

## Avanti Homecare Limited

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**Inspection report**

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13 November 2019

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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 Ltd is a domiciliary care agency providing personal care to people in their own homes. There were 51 people being supported with personal care at the time of our inspection. Not everyone who used the service received personal care. The Care Quality Commission (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.

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

People were cared for in a safe manner. Staff had a good understanding of safeguarding and were committed to protecting people. Risks to people's health and wellbeing were appropriately assessed, managed and recorded. Staff were safely recruited and sufficient in number to support the geographical area. There was good infection control practice embedded in the service. Systems were in place to ensure lessons were learnt when things went wrong.

Staff acknowledged, and respected people's needs and choices. People were involved in the planning and reviews of their care. Staff were effectively trained in topics relevant to their role. Staff regularly worked with other healthcare professionals to ensure people were supported to live healthier and independent lives.

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.

People were supported by staff who were caring and kind and they spoke highly of staff. People were supported by staff who they knew well and had supportive and meaningful relationships with. People's independence was promoted and their privacy and dignity were respected by staff.

The provider was responsive. People had personalised care plans that promoted independence. Staff identified people's information and communication needs by assessing them. People were supported to engage in hobbies and interests important to them. People and relatives knew how to make a complaint and felt confident they would be listened to. End of life care preferences had been sought and incorporated into care plans.

The service was well-led. The management team had created a culture of quality care where people were the centre. They understood their responsibilities within the service and were continually looking for ways to improve. People's views were constantly sought to help drive improvement. The staff worked in partnership with health and social care professionals to ensure people receive a consistent approach.

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 10/12/2018 and this is the first inspection.

## Why we inspected

This was a planned inspection based on the provider's registration date.

## Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 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 Care Act 2014.

#### Inspection team

The inspection was completed 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.

The service had a manager registered with the Care Quality Commission. 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.

#### 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. We also needed to gain consent to contact people using the service by telephone.

Inspection activity started on 12 November 2019 and ended on 13 November 2019. We visited the office location on 13 November 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with eleven members of staff including the provider, registered manager, nominated individual, deputy manager, care workers and the care quality manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including accident and incident analysis, staff meeting minutes and compliments and complaints, were reviewed.

#### After the inspection

We spoke with three health and social care professionals who regularly visit the service.

# 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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from any potential risks of abuse.
- People told us they felt safe when supported by the care staff. One person told us, "I feel very safe."
- Staff demonstrated a good understanding of what constituted abuse. A staff member told us, "It is all about noticing when something is not quite right. If I saw anything, I would report it straight away and feel very comfortable that the management would act on any concerns."
- All the staff had received suitable and effective training in this area.
- We saw where appropriate; the provider had reported safeguarding concerns to the appropriate authority for investigation.

Assessing risk, safety monitoring and management

- Staff assessed, managed and regularly reviewed risks to people's health and wellbeing.
- People told us they felt staff knew how to support them in a safe manner. One person told us, "The care staff all seem to know what they are doing."
- We saw care records were clear and person centred. Risks to people's health and wellbeing were easily identifiable and care plans were clear on how to manage risk.
- Where people were at risk of deteriorating health quickly, the care plans had a description of emergency symptoms for staff to look out for. This helped care staff to be able to identify deteriorating health and take appropriate action in a timely manner.
- People's properties were assessed for risk before any care started. This ensured staff were also protected from potential harm.

Staffing and recruitment

- There were enough staff to ensure that people's needs were met safely.
- The management team had devised a tool to understand the level of staffing needs required. They used this to plan care runs for staff alongside people's gender preference for care staff, locations and preferred timings of calls for people.
- People told us the timings of their calls were appropriate for them and felt care staff were always punctual. One person told us, "I always know when the care staff are coming and if there are any changes or problems, they always let me know." Another person told us, "It is very rare any of the staff are late." Another person told us, "I certainly do not feel rushed with them." A relative told us, "They are very reliable as a service."
- Care staff and people using the service felt there were enough staff to provide consistency of care staff.
- Recruitment records showed us checks to employ safe and suitable staff to work with people were completed.

## Using medicines safely

- Systems to manage medicines were well organised and ensured safe and timely administration of medicines to people.
- When medicines administration was incorporated into a person's care package, care staff were clear about their responsibilities with this and kept people informed. One person told us, "The care staff always tell me what medicine they are giving me."
- Medicines records were clear and reviewed regularly by management staff. The provider took the decision to use an electronic system for recording medicines. This enabled real-time alerts to be sent to management if any medicines were missed.
- Staff received training in safe medicines administration and this was followed by a competency check.

## Preventing and controlling infection

- People were protected from the risk of infection by good infection control practice.
- One person told us, "The staff always have their aprons on. They always clean up after themselves as well."
- A staff member told us, "We have training on infection control practice and are provided with gloves and aprons."

