Avant Healthcare Services Limited

Avant Healthcare Services ltd

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

The inspection took place on 17 April 2018. We told the provider two working days before our visit that we would be coming because the location provides a domiciliary care service for people in their own homes and staff might be out visiting people.

At the last inspection of 8 August 2017 we rated the service Requires Improvement in the key questions of Safe, Responsive and Well-led. The overall rating of the service was Requires Improvement. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Safe, Responsive and Well-led to at least 'good'.

At this inspection on 17 April 2018 we found that the necessary improvements had been made and have rated the service Good in all key questions and overall.

Avant Healthcare Services Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community in the London Borough of Hounslow. It provides a service to older adults, younger adults with learning disabilities and people who have physical disabilities. At the time of the inspection approximately 200 people were using the service. The majority of people were older adults, some who were living with the experience of dementia. Some people were receiving end of life care. The provider owns two other branches which are located at the same postal address and provide care and support to people living in other London Boroughs.

The registered manager had stopped working at the service shortly before the inspection. The provider explained that they planned to advertise for a permanent manager. There was an acting manager in post. They had previously worked as the deputy manager at the service. 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 using the service were happy with the care and support they received. They liked their care workers and were usually cared for by the same care workers. People felt their needs were being met and that they were able to discuss their individual needs and preferences.

The staff told us they felt well supported by the management and the provider. They had enough information and training to enable them to carry out their roles and responsibilities. They were invited to meetings where they could discuss how they felt and any concerns they had.

The risks people were exposed to had been assessed and planned for. The provider had procedures designed to safeguard people and protect them from abuse. People received their medicines in a safe way and as prescribed. People felt able to make complaints and felt these were responded to. The provider had systems to learn from mistakes and put things right when they went wrong.

The provider was acting within the principles of the Mental Capacity Act 2005 so that people had consented to their care, or decisions had been made in their best interest by those who knew them best.

People's needs were assessed and care plans had been created to reflect these needs. They were regularly reviewed and updated. People using the service, or their representatives, had been involved in creating and reviewing these plans. Care was provided in accordance with the plans, this included the staff arriving on time and carrying out all the required care and support for each person.

The provider had effective systems for monitoring and improving the quality of the service. These included involving people who used the service and other stakeholders in discussions about how they felt the service could be improved.

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 systems, processes and practices designed to safeguard people from abuse.

The risks to people had been assessed and their safety was monitored.

There were sufficient numbers of suitable staff to support people and meet their needs.

People received their medicines safely and as prescribed.

People were protected by the prevention and control of infection.

Lessons were learnt and improvements made when things went wrong.

Is the service effective?

Good

The service was effective.

People's needs and choices were assessed and care was delivered in line with good practice.

People were cared for by staff who had the skills, knowledge and experience to deliver effective care.

Consent to care and treatment was sought in line with legislation and guidance.

People were supported to access healthcare services.

People were given the support they needed to eat and drink.

Is the service caring?

Good

The service was caring.

People were treated with kindness, respect and compassion.

The service supported people to express their views and be activity involved in making decisions about their care.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People received personalised care which was responsive to their needs.

People's concerns and complaints were listened and responded to so that they could be used to improve the quality of the service

Is the service well-led?

Good

The service was well-led.

There were effective systems for monitoring the quality of the service, making improvements, identifying and mitigating risks.

There were clear lines of responsibility and a management structure which the staff found supportive.

People using the service, staff and other stakeholders were able to contribute their views about the service.

Avant Healthcare Services ltd

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 checked 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.

The inspection took place on 17 April 2018. We told the provider two working days before our visit that we would be coming because the location provides a domiciliary care service for people in their own homes and staff might be out visiting people.

The inspection visit was carried out by two inspectors. Before the visit we contacted people who used the service, their relatives and staff by telephone. Some of these telephone calls were made by an expert-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.

Before the inspection visit we looked at all the information we held about the service. This included notifications from the provider. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. The provider had completed a Provider Information Return (PIR) in March 2018. The PIR 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 looked at the last inspection report and the provider's action plan showing us how they would make the required improvements to the service.

We contacted the local authority contracts monitoring team and they shared the report from a quality audit they undertook in February 2018.

We sent out surveys to seven people using the service, seven relatives, one community professional and 114 members of staff. We received five responses.

Before the inspection visit we spoke with 15 people who used the service, the relatives of 11 different people and 10 care workers on the telephone. During the inspection visit we spoke with one more care worker, the acting manager, the human resources manager, a care coordinator, the operations manager and the training and quality manager.

Following the inspection we were contacted by another relative of a person who had used the service.

