

## Advinia Home Health and Care Private Limited

# Advinia Homecare

### Inspection report

Avalon House  
45 Tallon Road, Hutton  
Brentwood  
CM13 1TG

Tel: 01277204453

Date of inspection visit:  
19 August 2019  
20 August 2019  
21 August 2019

Date of publication:  
10 October 2019

### 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

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 it was providing care to 48 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Feedback from people and their families about the quality of support was overwhelmingly positive. A relative told us, "I have real confidence in all the carers who come they really know how to put my family member at ease and they all have a happy disposition."

There were enough staff to meet people's needs and provide safe care. Established rotas worked well however the management of rotas was not as well organised when people's usual staff were off. The provider and registered manager were improving their systems to make sure they could coordinate visits more effectively.

There had been an unsettled period after the service had joined the wider Advinia organisation. There had been minimal impact on people due to the commitment of an established and dedicated staff team. There had been a high turnover of registered managers during this period. A former, long-standing senior care staff member had now become the registered manager and feedback about their leadership was excellent. They knew the service well and so were able to address concerns in a practical manner.

There was now increased input from the provider senior management who were supporting the registered manager to develop more formal structures, especially around checking and reporting on the quality of the service.

There were good systems in place to manage risk across the service, such as effective infection control and detailed person-centred guidance to staff to help keep people safe.

People received their medicines safely and the registered manager was improving the recording to ensure it accurately reflected the support staff provided.

Staff had the necessary skills to meet people's needs. They were well supported by senior care staff to continue developing their knowledge in line with good practice.

Staff worked well with people, families and health and social care agencies to support people's wellbeing.

People had the necessary support to eat and drink in line with their needs and preferences.

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 treated people with respect and compassion. People and families were involved in decisions about their care.

Support was person-centred and adapted well to people's changing need. People who required palliative care were supported by the more experienced members of staff in the service who provided highly personalised support.

People and families were able to complain and know that they would be listened to. The registered manager used feedback effectively to improve the quality of care.

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 02/08/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on our scheduling timetable.

## 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 ●

# 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 Care Act 2014.

#### Inspection team

The inspection team included one inspector, an assistant inspector and two Experts by Experience who made phone calls to people and family members. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

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

This inspection was announced. We gave 48 hours' notice of the inspection as we needed to make sure the right people were available to answer our questions.

Inspection activity started on 16 August 2019 and ended on 21 August 2019. One inspector visited the office on 19 August 2019 and phone calls to people and families took place on 20 and 21 August.

#### What we did before the inspection

We reviewed information we had received about the service. This included safeguarding alerts and statutory notifications, which related to the service. Statutory notifications include information about important events, which the provider is required to send us by law.

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. We used all this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with the registered manager, a supervisor who acted as a deputy manager, two care staff, office staff and the provider's quality lead.

We reviewed a range of records, including three people's care records and medication records. We looked at records relating to the management of the service, including staff files and quality audits.

#### After the inspection

The registered manager sent us information which we had requested. We spoke with health and social care professionals who had contact with this service. We contacted the CQC Corporate Provider Relationship Manager for Advinia (the provider) to understand how this service fitted into the wider organisation, which mainly consists of care homes.

# 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.

People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had attended safeguarding training and knew what to do when they were concerned about a person's safety.
- The registered manager communicated well with the necessary agencies to ensure concerns were investigated thoroughly. Care records showed care staff contacted office staff when they were concerned about a person's safety, and the local authority were alerted.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Care plans provided clear guidance to staff to minimise risk. For example, staff were advised to support a person to remain upright when eating to reduce the risk of them choking.
- When people's needs changed, for instance when their mobility decreased, senior staff ensured the care provided was adapted in response.
- Before the inspection the registered manager told us, "We cannot take risk away completely as this in itself can be harmful if it outweighs the benefits." Our findings confirmed this practical and enabling approach to risk taking.
- The registered manager promoted an open culture where staff communicated well to learn from mistakes and make the service better as a result.

Staffing and recruitment

- People told us staff were generally punctual and stayed the agreed time. A relative told us, "The carers have never once been more than 5 minutes late in all the time they have been coming so we have no complaints."
- Feedback was less positive when usual care staff were not available, and we were told covering staff were less punctual and well organised.
- The provider had invested in an electronic programme to help improve the scheduling and organisation of the rotas. This had not worked well, and the registered manager had decided to revert to paper rotas, which were not always effective when adjustments were needed to regular rotas. The registered manager was resolving this as part of the overall improvements discussed in the well led section of the report.
- There were safe systems in place of the recruitment of staff.

