

Avanta Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

This was an announced inspection carried out on the 16 August 2016. This was the first inspection of the service since they became a newly registered service, due to a change of address in August 2014.

Avanta Care provides services to meet the needs of individuals who live in their own homes and need support or care to assist and support them in maintaining or improving their independence.

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

The majority of people who used the service told us they were happy with the support they received from the service and were treated well. They told us they felt safe with the staff and the care they were provided with.

Most people we spoke with told us the service was reliable, visits were never missed and staff were rarely late. All the staff and the registered manager demonstrated a commitment to providing good quality person centred care.

Staff had received training in safeguarding adults. They were able to tell us of the action they would take to protect people who used the service from the risk of abuse. We found there were systems in place to protect people from the risk of harm and appropriate recruitment procedures were in place.

Staff received training in administration of medicines and systems in place ensured people received their medicines safely. However, we recommended some improvements were made to the records of medication administration to ensure instructions for medications were always clear.

Where needed people who used the service received support from staff to ensure their nutritional and health needs were met.

There were policies and procedures in place in relation to the Mental Capacity Act 2005 (MCA) and staff showed they understood how to ensure their practice was in line with the MCA.

Care and support was provided by appropriately trained staff. Staff received support and supervision to help them understand how to deliver good care.

Systems were in place to monitor the quality and safety of service provision and we found there were appropriate systems in place for the management of complaints. People we spoke with told us the service was well managed and well organised.

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 not consistently safe.

Overall, there were appropriate arrangements for the safe handling of medicines and people received their medication safely.

Staff had a good understanding of safeguarding and how to appropriately report abuse. Risk was assessed well and managed in order to keep people safe.

There were appropriate staffing levels to meet the needs of people who used the service and their recruitment was robustly managed.

Requires Improvement ●

Is the service effective?

The service was effective.

People were cared for by staff who were well trained and supported to effectively meet people's needs.

The registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act.

The service provided good support with meals and healthcare when required.

Good ●

Is the service caring?

The service was caring.

Support was provided by staff who were kind and respectful.

Staff knew the people they were supporting well and were confident good care was delivered.

Staff showed a good understanding of and were able to explain the different ways in which they helped to protect people's privacy and dignity.

Good ●

Is the service responsive?

Good ●

The service was responsive.

People's support plans were informative. They provided staff with enough information to meet people's diverse and individual needs.

There was evidence that individual choices and preferences were discussed and identified with people who used the service.

The service had systems in place to manage complaints.

Is the service well-led?

Good ●

The service was well- led.

The registered manager was familiar with individual care needs and knew the people who used the service well.

Staff said they felt well supported by the registered manager and said the agency was well led.

There were effective systems in place to monitor and improve the quality of the service provided.

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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 16 August 2016 and was announced. The provider was given short notice because the location provides a domiciliary care service; we needed to be sure that someone would be in the office. The inspection was carried out by one adult social care inspector and 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, providers were asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed all the information we held about the service, including previous inspection reports and statutory notifications. We sent out 19 surveys to people who used the service, their relatives, staff and community professionals. Seven were returned to us. We have included the responses from surveys in the inspection report. We contacted the Local Authority and Healthwatch. We were not made aware of any concerns by the Local Authority. Healthwatch told us they had no information on the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were seven people receiving the regulated activity of personal care from the service. We spoke with the registered manager during our visit to the office. Following the visit to the provider's office we carried out telephone interviews with two people who used the service, three relatives of people who used the service and three care staff delivering care to people who used the service. We spent time looking at documents and records related to people's care and the management of the service. We looked at five people's support plans and four people's medication records.

Is the service safe?

Our findings

The majority of people who used the service told us they felt very safe with their care workers and enjoyed a good relationship with them. One person said, "Yes I feel safe, very much so, very glad to see them." People said they were overall treated well. One person said they didn't feel staff were always as confident as they would like. Another person said, "Yes, I feel safe with them in my house."

The support plans we looked at showed risks were assessed appropriately and managed to ensure people remained safe while independence was encouraged and promoted. Staff were aware of risk management plans and said these were updated regularly or whenever people's needs changed.

The registered manager and staff told us all members of staff received training in recognising the possible signs of abuse and how to report any concerns. Staff showed they were aware of the action to take should they suspect someone was being abused and they were aware of the provider's whistleblowing policy. Staff felt confident any concerns they reported would be addressed by the management team. One staff member said, "I know for definite this would be taken very seriously and dealt with properly."