During the inspection visit we looked at the care records for six people who used the service, recruitment records for six members of staff, information about staff training and support, records of complaints, meeting minutes and records of the providers monitoring and improvement of the service.

At the end of the visit we gave feedback to the managing director, the operations manager, the acting manager and other senior staff who the provider wanted to participate in this part of the inspection.

Good

Our findings

People using the service and their relatives told us they felt safe with the agency. They said that they trusted care workers. Some of their comments included, ''I feel he is safe with [the care worker]. She understands [person] and she takes [them] out shopping'', ''I feel safe as [the care worker] is friendly and asks how I am. She helps me shower and shuts the door to the room where the shower is so it is private. I'm happy enough'', On the whole I feel [my relative] is safe, sometimes language can mean they do not always understand [my relative], but they are never rough'', ''The carers use the key safe, there is no problem'', ''They seem confident using the hoists and moving [my relative]'' and ''I trust [the care workers], I wouldn't have them in my house if I didn't.''

At the inspection of 8 August 2017 we found that care plans and risk assessments had not been reviewed and updated if required following any incidents.

At the inspection of 17 April 2018 we found that improvements had been made. The provider kept a record of all accidents and incidents and how these had been responded to. In addition, all accidents and incidents were analysed and we saw that the provider had made sure care plans and risk assessments were updated following these.

The provider had learnt from mistakes and when things went wrong to make improvements to the service. The senior staff and managers within the organisation organised lessons learnt meetings to discuss incidents, safeguarding alerts and complaints. There were clear records to show when something had gone wrong and the action taken to put things right. In addition, certain incidents had led to changes in procedure to improve the service as a whole as well as changes regarding the way in which individual people were cared for. For example, the introduction of robust risk assessments in respect of any concerns identified during the recruitment of new staff. We also saw how care plans included specific guidance which had been developed following an incident. The provider made sure information was shared with staff and they confirmed they had read and understood this.

At the inspection of 8 August 2017 we found that risk assessments were not always developed to ensure where specific risks related to each person were identified, guidance was provided as to how to reduce any possible associated risks.

At the inspection of 17 April 2018 we found that improvements had been made.

Care files contained risk assessments about the home environment staff visited, including trip hazards, any chemicals used and the use of electrical appliances. The risks associated with people's mental and physical wellbeing, nutrition, skin integrity and assisted moving had been assessed and planned for. The plans included guidance for the staff on how to minimise risk and promote independence. The operations manager undertook regular audits of risk assessments and had reviewed them all. We saw that where they had identified specific needs they had requested the staff complete a risk assessment in relation to these, and these had been created. Risk assessments included directions for staff about how to respond to certain emergency situations, such as a person falling.

People using the service and their relatives told us that risks were appropriately managed. One relative described how the staff assisted their relative to move using equipment and they said how professional they were, always making sure the person was safe and comfortable.

The provider had a contingency plan for managing emergency situations. This included giving each person who used the service a level of risk based on their vulnerability and individual needs. They had enough resources and systems in place to make sure people who had been assessed as most at risk received the care they needed in any situation, for example adverse weather conditions. This plan had been successfully implemented during a period of heavy snow the month before our inspection.

At the inspection of 8 August 2017 we found that the provider did not always deploy care workers appropriately to ensure people received visits at the time agreed with them and for the care workers to stay the full length of the visits.

At the inspection of 17 April 2018 we found that improvements had been made. There were enough staff to keep people safe and meet their needs. The operations manager explained that they did not accept referrals for people if they did not have the staff available to care for them. The borough was divided into geographical teams and the staff were expected to work within a small area to minimise travel time. The provider operated an electronic system where the care workers 'logged' in to an automated telephone service on arrival at people's homes. If care workers were more than 30 minutes late, office staff received a notification on the electronic system which they responded to by contacting the care worker to find out why they were late and the person to explain what was happening. The system was constantly monitored both in office hours and during on-call periods.

We saw records of electronic call logs and the majority of care visits were within the agreed times or within a 30 minute variation. People had received written guidance about the possibility of a 30 minute variance when they started using the service, so they were aware. Calls which took place outside of these times had been investigated by the provider. There was information regarding the reason for these and any action they had taken to minimise the risk of recurrence.

People were allocated the same regular care workers for the majority of their visits, although they sometimes had different care workers to cover holidays and absences. People using the service and their relatives confirmed they were happy with their regular care workers and they usually arrived on time. They told us that care workers stayed for the agreed length of time and did not appear rushed. Some of their comments included, "My relative always has the same nice lady which helps [them] and she is usually on time'', ''The regular carer during the week is generally on time but the carers during the weekends can be different times and are often earlier especially in the mornings. It's not really too much of a problem as it's only a bit different", ''The regular carers are good and arrive on time'', ''The two carers in the morning and those in the evening are usually on time and they arrive together. However the lunch visit which is supposed to be between 12-2pm but they often don't get here until after 2pm'' and "They are generally sticking to the

times arranged. There have only been a few late ones and they had the decency to ring me. The two carers arrive together in the same car and it's generally the same group of carers.''

