols signed off by the GP were put in place to guide staff on how to safely administer the medicines.
- The person using the service told us that where staff supported them with their medicines they were happy with the support provided. Staff undertook medicines training and a medicines competency check to ensure they remained up to date with their responsibilities in relation to administering medicines.

Assessing risk, safety monitoring and management: Learning lessons when things go wrong

- Risks to people had not always been assessed and staff did not always have access to information about how to manage possible risks to help ensure they supported people safely. Risks in relation to people's health conditions had not been assessed to inform and guide staff about risk management in case of any changes.
- We found where staff had alerted the office about a change in health no appropriate medical advice had been sought.
- Falls risk assessments contained some contradictory information about how to support people following a fall and referred to the use of equipment which was not available or in use. This posed a risk that unfamiliar staff could become confused about the appropriate action to take.

We found no evidence of any harm but these issues posed a risk to people's safety. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The person using the service confirmed staff supporting them were familiar with their needs and provided them with appropriate support.

Staffing and recruitment

- Staff confirmed and records showed appropriate recruitment checks were usually carried out before staff started to work at the service to ensure people were protected from the risks of unsuitable staff. We identified gaps in one staff members employment history. This was addressed during the inspection.
- There were enough staff to support the person using the service safely. This person confirmed there had been no missed calls, care staff were reliable and stayed the agreed length of the call.
- There were two staff and the registered manager working at the service at the time of the inspection. The registered manager told us that they would employ a care coordinator and additional staff as the service grew. The staff member told us that the registered manager was always available on the phone if there were any problems.
- There was a call monitoring system to provide the registered manager with oversight of the times and durations of support calls made and identify any issues with late or missed calls.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

- Systems were in place to help protect people from the risk of abuse. The person using the service told us they felt safe using the service. Staff knew to complete accident and incident records and report concerns to the office.
- The staff member spoken with told us they had completed safeguarding training and knew the signs to look for. They said they would report any concerns to the registered manager.
- No safeguarding alerts had been raised since the service had started. The registered manager understood their role under safeguarding, how to raise an alert with the local authority and to notify CQC.
- The registered manager reviewed accident and incident reports for any actions needed and any learning and told us they would share this with staff.

Preventing and controlling infection

- People were protected from the risk of infection. The registered manager confirmed they supplied staff with the Personal Protective Equipment (PPE) they needed to keep them and the people they supported safe. The person using the service confirmed staff wore PPE when supporting them.
- Staff had completed infection control training. A staff member confirmed there was plenty of PPE available and that they carried out testing in line with current government guidance.
- The registered manager had completed a COVID-19 risk assessment which followed government guidance and supported staff on how to effectively reduce risk.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- Improvement was needed to ensure the service communicated in a timely way with health professionals in relation to people's health needs. We found changes in a health condition had not been reported to or discussed with health professionals. This was acted on following the inspection.
- People were able to manage their own healthcare appointments. The registered manager confirmed staff were able to support people to attend appointments, if required.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Improvements were needed to the way assessments of need were completed with people before they started to use the service. The registered manager carried out an assessment of people's needs when they started receiving a service, but these had not always fully identified people's health conditions, or provide information on the steps staff might need to take to help support them effectively.

We recommend the provider consult best practice guidance on a person-centred approach to the full assessment of people's needs.

Staff support: induction, training, skills and experience

- Staff received training and support to meet people's needs effectively. Staff had received training in a range of areas relevant to people's needs. A staff member confirmed they had the training they needed to support people effectively.
- Staff received an induction when they started work which included a period of orientation and shadowing to learn about their roles. The registered manager told us that staff new to care would be required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.
- Staff received regular supervision and support from the registered manager to guide their development.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to enjoy a balanced diet of their choice. Care plans identified any support they needed to prepare or eat meals and how drinks should be left available for later. Staff confirmed they provided this support where needed.

