

## Avant Healthcare Services Limited

# Avant (Ealing)

### Inspection report

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

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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

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.

### About the service

Avant (Ealing) is a care agency providing personal care and support to people living in the London Borough of Ealing. They provide a service to children as well as older and younger adults with learning disabilities, physical disabilities, mental health needs and dementia.

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. At the time of our inspection, 72 people were receiving support with personal care.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

**Right Support:** The staff supported people to have control, independence and make choices about their care. Staff focussed on people's strengths and what they could do. Staff supported people to pursue their interests when this was part of their care package. The staff did not restrain people. They worked with other professionals to develop plans to help people manage their anxiety and any agitation. Staff worked closely with a range of healthcare professionals to help meet people's needs.

**Right Care:** Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. Staff protected people's privacy and dignity. Staff understood and responded to people's individual needs. Staff understood how to recognise and report abuse. There were enough suitably skilled staff to meet people's needs and keep them safe. People's communication needs were met by staff who understood these.

**Right culture:** The ethos, values and culture of the service helped to empower people. People received good quality care and support. Staff understood about best practice. Staff were responsive to people's needs. People, and those who were important to them, were involved in planning and reviewing their care. Staff were supported to develop their skills and careers. There were effective systems for monitoring and improving the quality of the service.

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.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was good (published 8 June 2018).

#### Why we inspected

We had not inspected this service for over 5 years, and we needed to check that they were still providing good quality and safe care.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Avant (Ealing)

## 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 visit was conducted by 1 inspector. A second inspector and an Expert by Experience supported the inspection by making phone calls to people who used the service, their relatives and staff. 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 a short period of notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 30 November 2023 and ended on 5 December 2023. We visited the location's office on 5 December 2023

What we did before the inspection

We looked at all the information we held about the location, including notifications of significant events.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with 2 people who used the service, the relatives of 21 other people and 9 care staff on the telephone. Two other staff gave us written feedback. We met the registered manager, branch manager and a field-based manager when we visited the agency's office.

We looked at the care records for 7 people who used the service, records of staff recruitment, training and support and other records used by the provider for managing the service. These included audits, meeting minutes, records relating to medicines management and records of adverse events.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems to keep people safe from the risk of abuse. The staff had training, so they understood how to recognise and report abuse.
- The provider had worked with other organisations and the local authority to report, investigate and protect people from abuse.
- Some people were supported with shopping. There were systems to help protect them from the risk of financial abuse and to monitor transactions made by staff.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and planned for. Managers created detailed plans to show how risks would be reduced and minimised. These were regularly reviewed and updated.
- Some people expressed themselves through physical challenges towards others. The provider had worked closely with specialist professionals to develop plans to help keep the person and others safe. The staff were familiar with these and did not use any form of restraint.
- Staff completed training to understand how to safely care for people. For example, how to use equipment and help people to move, how to manage challenging situations and how to support people to eat and drink safely. Managers carried out regular observations and checks to make sure staff were following best practice.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe. Staff arrived on time and stayed for the agreed length of time. Staff told us they had their rotas in advance and enough travel time between visits. Records confirmed this.
- Some relatives and people told us they did not always have the same regular care workers. They told us this did not impact on the quality of care but they felt there was a lack of consistency. Where possible the provider tried to ensure people were cared for by the same familiar staff.
- There were systems to help ensure only suitable staff were recruited. These included a range of checks on their suitability and assessments of their skills, knowledge and competencies.

Using medicines safely

- People received their medicines as prescribed. The provider had assessed risks relating to medicines. There were clear plans and staff knew when and how to administer medicines. The staff completed electronic records about medicines administration. The provider monitored these in real time and could respond swiftly if there were any concerns.

- The staff had training so they understood about safe management of medicines. Managers undertook regular observations and checks to help make sure staff were following guidance and training. They took appropriate action to retrain and speak with any staff when problems occurred or following any medicines related incidents.
- There were audits of medicines records. Medicines risk assessments were regularly reviewed and updated.

#### Preventing and controlling infection

- There were systems to help prevent and control infection. Staff understood about good practice and the provider's procedures. Staff received enough supplies of personal protective equipment (PPE) and used this PPE appropriately and when needed.
- People using the service and staff had clear information about infectious diseases and how to protect themselves and others, including vaccinations.
- People using the service and their relatives told us staff wore PPE, washed their hands and disposed of waste appropriately.

#### Learning lessons when things go wrong

- There were systems to learn when things went wrong. The staff reported and recorded all accidents, incidents and adverse events. These were investigated by managers and improvements were made to the service.
- The managers shared learning from these with all staff through meetings and emails.



# 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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People's needs and choices were assessed before they started using the service. These assessments were regularly reviewed to make sure they were up to date and relevant.
- The provider asked people for their views and liaised with their families, representatives and professionals involved in their care to make sure they had enough details about their needs and wishes to provide personalised care.

Staff support: induction, training, skills and experience

- People were cared for by staff who had the skills, training and experience to provide effective and good quality care.
- All staff completed key training as part of their inductions. They completed training updates and were supported to undertake relevant qualifications in care.
- Staff were given bespoke training if a person they were caring for had a specific need. This included training and support from external health professionals who showed them how to care for the person safely.
- Staff completed training about learning disabilities, autism and dementia to help them understand about caring for people with these needs.
- The staff told us the training was helpful. They said they felt supported and had opportunities to meet with their line managers and each other. There was good communication with staff, including observations of their work and support to understand changes in policies and procedures.
- There were opportunities for career progression. Most of the senior staff within the organisation had been promoted from within and supported to develop their careers. The provider ran coaching sessions for staff supporting them to get the most out of their roles.