The provider emailed people using the service and their relatives rotas to show them what time visits would take place and who would be caring for them. People confirmed they received these. The staff received their rotas in good time and changes were emailed to them as well as followed up by a telephone call from the office staff. The majority of care visits were planned to be carried out by the same regular care workers each week and the rotas reflected this. The operations manager had carried out additional training and support to help the staff who created the rotas to ensure they were consistent and met the needs of people using the service. The rotas included travel time so that the care workers could arrive on time for each call. Some staff told us they did not always have enough travel time. We saw that the provider had regularly reviewed how travel time was allocated and had responded to requests from staff for more travel time between specific visits. The provider had devised a system to prevent staff leaving early from visits without the permission of people. The people we spoke with were satisfied with the amount of time staff spent with them.

The provider had appropriate procedures for the recruitment and selection of staff. They had a human resources department who carried out pre-employment checks on all staff. These included formal interviews, completion of an application form with a full employment history, references from previous employers, proof of identity and eligibility to work in the United Kingdom and also checks on any criminal records through the Disclosure and Barring Service. The managers and staff involved in recruitment had received training from an external company who specialised in assessing the risks of any member of staff who had a past criminal conviction. The provider had developed comprehensive risk assessments and action plans for staff who this applied to. We saw that appropriate checks had been carried out within the staff files we examined. We also saw that the provider had investigated any discrepancies within staff applications to work for them. There were appropriate plans in place for the induction and support of new staff and these reflected information gathered during their recruitment.

The provider had procedures regarding safeguarding adults and whistle blowing. The staff had training in this when they started working for the provider and annual updates. In addition, safeguarding adults was discussed during team and individual staff meetings. The staff we spoke with understood the procedures and were able to tell us how they would respond to allegations of abuse. The provider had responded appropriately to safeguarding alerts, working with the local safeguarding authority and others to investigate concerns and protect people from further abuse. The staff told us that the managers and senior staff operated an 'open door' policy and that they felt able to share any concerns they may have in confidence.

People received their medicines as prescribed and in a safe way. Since the last inspection the provider had revised and updated their medicines policy and procedures. All of the staff had received training in this area and had their competency at administering medicines regularly assessed. We saw evidence of this. The provider had also supplied additional training for senior staff about how they would monitor medicines management.

People using the service and their relatives told us they were happy with the support they received with medicines. Medicine administration records were reviewed by senior staff every fortnight and any discrepancies were acted upon. We saw evidence that medicines errors or recording errors were investigated and action taken, such as providing additional training for staff and/or taking disciplinary action.

Care plans included information about medicines and risk assessments which outlined any risks associated with the medicines people were prescribed. The assessments were up to date and relevant, giving guidance

for staff in the safe management of medicines.

People were protected by the prevention and control of infections. Staff received training in this area so that they understood the importance of good hygiene procedures. They were provided with gloves, aprons and shoe covers. People told us that they always wore these and that they washed their hands. Checks regarding this were made by senior staff when they carried out spot checks and assessments of care workers. These were recorded.

Good

Our findings

People's needs and choices had been assessed by the provider before they started using the service. The provider's senior staff met with people and their representatives to discuss their needs. The provider used appropriate risk assessment tools to identify areas where people required additional support for their safety. The information about people's needs was recorded into care plans. These assessments and care plans were emailed to the person, or, where appropriate, their representatives, for their approval and agreement.

People were cared for by staff who had the skills, knowledge and experience to deliver effective care and support. New staff spent four days undertaking classroom based training in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. The care workers were then required to shadow experienced workers for a minimum of four days, depending on their experience. Senior staff assessed their competencies before they were able to work without support. The senior staff carried out regular checks, including spot checks (unannounced assessments), face to face individual and team meetings and appraisals of their work. These were all recorded. We saw that the staff had opportunities to discuss their concerns and find out information, as well as the provider assessing whether they were competent.

The staff we spoke with were happy with the induction process. One staff member told us, "I did find it helpful. I was new to caring so it was really important to me to get a good induction. I shadowed other staff until I felt comfortable.''

Training records showed that updates were provided for all staff each year and staff confirmed this. The staff had opportunities for additional training relevant to the care needs of the people they were supporting, for example, using specific equipment and in relation to specific healthcare conditions.

