

Avante Care and Support Limited

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Inspection report

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Tel: 08443872577

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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

Avante Care and Support Limited provide personal care services to people living in their own homes. At the time of the inspection the service was providing services to approximately 220 people living in the boroughs of Bexley, Greenwich, Dartford and Swanley. At our last inspection, 14 March 2014, we found the provider was meeting the regulations in relation to outcomes we inspected.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People said they felt safe and staff treated them well. The service had appropriate safeguarding adults procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to. Action was taken to assess any risks to people using the service. People said there was always enough staff available to meet their needs. Appropriate recruitment checks took place before staff started work.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. Staff had completed an induction when they started work and they were up to date with their training. People had access to health care professionals when they needed them.

People had been consulted about their care and support needs. Care plans and risk assessments provided information for staff on how to support people to meet their needs. People were aware of the complaints procedure and said they were confident their complaints would be listened to, investigated and action taken if necessary.

Staff said they enjoyed working at the service and they received good support from the office staff and the registered manager. They said there was an out of hours on call system in operation that ensured management support and advice was always available when they needed it.

The provider recognised the importance of monitoring the quality of the service provided to people. They took into account the views of people using the service through satisfaction surveys and telephone monitoring calls. The provider carried out unannounced checks on staff to make sure people were supported in line with their plans of care.

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.

There were safeguarding adult's procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Appropriate recruitment checks took place before staff started work.

Action was taken to assess any risks to people using the service.

People said there was always enough staff available to meet their needs.

People were supported, where required, to take their medicines as prescribed by health care professionals.

Is the service effective?

Good ●

The service was effective.

Staff had completed an induction when they started work and training relevant to the needs of people using the service.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation.

Where people required support with shopping for food and cooking meals we saw this was recorded in their plans of care.

People had access to health care professionals when they needed them.

Is the service caring?

Good ●

The service was caring.

People and their relatives said staff were kind and caring.

People had been consulted about their care and support needs.

People's privacy and dignity was respected.

People were provided with appropriate information about the agency. This ensured they were aware of the standard of care they should expect.

Is the service responsive?

Good ●

The service was responsive.

Assessments were undertaken to identify people's support needs when they started using the service. Plans of care were developed which included information and guidance for staff outlining how people's needs were to be met.

There was a matching process in place that ensured people were supported by staff that had the experience, skills and training to meet their needs.

People knew about the provider's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Is the service well-led?

Good ●

The service was well-led.

The service had a registered manager in post.

There were systems in place to monitor the quality of the service.

The provider took into account the views of people using the service through annual satisfaction surveys and telephone monitoring calls.

The provider carried out unannounced checks on staff to make sure people were supported in line with their plans of care.

Staff said they enjoyed working at the service and they received good support from the office staff and the registered manager.

Avante Care and Support Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18, 19 and 20 October 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. Before our inspection we reviewed the information we held about the service which included any enquiries and the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also asked a local authority that commissions the service for their views about the service. We used this information to help inform our inspection planning.

The inspection team comprised of one inspector and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspector attended the office and looked at the care records of twenty people who used the service, staff training and recruitment records and records relating to the management of the service. They visited five people using the service at their homes and spoke with them and their relatives. The inspector also spoke with nine members of staff and the registered manager. The experts by experience spoke on the telephone with 23 people using the service and asked them for their views on the service they received.

Is the service safe?

Our findings

People told us they felt safe. One person said, "The staff wear a uniform with Avante written on it so I can recognise them. I just feel safe with them." Another person said, "The staff look after all my things and lock up when they leave. Nothing has ever gone missing." A third person told us, "I feel safe; the staff make you feel nice, they are very kind with me."

The service had policies in place for safeguarding adults from abuse. The registered manager was the safeguarding lead for the service. They and staff we spoke with demonstrated a clear understanding of the types of abuse that could occur and the signs they would look for and they told us what they would do if they thought someone was at risk of abuse. One member of staff told us, "If I had any safeguarding concerns I would report them right away to the registered manager and they would inform the local authority safeguarding team and the CQC." Another member of staff said, "I have reported a safeguarding concern to the registered manager in the past. The registered manager reported the concerns to the local authority safeguarding team and the concern was fully investigated." The registered manager told us they and all staff had received training on safeguarding adults and training records confirmed this. Staff said they were aware of the organisation's whistle-blowing procedure and would use it if they needed to.