- Daily records showed that staff supported people to enjoy the food they chose to eat.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Staff followed the principles and code of practice for the MCA. Staff received MCA training and understood how it applied to their roles. The person using the service said that staff sought their consent before they provided care or support.
- The registered manager understood the principles of MCA and that where people may not have capacity to make a decision they would arrange a best interests' meeting with those who needed to be involved in the decision.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The person using the service confirmed that staff were kind and caring. They received care from the same consistent staff group who knew their needs well.
- Staff received training on equality and diversity. The staff member and registered manager told us they respected everyone equally and took into account people's diverse needs and preferences.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions about their care needs on a day to day basis. Care plans and daily records reflected that people were consulted about day to day decisions in relation to their care.
- A staff member told us they encouraged people to make decisions for themselves wherever possible.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was respected and promoted. Daily records showed how staff supported people to ensure their privacy and dignity was maintained and the person using the service confirmed this was their experience.
- People were encouraged to be as independent as possible. A staff member confirmed they tried to support people to manage as much for themselves as they could.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were involved in the planning of their care to ensure the support they received met their individual needs and wishes.
- People's needs and wishes were discussed with them at regular intervals and their care needs reviewed. Support plans documented people's individual support needs and provided information for staff on how best to support them.
- Staff knew people well and were knowledgeable about how they liked to receive their care and support.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed when they started using the service. The registered manager was aware of their responsibilities under the Accessible Information standard (AIS). They confirmed they would be able to provide information in a range of formats to meet people's needs, for example easy read or large print if needed.

Improving care quality in response to complaints or concerns

- There was a system to review and consider complaints. The person using the service told us they had not needed to raise any concerns, but if they did they knew how to make a complaint. The complaint process was available in the service user guide.
- The registered manager told us they would keep a record of any complaints which included and the action taken in response. Any learning from complaints would be shared with staff to help improve the quality of the service they provided.

End of life care and support

- There was nobody being supported by the service receiving end of life care at the time of our inspection. The registered manager told us they would work with healthcare professionals to ensure people received good quality end of life support that met their needs and preferences.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- There were systems to monitor the quality and safety of the service. However these had not always operated effectively to identify the shortfalls in the assessments of needs and risk assessments or in relation to recruitment records and medicines management.
- Some information given to people was not always accurate. For example, the complaints policy in the service user guide did not advise people that if their care was funded by the local authority they could complain to the local authority as well as the provider. The service user guide also incorrectly advised people they had redress against any unresolved complaints to the Care Quality Commission. The body responsible for this is the Local Government and Social Care Ombudsman.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager acted promptly during and after the inspection to address the issues we identified.
- The registered manager carried out regular spot checks on staff, monitored the call system and audited the daily records and medicines records to check for any concerns or any improvements that might be needed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The person using the service was positive about the support they received from the service. The service had been flexible and been able to respond to an emergency request outside of support hours.
- Staff told us they worked well as a team and spoke positively of the support they received from the registered manager. They confirmed the registered manager was always available for advice whenever they needed. A staff survey comment stated, "The management are understanding and evidently work hard to respect my status as an employee in terms of my well-being."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of the requirement to notify CQC about particular events and display their inspection rating on their website. The registered manager understood the duty of candour and how to meet this regulation. They told us they would share openly details of any incidents or accidents which occurred with people and relatives, where appropriate.
- Staff were familiar with their roles. They told us they were in regular communication with the registered manager which we confirmed from records. Staff took part in meetings where they discussed the running of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- The person using the service told us the registered manager was in regular contact with them to ensure they were happy with the service they were receiving and to help identify any areas on which the service could be improved.
- The provider had carried out surveys with people and staff. These gave positive feedback about the service. The registered manager had been able to identify a training need from one staff member as a result of the survey, which they had acted on.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment people did not always receive safe care and treatment. Medicines were not always safely managed. Risks to people were not always identified or assessed. (Regulation 12 (1)(2)(a)(b))

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems were not always operated to monitor the quality and safety of the service. regulation 17(1)(2)(a)(b)