## Learning lessons when things go wrong

- Lessons had been learnt following analysis of incidents.
- Staff recorded any accidents or incidents using an electronic form. This was then linked to the person's care record but also to a report covering the whole service. There was a clear description of the incident, actions taken, and lessons learnt.
- The registered manager told us there was a monthly management meeting where the accident and incident report was analysed to look for trends and patterns.

# 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

- People's needs and choices were met in line with national guidance and best practice.
- People and their relatives were involved in the process of assessment and review of their needs. One person told us, "The managers have visited and do a review regularly with me."
- Staff had clearly recorded people's protected characteristics in care plans and there was information on people's identities. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, gender reassignment, marriage and civil partnership, religion etc.

Staff support: induction, training, skills and experience

- People were supported by staff who had relevant training, skills and experience to care for them.
- People told us they felt staff were trained to be able to support them safely. One person told us, "The care staff have all had good training. They do shadowing for the new staff and they always introduce me to the new people."
- A member of staff responsible for recruitment and induction told us how all staff completed a comprehensive induction which included training, competency checks and supervised practice.
- Staff had ongoing support through spot checks, supervision and appraisals. A staff member told us, "Supervisions are done often. It is good as the managers are always giving praise and are full of appreciation for the work we do."
- Regular staff meetings were used as an opportunity for more training in specialist areas, for example palliative care or dementia awareness.

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

- People were supported to have balanced diet and could exercise genuine choice with meals.
- When people were supported with their meals, care staff offered choices and also promoted independence. One person told us, "I get a choice but if I want to do it myself they support me to be independent."
- Staff showed understanding of people's dietary needs and these were clearly documented in care records. For example, one person had a specialist diet due to their risk of choking. A relative told us, "[Name] has a pureed diet and the care staff are very aware of the choking risk."

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

- Staff worked collaboratively with other health and social care professionals to understand and meet

people's needs.

- When people were unwell, staff made prompt referrals to health professionals. A relative told us, "[Name] has been unwell overnight, the care staff have been brilliant with it. They rang me and spoke with 111 and a nurse."
- The deputy manager told us how there was an on-call number for emergency healthcare to ring for an up-to-date handover of care.
- We saw care records had information about any referrals and correspondence with other health professionals.

#### 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 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.

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.

- At the time of the inspection no person using the service had any restrictions placed on their liberty.
- Staff demonstrated a good understanding of mental capacity. A staff member told us, "It is about knowing when people are limited with making choices. We should not be taking control and should act in people's best interests."
- When people did not have the capacity to consent to some decisions, assessments were in place to demonstrate this and care plans guided staff on how the person's needs should be met.

# 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 kind and caring staff.
- People and their relatives spoke highly of all the staff who supported them. One person told us, "If I was to score them, I would give them a 9 or 10 out of 10." Another person told us, "The staff are very polite and respectful. Nothing is too much trouble and they always ask if I need anything else doing." Another person told us, "The care staff are excellent. It is not a vocation for them, it's a calling." A relative told us, "The staff have exceeded my expectation of care." Another relative told us, "They really are a lovely set of people- the care staff and the managers."
- A staff member responsible for quality reviews, told us how they speak with people to ensure they are being supported in a caring manner.
- We saw care records had prompts for care staff to be able to recognise and respond to signs of discomfort for people.
- The management team told us how a caring culture was a high priority to them and they used this value to underpin recruitment and training.

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

- People were included in planning their care and able to make changes to support their needs.
- When starting the company, the provider introduced a role focussed on ensuring people receive quality care. This had enabled time for people to provide feedback in an informal manner and raise any concerns they may have had.
- People and their relatives were supported to express their views when meeting with external health and social care professionals. A relative told us, "The staff have supported me at social worker meetings."
- Where people regularly used an advocate, we saw their care records detailed this support.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and treated as individuals.
- One person told us, "I feel like a person and not a case." A relative told us, "They are a very personal service."
- When speaking with staff, people and their relatives, we saw how there were trusting relationships at all levels. A relative told us, "We have built up a good rapport with the staff." A staff member told us, "We feel we have the time to build up relationships with people."
- We saw care records promoted people's independence at every possible opportunity. One person told us, "I want to be as independent as possible and the staff always listen to me and support that." Another person

told us, "The staff support me to be completely independent in the shower which is important to me." A relative told us, "The staff have enabled my parents to stay at home and we could not have done it without them."

- We saw how call planning and rotas ensured consistency of care staff when able. The registered manager told us, "We tend to have consistency because of the way we plan the rotas. We know some people prefer to have a male member of staff when being supported with personal care, so we have designed a run to accommodate this." One person told us, "I tend to have the same group of care staff visit me. They always make my day."
- People's confidentiality and privacy was protected, and records were stored securely. One person told us, "The care staff always have their badge on and explain who they are and what they are doing."

