

Avante Care and Support Limited

Avante Maidstone Branch

Inspection report

29 Turkey Court, Turkey Mill,
Ashford Road,
Maidstone,
ME14 5PP
Tel: 01622 351166
Website: www.avantepartnership.org.uk

Date of inspection visit: 29 October and 4 November
2015
Date of publication: 02/12/2015

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 

Overall summary

This inspection took place on 29 October and 4 November 2015 and was announced.

Avante Branch Maidstone provides care services to people in their own homes mainly in Kent. The care they provided was tailored to people's needs so that people could maintain or regain their independence. This included older people, younger adults and people with complex health needs such as epilepsy, diabetes and physical disabilities. There were 141 people using the service at the time of our inspection.

There was a registered manager employed 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 2008 and associated Regulations about how the service is run.

Staff were trusted and well thought of by the people they cared for. People spoke about the staff in a positive light regarding their feelings of being safe and well cared for. They thought that staff were caring and compassionate.

Summary of findings

The registered manager assessed people's needs and planned people's care to maintain their safety, health and wellbeing. Risks were assessed by staff to protect people. There were systems in place to monitor incidents and accidents.

Staff had received training about protecting people from abuse and showed a good understanding of what their responsibilities were in preventing abuse. Procedures for reporting any concerns were in place. The registered manager knew how and when they should escalate concerns to the local authorities and understood the safeguarding protocols.

The registered manager and staff had received training about the Mental Capacity Act 2005 and understood when and how to support people's best interest if they lacked capacity to make certain decisions about their care.

Working in community settings staff often had to work on their own, but they were provided with good support and an 'Outside Office Hours' number to call during evenings and at weekends if they had concerns about people. The service could continue to run in the event of emergencies arising so that people's care would continue. For example, when there was heavy snow or if there was a power failure at the main office.

Staff were recruited safely and had been through a selection process that ensured they were fit to work with people who needed safeguarding. Recruitment policies were in place that had been followed. Safe recruitment practices included background and criminal records checks prior to staff starting work.

Some people needed more than one member of staff to provide support to them. The registered manager

ensured that they could provide a workforce who could adapt and be flexible to meet people's needs and when more staff were needed to deliver care they were provided.

People felt that staff were well trained and understood their needs. They told us that staff looked at their care plans and followed the care as required. People told us that staff discussed their care with them so that they could decide how it would be delivered.

Staff had been trained to administer medicines safely and staff spoke confidently about their skills and abilities to do this well. If staff needed to use equipment in people's homes, they were trained how to use it and checked it was safe.

The registered manager gave staff guidance about supporting people to eat and drink enough. People were pleased that staff encouraged them to keep healthy through eating a balanced diet and drinking enough fluids. Care plans were kept reviewed and updated.

There were policies in place which ensured people would be listened to and treated fairly if they complained. The registered manager ensured that people's care met their most up to date needs and any issues raised were dealt with to people's satisfaction.

People were happy with the leadership and approachability of the service's registered manager. Staff felt well supported by the registered manager and other staff responsible for leading the service delivery. The registered manager and organisation carried out checks on the quality of the service and audited risk to keep people safe.

Summary of findings

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.

People told us they experienced safe care. The systems in place to manage risk had ensured that people were kept safe. People's risks assessments were relevant to their current needs, equipment was safety checked before use and incidents and accidents were fully investigated to prevent them happening again.

The registered manager and staff were committed to preventing abuse. Staff spoke positively about blowing the whistle if needed.

Medicines were administered by competent staff. Recruitment processes for new staff were robust and staff arrived to deliver care with the right skills and in the numbers needed to keep people safe.

Good



Is the service effective?

The service was effective.

People were cared for by staff who knew their needs well. Staff met with their managers to discuss their work performance and staff had attained the skills they required to carry out their role.

New staff received an induction. Training for all staff was kept up to date. The registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act.