There were effective recruitment and selection processes in place. We looked at recruitment records of four care staff. We saw appropriate recruitment and identification checks were undertaken before staff began work. These checks helped to make sure job applicants were suitable to work with vulnerable people and included Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records and persons who are barred from working with vulnerable people. Written references had been obtained prior to staff commencing work and these were obtained from the staff member's last employer to show evidence of previous good conduct.

We found staffing levels were sufficient to meet the needs of people who used the service. The registered manager said staffing levels were determined by the number of people who used the service and their specific needs. They said they were constantly reviewing their recruitment situation to ensure they had staff available to meet people's needs or respond flexibly to changes in need.

The majority of people who used the service and relatives we spoke with reported no issues with the punctuality of staff. One person said, "They come every morning at the right time." People said staff stayed the right length of time for their visits. One person said, "They usually arrive on time but they don't work by the clock but stay until they have finished what they are doing." Another person said, "Up to now they are pretty well on time and leave at the right time."

People we spoke with told us they, or their family member, received care from familiar or regular care workers. Comments we received included; "There is a regular team, one young lady is exceptionally good" and "We have a regular carer and a different one for holidays, she's nice as well." Some people said there had been staff changes with one person adding this had not upset them.

Staff said they were always introduced to people before they began providing care. One staff member said,

"It's so important to meet people first; gives a chance to get to know someone and get things right for them from the start."

In our survey, 100% of people who used the service said they received care and support from familiar, consistent care and support workers, that support workers arrived on time and stayed for the agreed length of time.

The provider had policies and procedures relating to the safe administration of medication in people's own homes. The registered manager told us staff did not assist people with their medicines until they had completed appropriate training and their competency checked. We saw staff training was up to date. The provider's policy did not include the difference between the prompting of medication and the administration of medication. The registered manager agreed to update this in the policy to ensure staff had the guidance they needed. Staff confirmed they received training in medication management and described their practice when they administered medication to people and when they assisted people by prompting them to take their own medication. They said this was covered in their training.

We saw arrangements were in place in relation to the recording of medicines. For recording the administration of medicines, medicine administration records (MARs) were used. We saw for one person a new medication had been introduced and this had been added to the MAR but not the person's support plan. The registered manager agreed to rectify this to ensure instructions for its use were clear. This person also had a medication that was sometimes dispensed by two different trade names. The registered manager agreed this could lead to confusion and said they would review this with the person, their family and the GP.

In the PIR, the registered manager said, 'Medication is administered by competent and trained staff, RM checks all MAR records monthly. Care staff complete daily logs which are spot checked by the RM of the service.' We saw MAR charts were completed when medications were administered and daily logs showed where people were prompted to take their medication. However, the registered manager said they had got behind with the monthly checking of the MARs and therefore these had not been done for the last few months. They were aware of the need to get back on target with these and said they had checked medication procedures and administration when undertaking spot checks on staff.

Staff said they felt confident and trained to deal with emergencies. They said they would have no hesitation in calling a GP or an ambulance if they thought this was needed. The registered manager told us the provider operated a 24 hour on call system. Staff said there was always someone to call if they had any emergencies. Staff were aware of the need to report and record any accidents or incidents and told us the procedures they would follow.

Is the service effective?

Our findings

The majority of people who used the service and their relatives were happy with the attitude and training of their carers. One person said, "My carers are on the ball." In our survey, 100% of people who used the service said care and support workers had the skills and knowledge to give them the care and support they needed.

Staff said they received training that equipped them to carry out their work properly. Staff comments included; "It's really good training, meets all your needs and makes you feel confident" and "The training has been very good, very informative and made me feel well prepared."

Staff said they received a good induction which had prepared them well for their role. The registered manager told us they had introduced the Care Certificate for new staff. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Staff confirmed they undertook shadow shifts as part of their induction, which meant they worked alongside more experienced staff and were introduced to people who used the service so they could get to know their needs. One staff member said, "The shadowing was great, meant you could start to build relationships with people and get to know them before going to them on your own; reassuring for everyone, all round."