The staff told us they had the information they needed to perform their roles. They were emailed updates of policies and procedures every month. The provider used emails and texts to send the staff important alerts and information and followed these up with phone calls. Each small geographical team of care workers met with senior staff every month to discuss their work. The office staff had weekly meetings with the aim of improving communication and working towards shared goals.

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. We checked whether the service was working within the principles of the MCA and found that they were.

The provider carried out assessments of people's mental capacity and these were recorded. The templates for these assessments had been improved and updated since the last inspection. Information about people's capacity to make decisions was included within care plans, along with guidance for staff about how to enhance the person's understanding and ability to consent. Where people lacked the mental capacity to make certain decisions, this was recorded and decisions had been made in their best interests by those who knew them best and/or their legal representatives.

People's healthcare needs had been assessed and information about these was included within their care plans. The provider had liaised with GPs and other healthcare professionals when needed. For example, there had been instances where people had become unwell or their mobility had changed. The staff had contacted the doctors and relevant healthcare professionals to make sure people received the support they required and this was recorded. People using the service and their relatives confirmed the provider and staff had assisted them to access healthcare services as needed. Some of their comments included, "When I haven't been well they have phoned my [relative] and 111 and they have stayed with me until my [relative] arrives", "They are helpful'' and ''They are always on the ball for example helping manage [my relative's] [health condition], they communicate well and make [my relative] feel safe.''

Some people were supported at mealtimes. They were happy with this support, telling us that the staff prepared food the way they wanted and offered assistance when needed. The staff recorded when they had supported people with meals and reported any changes in their appetite to the office staff so this could be monitored.

Good

Our findings

People using the service told us that the staff were kind, caring, polite and considerate. One person telephoned us to tell us about the two care workers who had supported their relative who had since passed away. They explained that the care workers were ''outstanding'' and ''even came to pay their respects, which was a huge and important gesture.''

Some of the comments from people who used the service and their relatives included, ''The carers all chat to [my relative] and are very friendly'', ''[My care workers] talks politely, all the time talks nicely and if you need more help they are able to provide more help", ''The regular carer is very nice'', ''I have four regular carers and they are all very good, very caring and they just get on with the job'', ''[My relative] loved those carers, there was nothing they wouldn't do for [my relative]'', ''We are all very fond of them'', ''They are cheerful and have a joke'' ''They are all nice and friendly and help me'' and ''They are kind and [my relative] feels at ease with them.''

People told us their privacy was respected. They said that they were asked if they wanted male or female care workers. They explained that care workers provided care in private. One person said, ''They close the curtains and cover [my relative] when washing them.'' Another person told us, ''They always knock on the bathroom door and ask if I am ready.''

People using the service and relatives explained that staff made an effort to understand people's language and culture. Some people did not speak English as a first language. The operations manager told us they had staff who spoke a range of different languages and could usually match care workers with people so that they shared a common language.

People were involved in planning their own care. Their preferences and interests were recorded in care plans and they were given copies of the plan to agree before it was finalised. People told us that the care workers offered them choices and respected their decisions when providing care.

Some people explained that the care workers supported them to maintain their independence and do as much for themselves as they could. This was demonstrated in care plans which outlined the skills people had and what they wanted to do for themselves.

Good

Our findings

At the inspection of 8 August 2017 we found that care plans were not individualised enough to identify how the person wished their care to be provided.

At this inspection of 17 April 2018 we found that improvements had been made. The provider had organised for all field based managers, who were responsible for writing care plans, to receive training on how to write personalised care plans. They had reviewed and updated all care plans. The operations manager had undertaken audits of these and had advised the managers where improvements were needed to make these more personalised. The care plans we viewed included personalised information which outlined individual care needs and how to support people.

People using the service and their relatives told us that they had received copies of their care plans and felt they reflected their needs and preferences. People said that plans were regularly reviewed and they had opportunities to meet with field based managers to discuss changes in their needs. We asked staff what would happen if someone's care needs increased and the allocated time to spend with them was no longer enough. Care staff told us this was reported to care co-ordinators who assessed the situation and referred on to the local authority if necessary for further assessment.

Care plans were recorded on an electronic system and were emailed to the person using the service, their relatives and staff. Information had been clearly recorded. The care plans included information about the person's aspirations, things they could do for themselves, expected outcomes from the care and anything which might make them refuse care. People's interests and a brief summary of their personal history were included. There were detailed instructions for staff concerning the care each person required, incorporating any risks to their wellbeing. There were detailed instructions and guidance for staff in the safe and effective management of these.