Staff understood their responsibility to help people maintain their health and wellbeing. This included looking out for signs of people becoming unwell and ensuring that they encouraged people to eat and drink enough. People with long term health issues received care from staff who protected their wellbeing.

Good



Is the service caring?

The service was caring.

People could forge good relationships with staff so that they were comfortable and felt well treated. People were treated as individuals, able to make choices about their care.

People had been involved in planning their care and their views were taken into account. If people wanted to, they could involve others in their care planning such as their relatives.

People experienced care from staff who respected their privacy and dignity. Staff we talked with were genuinely compassionate and caring towards the people they supported.

Good



Is the service responsive?

The service was responsive.

People were provided with care when they needed it based on assessments and the development of a care plan about them. The care plan informed staff of the care people needed.

Good



Summary of findings

Information about people was updated often and with their involvement so that staff only provided care that was up to date. Any changes in care were agreed with people and put into their updated care plan. Staff spoke to other health and social care professionals if they had concerns about people's health and wellbeing.

People were consistently asked what they thought of the care provided and had been encouraged to raise any issues they were unhappy about. It was clear that the registered manager wanted to resolve any issues people may have quickly and to their satisfaction.

Is the service well-led?

The service was well led.

The service had benefited from consistent and stable management who were focused on the quality service delivery. This led to sustained and consistent compliance with regulations.

The registered manager was keen to hear people's views about the quality of all aspects of the service. Staff were informed and enthusiastic about delivering high quality care. They were supported to do this on a day to day basis.

There were clear structures in place to monitor and review the risks that may present themselves as the service was delivered and actions were taken to keep people safe from harm.

Good



Avante Maidstone Branch

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 29 October and 4 November 2015 and was announced. The inspection was supported by the Avante community services director as the registered manager was not available on the day of the inspection. The inspection team consisted of an inspector and an expert by experience. The expert-by-experience had a background in caring for elderly people and understood how this type of service worked.

Before the inspection, we looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to

tell us by law. Before the inspection, the provider completed a Provider Information Return (PIR). 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 spoke with 15 people about their experience of the service. We spoke with ten staff including the Avante community services director, the Avante pharmacy advisor, two senior carers, and six care workers to gain their views about the service. We asked six health and social care professionals for their views of the service. We spoke with the registered manager after the inspection.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at ten people's care files, 15 staff record files, the staff training programme, the staff rota and medicine records.

At the previous inspection on 24 July 2013, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Is the service safe?

Our findings

People we spoke with told us they had confidence in the service and felt safe when staff were in their homes delivering care. People said, “My carer makes me feel safe when she is here”.

People had consistent care from regular staff. All of the people we spoke with reported that staff stayed for the allotted time and finished what was required of them. One person said, “They (staff) are as regular as clockwork”. Some of the things that made people feel safe was the reliability and consistency of staff calling to their homes. People said, “Just having the same carers makes me feel safe as they know me well”. If there was a change in the staff calling, for example due to sickness, staff informed people so that they would know. People confirmed this, they said, “If staff were going to be late they would have informed us”, Another said, “They don’t run late”.

The service had procedures in place and provided training for staff so that if they were asked to take on the administration of medicines for people they could do this. Staff we talked with told us in detail how they supported people safely when dealing with medicines.

Staff followed the provider’s medicines policies and the registered manager checked that this happened by spot-checking staff when they were providing care. (Spot checks are unannounced supervisions of staff in the field.) A pharmacist had oversight of the medicines policies, keeping them up to date with best practice and to ensure safety was maintained. The majority of people were independent with their medicines. People who received support from staff with their medicines told us that they were given their medicines as required by their GP. People who received support from staff to administer medicines told us this worked well for them, saying, “Staff wait whilst we take the medicines”.

