

Avanti Homecare Limited

# Avanti Homecare (Ripley)

## 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

### About the service

Avanti Homecare (Ripley) is a care at home service providing the regulated activity of personal care to 19 people at the time of this inspection. The service provides support to older and younger adults with a range of needs. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it. At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

**Right Support:** People were involved in the assessment and planning of their care in their own homes. People had choice in how they received their care to meet their needs and preferences. People knew how to raise any concerns and to who. People were supported by staff who had been safely recruited.

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.

**Right Care:** People received their care at the times they chose. People were supported by staff who valued making a difference to people's everyday lives. Staff were trained to provide care, taking into account people's choices and promoting their independence. People were supported to access services to maintain their health and wellbeing.

**Right Culture:** The directors and senior staff were passionate about delivering a high standard of care to people. Staff were competent and confident to deliver good care to people. People were complimentary about the care they received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 15 June 2020, and this is the first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Follow up

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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### 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 well-led.

Details are in our well-led findings below.

Good ●

# Avanti Homecare (Ripley)

## 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

The inspection was carried out by 2 inspectors. An Expert by Experience conducted telephone calls to obtain feedback from people or their relative. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 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.

#### What we did before the inspection

We reviewed information we had received about the service. 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 visited the location's office where we met with the registered manager of the service. We also met with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with a total of 11 members of staff, including care co-ordinators, activity leads, care workers, training manager and chief officers. We spoke to 10 people or their representatives. We reviewed a variety of records relating to the management of the service, including governance and auditing systems. We looked at 3 staff files in relation to recruitment and staff supervision. We reviewed the care records for 3 people which included risk assessments and care plans.

# 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 good. This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

- People told us staff used personal protective equipment (PPE). However, some people told us not all staff wore their masks properly. One relative told us, "They [staff] do still wear their PPE when they come, although one or two don't seem to think the mask is supposed to cover their nose as well."
- The provider planned to seek feedback from people and their relatives about staff use of PPE during calls. The provider also planned to refresh staff awareness of current guidelines for PPE use and increase spot checks of staff practice.
- Stocks of PPE were available at the office location for staff to use. The registered manager monitored the PPE taken by staff to ensure the amount taken was as expected when following current usage guidelines.
- We were assured that the provider's infection prevention and control policy was up to date.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable harm and abuse. The provider had an up-to-date safeguarding policy in place and people, or their representative knew how to raise any concerns they might have.
- People felt safe when supported by care staff. One relative told us, "I feel [relative] is very safe with the carer."
- All staff had received suitable and effective training in safeguarding. Staff were confident to identify and report safeguarding concerns. One member of staff told us, "I would raise a safeguarding if I needed to and absolutely believe it would be responded to by [staff name]".

### Assessing risk, safety monitoring and management

- Senior staff assessed, managed and regularly reviewed risks to people's health and wellbeing. Assessments identified the areas of risk in people's lives and actions to mitigate known risks. Care plans provided guidance for staff to follow to help keep people safe.
- Staff used an electronic care record system to record daily care notes. People's care notes were reviewed by senior staff daily, weekly and monthly. Changes in people's needs were identified and acted on by staff. People's care plans were kept up to date.
- The provider used a system which identified any issues such as late calls. The system was monitored by senior staff to ensure any issues were addressed promptly.

### Staffing and recruitment

- Staff were recruited safely. Checks were completed to ensure staff were suitable to work at the service. Disclosure and Barring Service (DBS) checks provided information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment

decisions.

- The provider had an ongoing successful recruitment campaign to increase the number of staff available. There were times when care calls had been covered by office staff to ensure people received the support they need. Staff who worked in the office were trained to deliver care.
- Staff were confident and competent to support people safely. Staff told us the training they received was very thorough and they felt supported when completing the training. One relative told us, "I think they [staff] are well trained to do the job."

Using medicines safely

- Systems to manage medicines were well organised and ensured safe administration of medicines to people.
- The provider implemented an electronic system for recording medicines. Medicine records were reviewed daily by senior staff. This meant any issues with medicine management were identified and addressed quickly.
- Staff received training in medicine administration, and this was followed by competency checks to ensure staff administered medicines safely.

Learning lessons when things go wrong

- Systems were in place for staff to record and report incidents and concerns.
- Incidents were reviewed by the senior management team and outcomes shared with people and staff.