Appropriate recruitment checks took place before staff started work. We looked at the personnel files of ten members of staff and saw completed application forms that included references to their previous health and social care work experience, their qualifications and employment history. The registered manager told us that any breaks in employment were discussed with staff during the recruitment process. Each file included two employment references, proof of identification and evidence that criminal record checks had been carried out.

People using the service, staff and the registered manager told us there was always enough staff on duty to meet people's needs. One person said, "The staff always let us know if they are running late but that doesn't happen very often." Another person said, "I don't recall my carer ever being late." A relative told us, "The staff are on time mostly, if they are late then I will call the office but it doesn't happen that often." A member of staff told us, "I think the agency has plenty of staff, we always get to people at the right time. If I was going to be late I would call the office and they would contact the person and let them know." The registered manager told us staffing levels were arranged according to the needs of people using the service. If extra support was needed to support people to attend social activities or health care appointments, additional staff cover was arranged.

Action was taken to assess any risks to people using the service. We saw that people's care files, both in their homes and at the office, included risk assessments for example on, moving and handling and eating and drinking. Risk assessments included information for staff about action to be taken to minimise the chance of risks occurring. We also saw risk assessments had been carried out in people's homes relating to health and safety and the environment. One person told us, "The out of hours team are easy to get hold of if I need them." Another person said, "I would tell my kids or phone the office. We know how to contact them if we need to." We saw that the provider's contact details were available in care folders kept in people's homes.

People were supported, where required, to take their medicines as prescribed by health care professionals. The registered manager told us that most people or their family members looked after their medicines however some people needed support. We saw that each person using the services care folder held a medicines assessment. Where the assessment identified they required support from staff to take their medicines we saw there was a care plan was in place recording the level of support they required from staff to take their medicines. Training records confirmed that all care staff had received training on the administration of medicines. Staff competency to administer medicines had been assessed during this training. Where staff were observed administering medicines to people using the service during observations carried out by field work supervisors this was recorded in the supervision records. The registered manager showed us a new medicines competency record they planned to use to assess staff administering medicines. We were not able to assess the impact of this record on people's care as it had not been used at the time of inspection. We will assess this at our next inspection of the service.

Some people using the service told us they managed their own medicines or received support from family members. Some people told us staff reminded them to take their medicines and some people told us that staff supported them to take their medicines. One person said, "The staff give me my medicine, I take it while they are there. I'm happy with this; they give it to me on time." Another person told us, "Staff help me with my medicines, it's in a dosette box and they give it to me and I take it myself." We saw lists of medicines people had been prescribed by health care professionals and evidence that medicine administration records (MAR) were being completed by staff confirming that the person had taken their medicines. One member of staff told us, "I just prompt people to take their medicine but I have had training on administering medicines. If I thought someone was having problems taking their medicines I would tell my manager and they would sort things out with the persons GP." Another member of staff told us, "I administer medicine to people regularly. There is a list of their medicines at home so I know what they are taking. I fill in the MAR. The MAR's are checked regularly by my manager."

Is the service effective?

Our findings

People told us staff knew them well and knew what they needed help with. One person said, "The staff seem to be very skilled and know what they are doing." Another person said, "The guys I get are friendly they help me out a lot." A third person said, "The staff are fully trained and I feel confident with them. I have a progressive medical condition and they know what to do for me. They are very good."

Staff had the knowledge and skills required to meet the needs of people who used the service. Staff told us they had completed an induction when they started work and they were up to date with the provider's mandatory training. During their induction staff shadowed experienced members of staff to enable them to understand people's needs. One member of staff said, "Shadowing experienced staff was a very big help to me. I learned a lot about the people I was going to care for. I have been here a long time now and new staff are shadowing me. I use my experience and show them all of the different aspects of caring for people." We saw completed induction records in all of the staff personnel files we looked at. The registered manager told us that all new staff would be required to complete an induction in line with the Care Certificate. The Care Certificate sets out learning outcomes, competencies and standards of care that are expected of all new care workers.

Staff told us, and records confirmed they received regular supervision and an annual appraisal of their work performance. They were well supported by the registered manager and office managers and there was an out of hours on call system in operation that ensured management support and advice was always available when they needed it. Records showed that almost all staff had completed training the provider considered mandatory. This training included dementia awareness, safeguarding adults, basic medical support, medicines, manual handling, health and safety, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). 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. This provides protection for people who do not have capacity to make decisions for themselves.

We checked whether the service was working within the principles of the MCA. The registered manager demonstrated a clear understanding of the MCA. They said that most people using the service had the capacity to make decisions about their own care and treatment. If they had any concerns regarding any person's ability to make decisions they would work with them, their relatives, if appropriate, and any relevant healthcare professionals to make sure mental capacity assessments were undertaken and that any decisions made for them was in their 'best interests' in line with the Mental Capacity Act 2005.