# 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 that promoted independence and with a focus on their likes and dislikes.
- People and their relatives told us how they had been involved in the care planning and review process. One person told us, "I feel I am in control of my care." Another person told us, "I dictate what happens at each call and nothing is ever too much trouble." Another person told us, "At my reviews, [name of staff member] will ask if anything needs changing or if I have any suggestions for improvements."
- We saw care records had details about people's life history and people important to them.
- People told us they felt people knew them well. One person told us, "The staff all offer me a choice and they know what I like or don't like."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff identified people's information and communication needs by assessing them.
- One relative told us, "[Name] is not able to communicate well but the care staff are brilliant with them. They use short instructions and repetition and they really are patient."
- We saw care records had detail on how to communicate with people best.
- All staff wore a dementia friendly identification badge to help improve communication and trust with people.
- The deputy manager explained how all leaflets and guides for people were in a larger print but could also be translated if requested.

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 follow interests and maintain relationships important to them.
- One person told us, "The care staff take me out to the gym some days and we come back in a taxi." Another person told us, "I like to get out and go to the supermarket in my electric wheelchair and the staff make sure it is by the door ready for me, so I can be independent."
- Care records had information about people's hobbies and interests and when we spoke to staff, we could see they knew people well.

## Improving care quality in response to complaints or concerns

- People knew how to make a complaint and felt they would be listened to.
- One person told us, "I have never had to complain but I would be comfortable speaking to the managers." Another person told us, "I made a complaint once. I spoke with [name of staff member] and the managers dealt with it well. I was quite happy." Another person told us, "I will also tell the managers if a care staff member has done something I don't quite like. They are responsive."
- Records showed us complaints were investigated and followed up in an appropriate manner.
- The managers would also collate all the information on complaints and review at their management meeting to identify any trends.

## End of life care and support

- At the time of the inspection, there was nobody receiving end of life care.
- We saw care records included information about people's wishes and preferences at the end of their life.
- Staff told us they had received training in end of life care which included mouth-care, communication skills and how to recognise signs of pain or discomfort.

# 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

- People, staff and the registered manager described a culture which focussed on people and ensuring they received good care.
- People, staff and relatives spoke highly of the management. One person told us, "The managers are very lovely." A relative told us, "The managers work hard to keep me involved. I am so pleased and feel I have struck gold with them." A staff member told us, "I find the management structure helpful as they are all supportive."
- A health and social care professional told us, "They are a great little agency with a strong management team and a commitment to good care."
- The management team were passionate about their vision and values and were constantly looking for new ways of working to improve care.
- The service was in a period of growth and the provider told us how the recruitment process was centred around core values of providing good quality, person-centred care.

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; Continuous learning and improving care

- Staff had a clear understanding of their roles and responsibilities. One person told us, "I am very happy with the care provision but also the oversight from the managers."
- The provider had a large management team which included staff from a range of backgrounds. They had a monthly management meeting where they would support each other and manage risks within the service.
- The provider understood the importance of quality monitoring and how to use this information to drive improvement.
- Regular audits were completed to monitor call time durations, punctuality, medicines management and incidents. Results of these audits were regularly discussed by all members of the management team.
- The management team included a quality manager who did regular spot checks and observations to help drive quality care.
- The registered manager understood their responsibilities of registration with us. They ensured we received notifications about important events so that we could check they had taken appropriate action.
- The registered manager understood their duty of candour responsibility. They spoke with people and their

relatives about any concerns in an open and honest fashion.

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

- People using the service, their relatives and staff were regularly contacted to provide feedback on the service provided.
- One person told us, "I always speak with the managers. They are very easy to communicate with by email or text or phone."
- Regular staff meetings were held which provided an opportunity for staff to give feedback. One staff member told us, "I feel able to give feedback and feel listened to by the managers." Another staff member told us, "We feel respected as staff."
- The provider told us how they were looking to improve links with the community. They had already held a dementia tea party and all staff were now dementia friends.
- Care staff were regularly invited to the office for an informal coffee morning and people using the service were also invited to attend. A crochet club had been started where staff made 'twiddle-muffs' for people using the service who were living with dementia.
- The provider regularly used social media and their website to update people and their relatives on the development of the service.

Working in partnership with others

- The provider was transparent, open and collaborative with external agencies.
- A health and social care professional told us, "The provider has always communicated effectively with me and have been very forthcoming in attending meetings regarding people. They provide a good standard of care." Another professional told us, "The management team invited me to visit their office and to meet the team. They were very welcoming and explained what they wished to achieve regarding care for their clients and of the relationship they wished to forge with us."
- The registered manager told us how they regularly communicated with external professionals when considering the growth of the service.