The medicine administration record (MAR) sheets showed that people received their medicines at the right times. The system of MAR records allowed for the checking and recording of medicines, which showed that the medicine had been administered and signed for by the staff visiting the persons home. Staff were clear that if there had been

any changes to people’s medicines or they were unsure about anything to do with medicines they would seek advice from a manager or field supervisor. This protected people from potential medicine errors.

Safe working practices and the risks of delivering the care were assessed and recoded to keep people safe. Environmental risks were assessed and equipment was checked by staff before they used it. For example, lighting and working space availability. Staff told us how they had been supported by the registered manager to get equipment in people’s homes repaired quickly if they reported it was faulty.

People were kept safe by staff who understood and received training about the risks relating to their work. The registered manager had ensured that risks had been assessed and that safe working practices were followed by staff. For example, people had been assessed to see if they were at any risk from falls or not eating and drinking enough. If they were at risk, the steps staff needed to follow to keep people safe were well documented in people’s care plan files. We found as soon as people started to receive the service, risks assessment were completed by staff as a priority.

Incidents and accidents were fully investigated by the registered manager to ensure lessons were learnt and steps were taken to prevent them from happening again. The provider had a policy that gave details of how the registered manager would monitor incidents and accidents. Reported incidents had been fully recorded with actions taken to reduce the risk. For example, guidance was given to staff after a recent medicines error and further training had been provided. Staff knew about the policy for reporting incidents and accidents and followed this. Accidents and incidents were logged onto a computer system so that they could be audited by the provider.

Staff supported people in the right numbers to be able to deliver care safely. Some people needed to be cared for in bed because of their illness and required more staff time to carry out their care. We could see that people had been assessed for this. We could check the assessment against the staff rota and saw that two staff were allocated to ‘double handed calls’. Staff doing these calls we talked with told us they worked as teams of two and that this worked well. People’s daily notes showed that two staff had attended their call.

Is the service safe?

The registered manager understood how to protect people by reporting concerns they had to the local authority and protecting people from harm. Staff followed the provider's policy about safeguarding people and this was up to date with current practice. Staff were trained and had access to information so they understood how abuse could occur. Staff understood how they reported concerns in line with the providers safeguarding policy, if they suspected or saw abuse taking place. Staff gave us examples of the tell-tale signs they would look out for that would cause them concern. For example bruising. Staff understood that they could blow-the-whistle to care managers or others about their concerns if they needed to. (Blowing the whistle enables employees to contact people with their concerns outside of the organisation they worked for, like social services.)

People's care could continue if there was disruption to the service, for example in periods of extreme weather conditions. The registered manager used a system to assess and prioritise people who could not make other arrangements for their care if staff could not get to them. For example, most people had someone else living with

them who could make them drinks and prepare food or telephone for help in an emergency. This meant that the service could focus its resources into getting staff to the people most in need. All of the people would receive regular telephone calls from the team in the services offices to make sure they were okay. This protected people's continuity of care.

People were protected from the risk of receiving care from unsuitable staff. The registered manager followed a policy, which addressed all of the things they needed to consider when recruiting a new employee. Applicants for jobs had completed applications and been interviewed for roles within the service. New staff could not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding. Staff told us the policy was followed when they had been recruited and their records confirmed this.

Is the service effective?

Our findings

Staff understood people's needs, followed people's care plan and were trained for their roles. All the people we spoke with told us that their main carers were competent and skilled and did all that was required of them. People said, "I could not wish for a better carer" and "My carer is skilled in the way that she puts me into bed, she puts me in the middle first and then supports me". Another said, "My carers are highly trained but I am lucky enough to be having the same ones who know me well".

Staff understood the care they should be providing to individual people as they followed detailed care plans. Care plans were left at people's homes for staff to follow and staff confirmed to us that these were in place and kept up to date. People told us that staff followed their care plan and we saw that this was checked by the registered manager through spot checks on staff.

