

Advinia Home Health and Care Private Limited

# Advinia Homecare

## Inspection report

Avalon House  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Advinia Homecare is a domiciliary care agency. It provides personal care to people living in their own homes. These include older people, people living with dementia and people with a physical disability. At the time of the inspection there were 12 people using the service.

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 told us staff arrived on time. One person told us, "The same lady comes every day, but we don't have them on a Sunday, never missed a day, they call me and tell me if they are late. They recently made my time earlier, so it works better for me."

People and their relatives told us they felt safe using the service. People were cared for by staff who knew how to keep them safe and protect them from avoidable harm.

Staff felt confident their training provided them with the knowledge they needed to support people safely.

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.

Staff had been safely recruited and we were satisfied that staffing levels ensured people's care needs were met in a timely way.

People were supported to take their medicines safely. Incidents and accidents were reported, investigated and actions taken to prevent recurrence.

Care plans contained basic explanations of the control measures for staff to follow to keep people safe. The management team were in the process of reviewing all care plans with input from people using the service and their relatives to ensure staff understood where people required support to reduce the risk of harm.

Although systems were in place to monitor the quality and safety of the service provided, these were still being developed by the nominated individual and the management team. Going forward the provider needs to demonstrate developments are embedded and sustained within the service to drive improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)  
The last rating for this service was Good (published 10 October 2019)

### Why we inspected

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

We received concerns in relation to missed and late calls, and of people not receiving the correct number of staff to attend to their care and support needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service remains Good.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well - led sections of this full report.

### Follow up

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Advinia Homecare on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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 well-led?**

**Good** ●

The service was well-led

Details are in our well-led findings below

# Advinia Homecare

## 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 service was inspected by two inspectors.

#### Service and service type

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

#### Registered Manager

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

At the time of our inspection there was not a registered manager in post. However, a newly appointed manager was going through the process of completing their registration.

#### Notice of inspection

This inspection was announced. We gave the service 72 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 19 May 2022 and ended on 25 May 2022. We visited the location's office on 19 May 2022 and telephone calls to people and families took place on 24 and 25 May 2022.

#### 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. 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. We used all this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with the manager, the care delivery manager, three care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records, including four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, quality audits and this included the review of policies and procedures.

#### After the inspection

The nominated individual sent us information we requested to validate evidence reflected in this report.

# 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.

### Staffing and recruitment

- People received care at the times they required. One person said, "I have one call a day, they prepare my evening meal and make my bed, they [Care workers] always come."
- The service had recently undergone management changes, and agency staff had been utilised to provide people's care. People were supported well with their care needs and staff arrived on time.
- To ensure the safe delivery of care, the nominated individual and manager had reassessed people's needs and reduced the number of care packages they were providing services to. The provider had refrained from taking on any further care packages until they had recruited enough staff.
- At the time of our visit, agency staff were being used to support the service. There had been some concerns with the current agency provider due to inconsistent communication and concerns around agency staff competency. The manager and nominated individual were in the process of changing agency provider.
- The service consists of a small team of staff, the management team were in the process of recruitment, and their aim was to reduce agency staff and build on a more solid foundation to improve the quality and continuity of care across all visits.
- We looked at three staff personnel files to check recruitment processes ensured relevant safety measures including references and Disclosure and Barring Services (DBS) checks were in place. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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

- The provider had good systems to protect people from the risk of harm. Due to concerns received in relation to missed and late calls, the manager added a call monitoring system onto their current electronic care planner. This was used, to monitor times of calls, duration, logging in and out times as data was not always accurate. The provider was in the process of introducing a new system to improve the quality of the data received.
- People and relatives told us they felt safe when staff visited. One relative told us, "[Person] is safe with them, [care workers] our main care worker is exceptional, when [Person] had a water infection [care worker] sorted all the problem out, and called an ambulance."
- Staff were trained in safeguarding which enabled them to identify and report concerns when required. We were told how one care worker reported concerns to the manager who alerted the local authority to take appropriate action.
- The manager and nominated individual understood their legal responsibilities to protect people and share important information with the local authority and the CQC.