People using the service told us that the staff understood their needs and were able to meet these. We spoke with two people who had visual impairments. They explained that the care workers understood about how to support them. One person said, ''The carers understand not to move things around the home. They are good at making sure everything is where it should be.'' Care workers recorded the care they had provided in log books. The field based managers reviewed these and we saw evidence that any discrepancies from the care plans were discussed with the care workers.

People using the service and their relatives knew how to make a complaint. They said that they had regular

contact with the field based supervisors and office staff. They told us that concerns were appropriately addressed. The staff we spoke with were clear about their responsibilities in the management of complaints or concerns. They were aware of the provider's complaints policy and procedures and where to find them. We were told the complaints policy was given to people as part of their initial assessment. People also received information within a customer guide.

The provider had recorded all complaints and concerns and how these were responded to. We saw that the provider had investigated these and sent information about the outcome to the complainant along with an apology and an explanation of the action they had taken to put things right.

Good

Our findings

At the inspection of 8 August 2017 we found that records relating to the care of people using the service did not always provide an accurate and complete picture of their support needs as information was not consistently recorded. We also found that audits did not provide appropriate information to identify areas of the service requiring improvement so these could be addressed.

At the inspection of 17 April 2017 we found that improvements had been made. The provider had updated and reviewed all care plans and risk assessments. They undertook regular audits of the notes the care workers made about how they delivered care. We saw evidence of these audits and action had been taken when discrepancies were identified. The care notes we viewed were accurate, up to date and appropriately detailed.

The provider had a wide range of audits and checks and these were effective at identifying and mitigating risks and improving the quality of the service. These had increased since the last inspection and included audits of medicine administration records, improved training and communication with the staff responsible for audits and shared good practice examples, so the staff could learn from each other. They had also increased auditing of care plans, risk assessments, records of financial transactions, travel time between visits, rotas and late and early starts.

The provider had analysed all complaints, incidents and accidents to identify any trends or areas where practice could be improved. They had shared their findings with staff so that they had a shared understanding about where things had gone wrong and what they needed to do to put things right.

The audits and analysis included detailed findings and guidance about how to improve practice and records. There was evidence that this was followed up to make sure the improvements took place.

There was evidence of continuous improvement since the last inspection. The provider had taken action to address all the concerns we identified in August 2017 and had rectified the breaches of Regulation. They had a clear action plan which was continuously reviewed through management and branch meetings. The provider had also worked closely with the local authority and had responded to the findings of their audit which took place in January 2018. The local authority had identified that some visits took place outside the agreed tolerance time of 30 minutes either side of the planned visit. In response the provider had undertaken an audit of any visits which did not fall within the agreed 30 minutes. They had investigated individual instances and taken action to put things right, thus reducing the risk of reoccurrence.

The provider had also revised and updated some of the policies and procedures, including the medicines policy and procedures for scheduling and reviewing staff rotas, so the information reflected current good practice and guidance.

Most people using the service and their relatives told us they were happy with the service. They explained that they had regular contact with senior staff who reviewed their care and support and asked for their opinions. The staff also explained they liked working for the provider. They said that they felt it was well managed and they enjoyed caring for people. There were opportunities for career development and many of the senior staff had previously worked as care workers for the provider.

The provider's senior leadership team worked closely with the branch and were based in the same offices. This branch, along with the other two branches, was overseen by an operations manager who had worked in the company since its creation. The registered manager left shortly before our inspection. The acting manager had worked for the company for a number of years as the deputy manager of the branch and was familiar with the way the branch operated.

The provider had a clear vision which they shared with people using the service, staff and other stakeholders through regular communication. The acting manager told us they were prioritising making improvements so that the service became more person centred and thinking about ways they could improve communication.

The provider made efforts to involve people using the service and others and to gain their feedback. They asked people to complete surveys about their experiences, they made regular contact via telephone and visiting people and they held forums twice a year where they invited people (and their representatives) to meet and discuss the service. The provider used electronic systems to email news, updates and important information to people using the service and/or their families. There were opportunities for the staff to meet with senior managers during organised drop in sessions where they could visit the office and speak in groups or individually to the provider's leadership team.

The most recent surveys completed by people using the service, relatives and staff earlier in 2018 showed that people felt supported and happy with the service. Where people had identified concerns, the provider had organised to discuss these with the individual to see what they could do to put things right.

People using the service had also been invited to share feedback about individual staff and the provider had created awards for these staff which included who had nominated them and why.

The senior staff kept up to date with changes in legislation and good practice guidance. The provider had organised for all managers within the organisation to undertake training about good leadership and management. The managers also attended local authority run provider forums where they met with other providers to share information and good practice.