The care people received was fully recorded by staff. We could see that staff notes of care delivered reflected the care required in people's assessment of need. For example, an exercise programme put into place by a clinical specialist physiotherapist to reduce foot pain had been supported by staff and this was recorded. Staff told us they read people's care notes before they started delivering care so that they were up to date with people's needs. Staff were provided with hands on practice so that they could use equipment safely.

This service was not providing food and drink to most people. However, where staff were helping people to maintain their health and wellbeing through assisting them to prepare meals, we found that people were happy with the food staff cooked for them. One person said, "I choose what I want to eat and they will prepare it for me". Staff told us how they did this in line with people's assessed needs. Staff described to us how they leave food/snacks and drink within reach for people before they left a call. Food hygiene training was provided to staff.

Staff had received training in relation to protecting people's rights. This prepared them for any situation where they may think the Mental Capacity Act (MCA) 2005 needed to be considered as part of someone's care. For example, if people developed dementia and were no longer able to understand why the care was provided or their safety at home could not be protected. People had recorded their

consent to receive the care in their care plan and staff gained verbal consent at each visit. Gaining consent from people before care was delivered happened routinely. People were free to do as they wished in their own homes. Records demonstrated that the registered manager had a good understanding of the Mental Capacity Act (MCA) 2005. There was an up to date policy in place covering mental capacity.

When people needed referring to other health care professionals such as GP's or district nurses, staff understood their responsibility to ensure they passed the information onto relatives so that this was organised or they assisted the person to call themselves.

Staff records demonstrated that new staff were provided with training as soon as they started working at the service. They were able to become familiar with the needs of the people they would be providing care for. They had a mentor and supervisor who took them through their first few weeks by shadowing them. New staff needed to be signed off as competent by the registered manager at the end of their induction to ensure they had reached an appropriate standard.

The registered manager supported staff to have the skills and support they needed to do their jobs well. Staff received a comprehensive induction when they started working for the service. Staff told us they had completed shadow shifts and an induction when they started working at the service.

The registered manager used a range of methods to ensure that staff could develop the right skills for their role. They provided competency checks for staff which challenged them to say how they would maintain standards in relation to dignity and privacy, administering medicines and keeping people safe. Hands on training was provided in the training room for things like safe moving and handling, using a hoist and moving people with slide sheets or other safety aids. We saw documented evidence that staff attended training in dementia awareness and diabetes awareness. This ensured staff had training relevant to the people they delivered care to.

Staff were observed by a manager at work and were provided with guidance about their practice if needed. People said, "A senior member of staff turns up unannounced to check all is ok". Registered managers met with staff to discuss their training needs and kept a training

Is the service effective?

plan for staff to follow so that they could keep up to date with developments in social care. When the registered manager met with staff they asked them questions about their performance. Staff had been asked how they deal with health and safety concerns. Staff supervisions were recorded and the registered manager gave guidance to improve staff knowledge.

The registered manager had a plan in place to ensure that all staff received an annual appraisal. This gave staff the opportunity to discuss what had gone well for them over the previous year, where they had weaknesses in their skills and enabled them to plan their training and development for the coming year.

Is the service caring?

Our findings

All of the people we spoke with told us the Avante staff were caring. People said, “They are not always the same carers, but they are all very good and really care about me”, and “They (staff) are like one of my family”. Others said, “Staff are very kind and willing”, and “They do what I ask of them I look forward to them coming”. People spoke about having the same staff for more than nine years and described how the staff had become part of their wider support family.

People told us that they experienced care from staff with the right attitude and caring nature. People felt that staff communicated well and told us about staff chatting and talking to them, letting them know what was happening during care delivery. One person said, “They (staff) help me to decide what to wear and get me ready for the day centre”, and “Yes they know me well they even know what I like on my bread”.

Staff wanted to treat people well. When they spoke to us they displayed the right attitude, staff showed genuine concern for people’s wellbeing. Staff told us about the things they did to make sure people had everything they needed before they left their call. For example, if people had access to drinks, food and things like the TV remote control. One member of staff said, “I have time for people, I take care in what I do.” People described that staff were attentive to their needs.