Using medicines safely

- People described how staff supported them safely with medicines, encouraging them to remain independent in this task. One person said, "The carers pop the (medicine) packs for me, so I get my medication and then they fill in the book to say I have taken them."

- A recent audit by the local authority had found the recording of staff support with medicines required improvement. The registered manager had put a clear action plan in place and was already addressing the issues raised.
- The registered manager had found a new form to record medicines administration. They told us they were not satisfied with this form, after trying it out and were looking for a better form. This reflected a passion for continual improvements.
- The registered manager was vigilant and supportive of staff adjusting to the new systems. Senior staff currently checked all medicine record sheets weekly. A senior care staff described their new role to improve the checks on staff competence when they supported people with their medicines.

#### Preventing and controlling infection

- Staff received training in how best to support people to minimise the risk of infection. At a recent team meeting staff had been reminded of the importance of keeping nails short and polish free.
- The provider ensured staff had enough personal protective equipment (PPE) to reduce the risk of cross infection.



# 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.

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

- Care plans had been re-written recently to give staff better guidance. The plans were written clearly and provided staff with the necessary information to support people in line with their needs.
- Positive working relationships with stakeholders gave the registered manager and staff access to best practice guidance, which we saw being implemented throughout our inspection, such as in medicine administration, recruitment and training.

Staff support: induction, training, skills and experience

- Staff had the skills to meet the needs of the people they supported. Matching of people to appropriately qualified staff worked well. A person told us, "I have felt safe right from the first day the carers have been coming as they seem to know exactly what to do for me."
- Staff received training to develop their skills and there were systems in place to check for gaps in knowledge. When a specific incident occurred, the registered manager arranged for a member of staff to be re-trained and also raised the issue at a team meeting to ensure all staff were aware of the required standards.
- Staff told us they were well supported. A member of staff said, "Supervision is a time I can raise any issues, but I haven't had to do that. I am looking to doing more training and the company is supporting me."

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

- Staff supported people to eat in line with their preferences. A person told us, "The carers do all my meals and I always get what I want. Sometimes I only want soup and a sandwich and other times I have a ready meal. Either way I enjoy it."
- Care plans gave clear guidance to staff about people's specific needs. For example, a person required a soft diet to minimise their risk of choking. Although their family prepared all food their care plan still outlined the risk and the specialist agencies involved.

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

- Staff worked well with other agencies, such as district nurses and occupational therapists to ensure people's needs were met.
- As staff knew people and families well they were able to work with them holistically to support their wellbeing.
- Care plans were clear about what care staff were responsible for. There were effective systems in place to

record specific tasks staff carried out, such as weekly catheter care to ensure people received timely care.

#### 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.

- Most of the people receiving support from the service had capacity and were able to make decisions about their care. One person was not able to make decisions about taking their medicines. Their care plan gave staff good advice about reminding them to take their medicine but was not explicit about whether they had capacity. The manager amended the care plan immediately.
- When we spoke with staff they had a good understanding of people's capacity. For example, a member of staff said, "[Person] is fine to make decisions about what they eat or wear, and they families are responsible for their finances."

# 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.

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

- We received some feedback that staff were sometimes rushed, especially when a person's usual care staff were not available. Rota management was being addressed by the manager, as discussed in the safe section of this report. This would minimise the impact of rota changes on the time staff had to support people.
- People told us they usually had the same staff and appreciated the positive relationships they built up. A person said, "I have had the same ones since the start, they have become more like friends."
- Every person and relative we interviewed during our visit told us about how caring staff were. One relative said, "All of them have been so kind and caring towards me."

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

- Care staff described to us how they involved people in the decisions about their care. A relative confirmed care was provided with the person's consent, "I hear the carers telling my family member what they are doing and checking it's ok that they do it."
- The revised care plans were now more person centred and reflected a knowledge of the person's needs. Staff had communicated with people and their relatives, as appropriate, about what they wanted from their service when developing the new care plans.

Respecting and promoting people's privacy, dignity and independence

- The registered manager told us they had not yet managed to recruit any male care staff but this was explained to people joining the service, so they were aware they would be supported by female staff.
- The staff we met during our visit spoke with respect about the people they supported. One person said, "I like to help people to help people to stay within their own homes for long as possible and maintain their dignity." Feedback from people and families confirmed staff treated people with dignity.
- There was a focus on supporting people to remain independent. People told us it was important for them to carry out continue taking care of themselves where possible, with sensitive support from staff. One person said, "I can do a lot for myself, but I have trouble washing my legs, so the carer does this for me."