## Assessing risk, safety monitoring and management

- People had appropriate assessments in place to identify and manage risks. Staff assessed risks to people's health, safety and wellbeing. Relevant risks included those relating to moving and handling, medicines, the home environment, skin care and nutrition.
- Risk assessments outlined measures to help reduce the likelihood of people being harmed and care plans contained guidance for staff to follow to keep people safe. A member of staff said, "I have recently had manual handling training and feel confident in using equipment. Another member of staff said," [Person] with a pressure sore -, I check all pressure relieving equipment is in good working order".

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.

- Most of the people receiving support from the service had capacity and were able to make decisions about their care.
- Where we identified one person lacked capacity, the manager had taken steps to obtain Lasting Power of Attorney (LPA) details from their relative. This allows an individual(s) to make Best Interests decisions for and on behalf of a person who lacks capacity to make their own decisions.
- People and their representatives agreed with their care plans and signed to confirm they were happy to receive care and treatment.

## Using medicines safely

- Staff administered medicines for some people and others had their own arrangements to manage their medicines.
- Before the inspection we had received information reporting medication errors that had taken place. The manager and nominated individual had reported these to CQC and the local authority and had begun their own internal investigation.
- The manager and nominated individual had identified the current medication administration records (MARs) were not clear for staff to follow and needed to be more detailed. A new MAR chart was being implemented following a planned medication training session with staff and agency staff, to minimise the risk of any further medication errors.
- Staffs' competency to administer medicines and accurately complete records was being assessed. One staff member said, "My competency assessment was recently carried out by the nominated individual."

## Preventing and controlling infection

- Staff were trained in safe infection prevention and control.
- Care workers told us they were provided with personal protective equipment (PPE) which was replenished whenever required. One member of staff told us, "I have a car boot full."



### Learning lessons when things go wrong

- Good systems were in place to review feedback and learn from incidents which had occurred in the service. The manager used an electronic software for managing quality and compliance processes. These included incidents and accidents, lessons learned, compliments, complaints, and audits of practices in the service.
- Lessons learned were shared with staff at weekly team meetings. The management team were aware of the need to analyse data to identify necessary improvements to ensure people received good care. One member of staff said, "Information is always being shared regarding clients and improvements being made."
- The local authority had completed a quality audit of the service in April 2022. The nominated individual and manager had completed an action plan to show progress where improvements needed to be made.

# 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. At this inspection 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

- The nominated individual and manager promoted a person-centred culture and had a clear vision for the service. They told us, "We want to see standards embedded before we take on any more packages."
- All staff reported a positive culture, they felt valued and well led by the manager. Staff morale was high despite the challenges they had been faced with adjusting to a whole new management team. One care worker told us, "The new manager is absolutely excellent, couldn't praise him enough. "Another care worker told us, "[Manager], is always at the end of the phone if you're unsure about something, will always call you back, communication has greatly improved. They will come out or you can go into the office."

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 nominated individual and manager understood the duty of candour and their duty to be open and honest about any incident which caused or placed people at harm.
- Systems were in place to investigate and feedback on incidents, accidents and complaints.

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

- The manager understood the requirements to notify CQC of various incidents, so that we could monitor events happening at the service. As part of their development the manager had commenced a management and leadership course as part of their CQC registration.
- Although there were systems in place to monitor the quality and safety of the service through audits such as call time audits, medicine audits, care records and risk assessments, these systems and processes were still being developed by the nominated individual and the manager.
- Staff were clear about their roles. They had person-centred values and worked together as a team.

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

- We received positive feedback from people and relatives about their experiences. One person told us they had received a visit from the care delivery manager, who spent time having a chat with them, getting to know them. A relative told us, "We had a telephone call, then we had a visit from the manager who spent quite a while with [Person] explaining everything."
- Staff told us they enjoyed working at the service, were confident in their roles and responsibilities and

found management approachable. Staff's feedback included that they could call the manager anytime, staff member told us, " [Manager] is very approachable and trying really hard. [Care delivery manager] has been working on making improvements to the rota which is working."

#### Continuous learning and improving care

- The nominated individual and manager were in the process of carrying out quality assurance telephone reviews. Feedback from a relative included, "Things are getting better with [person's] care and hope it gets even better. Carers are doing a brilliant job."
- Formal surveys of staff and people had not been carried out. The nominated individual said this was something they were looking to do in the future.

#### Working in partnership with others

- The nominated individual and manager have been working closely with the local authority to improve quality assurance systems and processes and have developed an action plan to track their progress.