Information was given to people about how their care would be provided. People signed their care plan. Each person had received a statement setting out what care the service would provide for them, what times staff would arrive and information about staff skills and experience. People’s preferred names were recorded in their care plans and staff used these when they addressed people. People

were knowledgeable about the service and told us that there were care plans they could look at in their homes. The care plans enabled them to check they were receiving the agreed care.

People’s right to remain independent was respected and recorded. The care plans clearly identified what people could choose to do themselves and where staff needed to intervene to assist them. What people thought about their care was incorporated into their care plans which were individualised and well written. They clearly set out what care the staff would provide. People could vary the care they received from the service and used a mix of care that suited their needs.

People let us know how important it was for them to be as independent as possible and how staff supported this. People indicated that, where appropriate, staff encouraged them to do things for themselves and also respected people’s privacy and dignity. People told us that staff were good at respecting their privacy and dignity. Staff told us that they offered people choices about how they wanted their care delivered.

People told us they had been asked about their views and experiences of using the service. We found that the registered manager used a range of methods to collect feedback from people. These included asking people at face-to-face meetings during staff spot checks, calling people by telephone to ask their views and sending people questionnaires.

Information about people was kept securely in the office and the access was restricted to senior staff. The registered manager ensured that confidential paperwork was regularly collected from people’s homes and stored securely at the registered office. Staff understood their responsibility to maintain people’s confidentiality.

Is the service responsive?

Our findings

People told us their needs were reviewed and kept up to date. People told us that they had a care plan folder in their home with information in it about their care. All of the people we spoke with told us their care was reviewed at least once a year with a manager from Avante Maidstone Branch. People said, “If I wanted something different they would do it for me I only have to ask”. And, “They keep in regular contact with me, if it’s a new carer coming they will ring and ask me if that’s ok with me”.

People’s needs were assessed using a range of information to develop a care plan for staff to follow. Care plans were individualised and focused on areas of care people needed. For example, when people were cared for in bed their skin integrity needed monitoring to prevent pressure areas from developing. There were pictorial moving and handling risks assessments in place for people with specific needs. These ensured that staff fully understood how to move the person safely. People who were receiving care to regain their independence after an injury or hospitalisation had specific care input targeted to their recovery needs.

Records showed and people told us that they had been asked their views about their care. People told us they had been fully involved in the care planning process and in the reviews of those plans. People said, “The carers regularly chatted about their care and sometimes a senior came out and talked to them about it”. Reviews of the care plans were scheduled in advance, but could also be completed at any time if the person’s needs changed. We could see that care plan reviews had taken place as planned and that these had been recorded. Staff told us care plans were kept up to date and that they checked people’s daily records for any changes that had been recorded. The registered manager reviewed people’s care notes to ensure that people’s needs were being met.

If people asked for changes these were actioned by the registered manager. At their reviews, people had asked for copies of their staff rota. We saw that this had been

actioned and were shown the weekly rota post out list demonstrating people were sent a copy of their staff rota if they wanted one. People told us they received copies of their staff rota.

Staff protected people’s health and welfare by calling health and social care professionals if people were unwell and by assisting them in managing their long term health needs. Staff told us about recent incidents where they had called the emergency services when they found people unwell when they arrived for their call and after people had told them they had fallen. Staff told us about contacting the district nursing team for people who had problems with their catheters. Health and social care professionals were confident that staff were managing people’s care in relation to percutaneous endoscopic gastroscopy (PEG) tubes, inserted into people’s stomachs so that food, fluids and medicines could be introduced.

There was a policy about dealing with complaints that the staff and registered manager followed. This ensured that complaints were responded to.

All people spoken with said they were happy to raise any concerns. People told us that they got good responses from the office staff if they contacted them to raise an issue. There were good systems in place to make sure that people’s concerns were dealt with promptly before they became complaints. There was regular contact between people using the service and the management team. The registered manager always tried to improve people’s experiences of the service by asking for and responding to feedback.