# 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.

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

- The registered manager was key to ensuring care was planned effectively as they knew everyone at the service well, including people, families and staff. Prior to the inspection we had received some historical concerns raised about a lack of person-centred care. The registered manager was able to describe each incident in detail and the measures put in place to address any issues or to communicate with families and professionals.
- The service offered people choice and were honest about any limitations and worked with people to tailor the support to their specific circumstances. For example, a person told us, "When I started they couldn't offer me the time I wanted but as soon as it became available the carers started to come then."
- There was an excellent process for staff to review people's care to ensure it met people's needs. These reviews were practical, for example they met with a person after they returned from hospital to check how many staff were needed for each visit. Senior staff also checked a few weeks later to ensure care staff were completing the new exercise regime requested by health staff.

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.

- Care plans outlined people's specific communication needs and outlined any additional guidance to staff to ensure people had the same access to information across the service.
- The registered manager supported people to understand information throughout the service by making sure it was written in plain English.

Improving care quality in response to complaints or concerns

- People and families felt able to raise concerns. A person told us, "I needed to ring not so long ago about something, but the manager sorted it straight away and since there has been no problems." A family member told us they had been given details of who to contact if there were any concerns.
- Care was improved in response to complaints and concerns. For example, the process around ordering a person's medicine had been improved after concerns were raised.
- The registered manager had a system to log complaints received formally so they could capture themes.

End of life care and support

- The registered manager told us there had been an increase of referrals from health professionals for short-term support for people who chose to return home from hospital for palliative care. In these instances, the service worked well with health professionals and families.
- We spoke to a member of staff who had been trained at a local hospice and had a compassionate attitude to supporting people at the end of life.
- The registered manager told us the more complex visits were carried out by senior staff, including themselves and often sat outside the regular rotas. This ensured people were supported during this short period by knowledgeable and committed staff. The manager acknowledged this level of involvement from senior staff was not sustainable and would need reviewing if the service grew.

# 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Although this was a newly registered service, many of the staff and the current registered manager had transferred over when the service was purchased by the new provider. This was key to ensuring the people at the service had not been disrupted during this time of change and disruption.
- There had been a high turnover of registered managers until November 2018 when a long-standing senior carer took over the role, which provided the service with stability and continuity. We received extremely positive feedback throughout the inspection about the new registered manager. A member of staff said, "The manager is very easy to talk to. I like it here."
- Staff were clear about their roles and communicated well with the office, which minimised the disruption caused by the failure of the electronic rota system. The registered manager accepted the management of rotas needed to improve before there was an increase in the numbers of people being supported by the service.
- Checks on the quality of care were practical and made the service better. For example, the registered manager and other senior staff worked alongside staff, observing their skills and offering useful advice and mentoring.
- The new provider had increased their visits to the service in 2019, and were involved in driving improvements, such as increased reporting. Provider staff were also reviewing their policies and procedures, which were largely focused on residential care, to ensure they were suitable for a care at home service.

Continuous learning and improving care; Working in partnership with others

- Although the registered manager acknowledged they had a lot to learn about their new role, they were committed to developing their management skills, such as booking on valuable training courses.
- The provider was implementing a new programme to improve oversight at the service. For example, if a person died, the new system would guide senior staff through the actions they needed to take.
- The registered manager had developed an action plan after a recent audit by the local authority. This covered improvements in medicine administration, recruitment processes and systems to check the quality of the service. We could see there had already been improvements, though there was still some work to do, such as finding the most appropriate medicine recording system.
- The registered manager was open about areas for improvement and exceptionally welcoming of feedback from professionals. The stakeholders we contacted confirmed this positive partnership.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- Throughout the inspection we found the registered manager and their team to be committed to the ensuring the needs of the people at the service were central to all they did.
- Feedback from people families and professionals was positive about the support provided by staff. We were assured the registered manager and provider would achieve improvements to promote further the positive outcome for people.

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

- Since the new registered manager had started at the service there had been very few formal complaints and alerts to CQC had decreased. This had been achieved by promoting an open culture at the service where people, staff and families felt able to speak out about any concerns they had.
- The registered manager and care staff were able to describe in detail how they supported people, in line with their individual needs, to promote equal access to good quality care.
- A recent staff survey had highlighted staff felt distant from the new provider, at senior management level. We saw the provider had responded positively and increased the contact with the service.