Where people required support with nutrition and hydration this was recorded in their care plans. One person said, "The staff help to prepare my meals for me. They always make sure I am okay before they

leave." Another person said, "My friend prepares fresh meals for me and I keep them in the fridge. Staff heat them up for me. The staff also prepare fresh salads for me when I fancy one." A third person told us, "I'm a vegetarian, I eat salads. The staff prepare fresh salads for me. They present it nicely; one of them makes amazing coleslaw." A member of staff told us, "Most people have help from their family members and some people have pre prepared meals delivered to them. We usually heat their meals up. I make breakfast for some people, usually cereal and I have had many compliments about my porridge. I also make a fry up for people when they want one."

Staff monitored people's health and wellbeing and when there were concerns people were referred to appropriate healthcare professionals. One person using the service told us, "I have confidence in the staff; they are well trained and know what they are doing for me. If there was something wrong with me they would call the doctor to come and see me." Another person said, "The staff are very careful with me. They are marvellous at managing my pressure sores and they are well supported by a tissue viability nurse." A member of staff told us, "If someone was unwell I would call the doctor and let the office know what I had done." Another member of staff said, "If someone was very unwell or had a bad fall I would call an ambulance at once and let their relatives and the office know what I was doing."

Is the service caring?

Our findings

People and their relatives said staff were kind and caring. One person told us, "I'm happy with the care I'm getting, if occasionally I need something from the shops the staff will get it for me, they do make the effort. They come in and make the coffee, have a little chat with me, they make sure I'm okay." Another person said, "The staff are very, very caring, they make the effort to talk to me a lot. They know me very well. They all get top marks." A third person said, "I don't know about others but they are very caring towards me and I couldn't ask for better." A fourth person said, "I have had the same carers for nearly six years, they are understanding, they are the best, they would be a bench mark for any care worker." A relative told us, "The carers fully respect my relative; they are caring and committed to them." Another relative told us, "The staff are excellent. Everyone the agency has ever sent us has been helpful and caring. We would not swap them for the world."

People and their relatives said they had been consulted about their care and support needs. One person told us, "In the beginning someone came to talk about what I needed. I think it's all recorded in my folder. Things are still the same but they are always checking to see if I need anything else." Another person said, "I have a care plan with all my needs in it and the staff always read it to make sure they know what they are doing for me is right." A third person told us, "I have a care plan; someone comes from the office to go through it about once a year. I am involved in it." A relative told us, "I am always consulted about my relatives care needs. After all I live here and know them better than anyone else." Another relative told us, "I think the field supervisors understand my relative's needs and make sure the staff know what they need to do. Everything is in the folder. We talk about what we need at regular reviews and things are updated as things change."

People were treated with dignity and respect. One person said, "My carer calls me Mrs (surname). I like that they are always respectful towards me." Another person said, "The staff are very respectful, they know what I like and dislike, they are kind and they take their time." A third person told us, "The staff shut doors when I am getting changed and they go at my speed. If anyone is in my room they ask them to leave until they are done." A fourth person said, "The staff talk to you like you're a friend and they don't judge you." Staff told us they tried to maintain people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. One member of staff told us, "I always ask people what they need help with. For example, if they would like to have a bath or wash. I make sure everything is in private and that I respect their dignity by closing doors and drawing curtains and covering them up when I am giving them personal care. I always explain what I am doing and afterwards I offer them a choice of clothes they might want to wear."

People were provided with appropriate information about the agency in the form of a 'Service user guide'. The registered manager told us this was given to people when they started using the service. This included the complaints procedure and the services provided by the agency and ensured people were aware of the standard of care they should expect.

Is the service responsive?

Our findings

People told us their needs had been assessed and they had care plans in place. One person told us, "The staff are very good, they do double ups, are well trained to hoist me and my needs are met. They are lovely, we have a laugh. It works for me. I've never had a bad carer; they know what to do and where everything is."

Assessments were undertaken to identify people's support needs before they started using the service. Peoples care files included referral information from the placing local authorities that detailed their care and support needs. The files showed that people using the service and their relatives, where appropriate, had been consulted about their needs. The provider had also carried out care needs assessments and risk assessments. These assessments covered areas such as people's communication methods, personal care needs, moving and handling, specialist equipment, nutrition and hydration, their ability to make informed decisions, environmental issues, finances, medical conditions and medicines. We saw care plans had been developed which included information and guidance for staff outlining how people's needs were to be met. For example the support people required with preparing food or cooking meals and the level of support they required from staff, if any, to take their medicines.