# 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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service did not offer support to any people with a learning disability or autism at the time of inspection. The model of care was aligned with the principles of right support, right care, right culture. The provider carried out a holistic assessment with people prior to people starting to receive services from them which was used to formulate a person centred plan of care.
- People's needs were assessed in line with current guidance and best practice, for example, a screening tool for malnutrition and pressure area care guidelines were used by the service where required to assess and plan care.
- The provider was confident assessments used in the service and the training available to staff would provide support to people with a learning disability or autism in line with the principles of right support, right care, right culture if required.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed a programme of induction and training designed and delivered by the service training manager. Induction for new staff included opportunities for shadowing experienced staff, competence assessments and sign off by the registered manager, before starting to work with people. One relative told us, "Any new ones [staff] are introduced to us and are monitored for a time."
- The provider offered training to meet the required national minimum standards and produced training frameworks for staff to develop their knowledge and skills specifically in supporting people with learning disability and autism.
- Staff we spoke with consistently told us they felt supported by senior staff and the registered manager. Staff had regular opportunities to meet with senior staff or the registered manager, at planned staff meetings including supervision and wellbeing meetings.
- The provider offered opportunities for staff to follow continued professional development, including formal and informal mentorship. One staff member told us, "My manager has shaped who I am, I am confident I have the tools and training to do the job."

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

- People's food and drink needs, and preferences were recorded in care plans. Assessments were completed to identify areas of risk for people and guidelines developed for staff to follow to help keep people safe, for example, choking risk assessments.
- Staff understood people's needs relating to food and drink. One relative told us, "When we realised [relative] wasn't eating all their meal at lunch time, we communicated this to the carers and they make sure they [relative] eats it all whilst understanding [relative's] thoughts behind saving some."

- Staff understood people's choices relating to their diet. One person told us, "The carers know I like my cooked breakfast."

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

- People were involved in making decisions about their health care. One relative told us, "They asked a lot of questions and gave the impression that they really cared about [relative] and wanted to find the best way to look after [them]."
- People were supported to access additional support when it was required. One relative told us, "They [staff] did suggest pain relief patches might help to manage [relative's] pain, so the nurses now come in to administer those and they seem to have helped."
- The electronic care system used by the provider enabled staff to record any changes in people's needs and report these to senior staff. Referrals were made to appropriate professionals for input, for example, for specialist assessment for equipment.

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

- When people did not have capacity to consent to some decisions, we saw mental capacity assessments were completed to ensure decisions were being made in people's best interests.
- Staff encouraged people to make their own decisions where possible. At the time of the inspection no person using the service had any restrictions placed on their liberty.

# 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

- People were supported by staff who respected and understood their individual needs. One relative told us, "The carers are very kind and courteous when communicating with [relative] who now has [a speech impairment]."
- People were supported by caring staff. One relative told us, "Carers build a good rapport with [relative] and they say they look forward to seeing them [staff]."
- The management team explained the values of the service and their culture of ensuring these values were applied to people who used the service and staff. Staff understood these values and were motivated to provide a high standard of care to people. One member of staff told us, "We [Avanti staff] work as a team, staff know people well. It is great, all have the same values, it is really caring, and we make a difference."

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

- People or their relatives were involved in planning their care. One relative told us, "Avanti came to us after [relative] came out of hospital. They did a comprehensive assessment at the house and asked lots of questions. The result was a very personal care plan."
- People were involved in deciding when their care calls should happen. One relative told us, "2 carers come to [relative] 4 times a day. We were able to arrange calls at the right time to meet [relatives] needs."
- People were supported to make daily choices. One person told us, "They [staff] help me to choose my clothes."

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence. One relative told us, "[Relative] is in their 80s and is very independent, but since they had a fall, their mobility has been very much worse. The carers [staff] enable them to stay living at home and although they [staff] help them to do things, they do what they can for themselves as well."
- The provider completed spot checks to monitor staff practices in supporting people with respect. Staff received feedback on their performance to ensure good practice standards were achieved and maintained.

# 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 had personalised care plans in place that promoted involvement and independence. One family member told us, "[Relative] said from the beginning they would like help with a shower twice a week and they [staff] have stuck to that."
- People were involved in reviews of their care. One relative told us, "We have had ongoing meetings and made suggestions. They [Avanti] have been very accommodating and incorporated these into the care plan."
- People's preferences were taken into account when providing care. One relative told us, "When [relative] needed continuity of carers due to their dementia all calls were covered by a small team."

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 identified through assessment. People's care plans had guidelines for how best to communicate with people.
- Staff worked with people and their relatives to share information in a way people were familiar and comfortable with. One relative told us, "[Relative] and I have developed a system where we leave notes for the carers and vice versa, so we do communicate that way."
- People were supported by staff who knew them well and understood how to communicate with them effectively. One relative told us, "[Relative's] care staff chats with [relative] and encourages them to do things which I cannot always get them to do."
- Staff were trained in sign language to enhance communication for people with hearing impairments.
- The provider was able to source information in various formats for people. For example, service information could be made available in an accessible format and large print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider employed staff in the role of activity leaders to offer additional support to some people to help reduce their risk of social isolation. Staff spent time with people to understand their preferred activities. One relative told us, "[Relative] had been asking the carers if they could go out, it was arranged. [Relative] loved going to the garden centre for coffee and cake and can't wait to go again."