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

- People were supported to have enough to eat and drink when this was part of their care plan. People's nutritional and hydration needs were assessed and planned for.
- People told us they were happy with this support. Staff explained how they helped people to have food of their choice and encouraged healthy snacks and drinks.

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

- People's healthcare needs were assessed and planned for. The staff understood about their different healthcare conditions. They recognised and took appropriate action when people's health deteriorated or they became unwell.

- The staff worked closely with other health care professionals. They followed their guidance and alerted them to changes in people's wellbeing.

#### 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.

- The provider was acting within the principles of the MCA. People's mental capacity was assessed. When people lacked the mental capacity to make decisions, there was a process for consulting with and involving their representatives in making decisions in their best interests.
- People had consented to their care and treatment.
- Staff had training about the MCA and knew how to apply this.

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 well treated and supported. The staff understood their needs and provided them with personalised care.
- People using the service and their relatives had good relationships with staff. Some of their comments included, "Our main carer is good and all of them are kind", "They are nice to talk to", "They will chat and do extra stuff if I need" and "I am grateful and consider [care worker] part of our family."
- Where possible, the agency matched care workers who spoke people's first language and understood their culture and religion. Some relatives confirmed this explaining that care workers were well matched. Their comments included, "The carers speak the same language as [person], they have a lot of respect for older people."
- People were given a choice about if they wished for a specific gender for their care worker and this was respected.

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

- People were involved in decisions about their care. They had been consulted and had consented to their care plans.
- People told us staff offered, and respected, choices during each care visit.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. They explained staff used their preferred names and pronouns and provided care in private.
- People were supported to be independent when they wanted and were able. Staff encouraged people to be involved in their own care, household tasks and supported them to stay mobile and active. One relative told us, "The carers have been helping [person] to cook meals."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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 received personalised care which met their needs and reflected their preferences.
- The provider developed person-centred care plans which described how people wanted to be cared for.
- People using the service and their relatives told us they understood and were happy with their care plans. They told us the agency was responsive when their needs changed, or they wanted something different. They explained they had regular meetings with managers or senior staff to review their care.

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 and met. Some people did not use speech to communicate. The staff understood them well and supported people to communicate using pictures, objects of reference and signs. One relative explained, "The care workers are very good at providing support and understand about [person's] communication."
- The provider employed staff who spoke a range of languages. This helped make sure they could match staff who could communicate in people's first language.
- Information about the service was available in different languages and formats when needed.

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

- People were supported to pursue activities when this was part of their planned care. Staff supported some people to go out and some people with games and activities at home.
- One relative explained, "[Person] really loves to swing and the care workers take [them] there or for a walk. This works well."

End of life care and support

- No one was receiving end-of-life care at the time of our inspection. However, staff undertook training to understand about good end-of-life care and there were suitable procedures to help make sure people received good quality care at this time and their choices were respected.

Improving care quality in response to complaints or concerns

- There were suitable systems for responding to complaints and concerns. We saw complaints had been investigated and improvements made to the service as a result of these.
- People using the service and their relatives told us they understood how to make a complaint. For those who had raised complaints and concerns, they were happy with the response and outcome following these.

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People received personalised care. People and their relatives told us they would recommend the agency to others. Some of their comments included, "I am very happy with the care we receive, and I would definitely recommend them", "I would recommend them because they are very good to us" and "They are quite responsive and helpful."
- Staff felt well supported and would also recommend the agency as a place to work and to receive care.
- The provider had developed a number of social initiatives to help develop the company. They actively recruited staff with disabilities, mothers, homeless people and older workers. They developed flexible working patterns and personal support strategies to help these staff maintain their roles.
- The provider had started to undertake work to help make sure there was a positive culture. They carried out wellbeing checks on staff, offered coaching and opportunities for career development.

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 provider understood their responsibilities under duty of candour. They had responded appropriately, investigated, learnt from and apologised when things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was appropriately managed. The registered manager was qualified and undertaking additional qualifications in care. They were supported by a branch manager and a team of office and field based managers who oversaw the day to day operations. The managers had a good knowledge of individual people and staff and how to meet their needs.
- The provider had a range of policies and procedures. These reflected changes in guidance and legislation.
- Staff were well trained and there were regular meetings to help keep them updated with best practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged with people using the service and other stakeholders. They produced a regular newsletter and sent out guidance about changes and updates.
- People using the service and others were asked to nominate staff for awards. One person using the service attended a recent awards ceremony where they handed out prizes and certificates for staff.

- There were care staff representatives who attended management meetings to represent the views of care workers. They had given the management team ideas for changes they wanted implemented and these had been acted on.
- Staff undertook equality and diversity training to help them understand about how they could meet people's diverse needs.

#### Continuous learning and improving care

- There were effective systems for monitoring and improving the quality of the service.
- Managers undertook regular audits of care records and medicines management. People's care plans and assessments were reviewed and updated. Managers observed staff and checked their skills, knowledge and competencies.
- The management team had regular meetings and shared information with staff.

#### Working in partnership with others

- The staff worked in partnership with other professionals to assess, monitor and meet people's needs. They supported people to access equipment and made referrals when people needed additional support or equipment.
- The management team attended local authority forums and met with other care providers to discuss best practice and learn from each other.