There were examples of how the registered manager and staff responded to complaints. There had been 16 complaints since the start of 2015. There had also been 11 compliments received about the care provided. Complaints had been logged, investigated and the outcomes recorded. When necessary the registered manager had formally apologised to people if the service they had received fell sort of the standards expected.

Is the service well-led?

Our findings

People told us that the service was well run. Of the 15 people we spoke with, eight told us they rated the service as good and six as outstanding. People told us they could not think of anything that the registered manager and her team could do better.

The registered manager had been working at the service for two years. They had continued their training and development whilst in post. The registered manager was supported by a team of care coordinators and senior field care supervisors.

The registered manager had carried out quality audits of the service. These audits assisted the registered manager to maintain a good standard of service for people and consistently meet the legal requirements and regulations associated with the Health and Social Care Act 2008, and Care Act 2014. Care plans, risk assessments and staff files were kept up to date and reviewed with regularity. Records showed that the registered manager responded to any safety concerns and they ensured that risks affecting staff were assessed. For example, lone working risk were minimised by assessment.

The aims and objectives of the service were set out and the registered manager of the service was able to follow these. Staff told us they aspired to the advertised care philosophy of being Supportive, Personal, Attentive, Relationship Centred, Kind, Listening and Enabling or (SPARKLE). Staff had received training and development to enable this to be achieved. Staff values and behaviours were on every supervision agenda for discussion. Staff were committed and passionate about delivering high quality, person centred care to people. We spoke with staff who were well supported and who had regular and effective communications with their managers.

Managers met with staff to get their views about the service. Staff meetings led to improvements in people's care and promoted a better understanding for staff of their job roles within the care teams. These meetings, whether group or individual, gave managers and staff the opportunity to discuss issues affecting their work. Staff told us that these meetings were useful and that they were listened to. For example, at the October team meeting staff had asked for more in-depth training about catheter and stoma care. The registered manager told us that staff

received training about catheter and stoma care in their induction, however in response to the request from the staff, further training was being organised and a further meetings about this were taking place in November. When we spoke to staff they confirmed that a meeting and further training was being arranged.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service. Staff told us they understood the organisations policies about keeping people safe and when they would use these.

The registered manager was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team. The registered manager understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.

The manager, and other senior staff provided leadership in overseeing the care given and provided support and guidance where needed. Feedback about the service was indicative of a well led service. People spoke positively about the service and felt that it was well led. People told us about how managers from the office kept in touch with them. The service delivery schedules were detailed and clear for staff to follow.

The registered manager used their learning from audits and events to develop comprehensive plans which set out how the service would develop over the coming year. Their audit of the service had highlighted areas that required improvement and they had started working on this. For example, the registered manager was working on changes to the medicines administration and recording in community services, using published practice research and their organisations pharmacist advisor. This meant that the service was keeping up to date with good practice.

Area managers were kept informed of issues that related to people's health and welfare and they checked to make sure that these issues were being addressed. Complaints and incidents were monitored by area managers and they had

Is the service well-led?

responsibility for ensuring that they were signed off when they were satisfactorily resolved. Complaint responses had been quality checked which supported the organisational learning culture at senior management level.

Our discussion with the manager confirmed there were systems in place to monitor and review any concerns about abuse, accidents, incidents and complaints. Accident audit reports provided an analysis of accidents and identified any themes. Audits included responsive actions and lessons learnt.

People were asked for their feedback more formally by questionnaire, these were sent out annually. Satisfaction rating with the service were high. People's thoughts were collated and areas for improvement were fed back to the service. People were contacted by telephone as part of the quality checking process. They were asked about their satisfaction with their care and if they would like any changes. People's comments included, 'I get a good service, staff are helpful and polite', and 'I give the service ten out of ten, I am happy with the service.'