- Resources were available to encourage people to engage in activities and events. For example, staff visited people and shared treats at Halloween; board games were available in the office location for use by people. A tablet had been sourced by the provider during the pandemic to facilitate people keeping in touch with their relatives and friends when visiting was restricted.

#### Improving care quality in response to complaints or concerns

- The provider had received no complaints at the time of inspection. A query raised by a relative to us during the inspection was discussed with the provider who provided assurance this was known about and was in the process of being addressed and responded to.
- People or their relatives told us they knew how to raise any concerns they might have. One relative told us, "I know I could call the office if I were unhappy with anything."

#### End of life care and support

- The provider implemented an end of life pathway to ensure people received the care that was right for them at this time.
- People received dignified and respectful care as they approached the end of their life. One relative told us, "The team are so respectful and kind to [relative], they gently tell them exactly what they are going to do next and check that they are happy with it before they proceed."
- The provider was responsive to people's changing needs at the end of their lives. One relative told us, "Things have changed a bit recently, it's still 2 carers coming 4 times a day, but we have requested the same carers wherever possible as [relative] gets stressed now if different ones appear, they [Avanti] have complied with this".

# 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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider carried out care reviews with people. People were involved in developing their care to meet their changing needs. For example, where family had identified the need for consistent carers due to their family member experiencing increased confusion this had been arranged. One relative told us, "We wouldn't change anything about [relative's] care, we are all very happy."
- The provider used client feedback questionnaires and collated the results of the returned questionnaires. Not everyone using the service or their relative recalled being asked for feedback on the service they received. Where feedback was received it identified people and their relatives were happy with the service provided. This was corroborated by the feedback we received from people we spoke with. One relative told us "Avanti have been exactly what we needed. I am so grateful for their support." Another relative told us, "We would definitely recommend them [Avanti]."
- The provider used an application accessible on mobile devices to access peoples' care records. Not everyone using the service or their relative used the application to access care records One relative told us, "There is a folder in the house, but we have been given access to the App where the carers write notes."
- The provider responded to feedback from staff in relation to organising the schedules to reduce the travel time and distance between care calls. Staff told us the provider worked with them to improve their work life balance.
- The provider made a variety of resources available to staff in support of their wellbeing at work, including winter care packages, snacks and drinks and a comfortable place to take a break if needed. Staff told us they appreciated the provider's employee of the month scheme and felt valued.

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

- People had not experienced missed calls and received their care calls at, or close to, the agreed call time. People were usually informed if a carer was expected to arrive late for a call. One person told us, "Most of the time they [care staff] are on time. If they have got stuck somewhere, the carer usually phones me."
- People knew who the registered manager of the service was and how to contact them. One family member told us, "[Name] at the office has gone out of their way to sort everything out for us as we didn't know what to expect. They [Avanti] have been great. We would recommend them to anyone who needed this type of care."

- Daily audits were completed by senior staff to monitor call time durations, punctuality, medicines management and incidents. This helped to ensure the quality of the service was monitored and areas for improvement were identified.
- The provider understood their responsibility to inform CQC and other agencies of relevant incidents and events. Statutory notifications had been submitted by the registered manager as required.
- The provider and senior staff were clear of their intention to increase the number of staff available to work with people before growing the business and take on additional support hours to be delivered.

#### Continuous learning and improving care

- The registered manager developed and implemented an exit interview process in response to a high turnover of staff employed in the service. The information recorded was used to learn why staff members left their employment with the company. The registered managers identified not all staff were able to follow the ethos of the company. The company were confident to employ staff who did uphold the company values and the turnover rate of staff decreased.
- The provider had developed prompt cards for staff to use to remind them of key points when supporting people. The plan was to provide cards to staff on a monthly basis covering topics such as safeguarding and the mental capacity act.

#### Working in partnership with others

- The registered manager had developed relationships with other local providers. For example, a meeting was being arranged with the manager of a local specialist service to discuss opportunities to provide training for staff.
- The provider engaged with development opportunities with the local authority, for example, engaging with an initiative to facilitate timely changes in people's care packages.
- The provider nominated individual had taken on the role of chairing the local homecare provider network to increase opportunities for sharing and developing good practice in the area.