Staff told us care plans included good information about people and told them what they needed to do to support people. One member of staff said, "The care planning system has recently changed for the better. The new plans are straight forward and easy to understand." We saw care plans were reviewed regularly and kept up to date to make sure they met people's changing needs. All of the care plans we looked at had been reviewed on a six monthly basis or more frequently where required. We saw daily notes that recorded the care and support delivered to people.

The registered manager told us there was a matching process in place that ensured that people were supported by staff that had the experience, skills and training to meet their needs. They told us where people using the service had specific needs or medical conditions that staff had received training on the topic. For example the service supported some people with learning disabilities to attend college; all staff supporting these people had received training on learning disability awareness. All of the staff we spoke with told us they would not be expected to support people with specific care needs or medical conditions unless they had received the appropriate training. For example one member of staff said, "I support one person with a specific medical condition. I have had extra training and support from specialist health care professionals that has helped me to understand and meet that person's needs." Another member of staff told us, "The registered manager or field work support managers always make sure I understand people's needs before I am allowed to support them. I feel very well trained to do my job."

People using the service were aware of the complaints procedure and said they were confident their complaints would be listened to, investigated and action taken if necessary. One person said, "I know all about the complaints procedure. I would call the office if I needed to." Another person said, "I am well satisfied and have absolutely nothing to complain about. But I would ring the office and complain if I needed to." The registered manager showed us a complaints log. The log showed that when concerns had been raised these were investigated and responded to and where necessary meetings were held with the

complainant to resolve their concerns.

Is the service well-led?

Our findings

People using the service and their relatives spoke positively about the service. One person said, "It's a really good service, I've had some not so good care companies before but I'm really happy, if I was unhappy I would tell them, the staff are brilliant." Another person told us, "It's a very good service. I'm happy with it all. They listen to me." A relative told us, "I think the support my relative receives from the service is very good. Communication is good and they meet my relative's care and support needs consistently."

The agency had a registered manager in post. They had managed the agency for four years and they were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the registered manager demonstrated good knowledge of people's needs and the needs of the staff team.

Staff said they enjoyed working at the service and they received good support from the office staff and the registered manager. They said there was an out of hours on call system in operation that ensured management support and advice was always available when they needed it. The registered manager told us that team meetings were held every two months however recent team meetings had been used to train staff on the provider's new system for the administration of medicines. They told us they would be reverting to the usual team meeting format in November 2016. One member of staff told us, "The team meetings are very useful, we get to share our learning and good practice and talk about how we are doing with the people we support."

The provider recognised the importance of regularly monitoring the quality of the service. We saw that people's care records were kept under regular review and where people were supported to take their medicines we saw that medicines audits had been completed. Complaints, accidents and incidents and staff training and the frequency of supervision were also monitored. The registered manager told us that complaints and incidents and accidents were discussed with individual staff whenever they occurred and during team meetings to reduce the likelihood of the same things happening again.

We saw a report and action plan completed by the provider following a 'Mock inspection'. The inspection covered the CQC's five domains of safe, effective, caring, responsive and well led. The report identified a number of shortfalls in relation to the management of medicines and we saw that actions had been completed to address these. For example the report identified there was an under reporting of medication errors, the registered manager had sent a letter to staff to emphasise the need to report any concerns relating to medicines to the office. The registered manager had also established a system for monitoring medicine administration records.

The provider took into account the views of people using the service through annual satisfaction surveys and telephone monitoring calls. We saw a completed report and an action plan following the last survey in 2015. Actions taken as a result of the survey included embedding a new medication policy and ensuring that the complaints procedure was added to telephone monitoring review forms. We saw records of telephone monitoring calls made to people to find out if they had any problems with the care and support they were

receiving. We also saw records of unannounced observations carried out by the field work supervisors on care staff to make sure they turned up on time, wore their uniforms and identification cards and supported people in line with their care profiles. A member of staff told us, "The supervisors checks that I am doing things right and if I need any support including more training. I don't know when the observations are going to happen which is good because I always keep my work to a high standards."

We saw a report from the local authority that commissions services from the provider and an action plan developed by the registered manager. The report recorded that the local authority had carried out a satisfaction survey of people using the agency and 93% of respondents rated the service either excellent or good. The action plan indicated that recommendations for improvement made by the local authority had been addressed. The local authority commissioning team told us they found the agency to be a professional, caring organisation, with minimal complaints received.