We looked at staff training records which showed staff had completed a range of training and shadowing sessions. Training was refreshed at set intervals to ensure staff practice remained up to date. These included moving and handling, safe handling of medication, health and safety, first aid, safeguarding, equality and diversity and food hygiene.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. We saw staff received regular supervision and appraisal which gave them an opportunity to discuss their roles and on-going development. Staff we spoke with told us they were well supported by the management team. Staff's comments included; "The manager is readily available, we speak all the time" and "I find supervision very helpful; you get feedback on how you are doing and chance to discuss everything."

The Mental Capacity Act (2005) (MCA) provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make specific decisions for themselves. Staff we spoke with understood their obligations with respect to people's choices and the need to ask for consent prior to carrying out any care tasks. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. We saw people had signed their support plans to show they had consented to care provision and there were statements from people who used the service to say they wanted to have control over the support they received and staff must be aware of this.

Most people we spoke with said the staff asked for permission or approval before supporting people and that there was usually a certain amount of choice about the support given. One relative said, "They always ask for permission and ask him what he wants, he makes his own decisions." A person who used the service said, "I'm in charge I say what I want them to do, if I want to have a shower or not."

The staff we spoke with told us they had completed MCA training and the records we looked at confirmed this was done at induction and refreshed each year. In our survey, 100% of staff said they had received training in and understood their responsibilities under the MCA.

The registered manager told us they provided support to enable people to manage their health care needs. They said times could be flexible to fit in with attendance of appointments or support could be provided to attend appointments with people if this was needed. They also told us they liaised with families and professionals to ensure people received the healthcare support they needed.

The service provided support to some people at meal times. Staff showed a good awareness of people's likes and dislikes and how they liked their meals to be presented. A relative said, "They will make him meals if he hasn't already made one, he's independent like that. They know what he likes and doesn't like."

Staff said they always made sure people had a drink in reach when they finished their call, showing awareness of the importance of good hydration.

Is the service caring?

Our findings

The majority of people who used the service and their relatives spoke highly of the staff and described them as kind and caring. People's comments included; "You would want them to be looking after you", "I think they are properly caring, quite nice girls", "They are friendly and sit and chat about the old days" and "At the end of every session they sit and chat for five minutes over a cup of coffee. They treat him like he is their father, they sit and chat to him about his time in the Second World War." One person said, "Sometimes they are a bit rushed, some chat nicely others not so much."

In our survey a community professional said, 'The carers I have come into contact with have managed to establish a trusting and helpful relationship with clients where many other care agencies have failed. I have been impressed by their ability to establish a rapport and deliver care whilst respecting independence and autonomy.'

People who used the service said they were assisted to maintain their independence and were treated with dignity and respect. A relative told us, "They treat him [family member] with respect without a doubt." In the PIR, the registered manager said, 'People are treated with kindness and compassion; this is evidenced by reviews and observations. Care staff give choices and are fully briefed and able to meet new service users prior to care commencing.' The evidence we looked at supported what the registered manager told us.

Staff spoke of the importance of maintaining independence for people who used the service. They described the way they did this. One staff member said, "It is good for people's sense of pride to feel they can do things for themselves." It was clear staff had developed good relationships with people and spoke warmly about them. Staff said they provided good care and gave examples of how they ensured privacy and dignity were respected.

There was evidence people who used the service or their relatives had been involved in planning their or their family member's care and support needs. A person who used the service told us, "Yes I talked to [name of registered manager] and got it all sorted out at the beginning, I was given choices about the care." A relative said, "I am involved in the care plan, me mum and [name of manager] sorted it out." Support plan records we looked at showed people were able to express their views and choices and were involved in making decisions about their care and support. Support plans gave a clear view of what was important to people such as maintaining independence and keeping to agreed routines.

In our survey 100% of people said they were always treated with dignity and respect and their care workers were caring and kind. We also looked at surveys carried out by the provider in April and May 2016 and saw people's comments were positive and complimentary about the service. Comments included; 'My regular carer is [name of person], she's fabulous in every respect', 'Excellent service with kind caring staff' and 'My carer is first class.'

Is the service responsive?

Our findings

Care records contained clear assessments of people's needs. The registered manager told us prior to people starting to use the service they would receive information about the person's needs and then arrange to meet the person, assess their needs and develop a plan of care and support. A person who used the service told us, "We have discussed my care and what I want." In our survey, 100% of people said they were involved in decision-making about their care and support needs.

The support plans we looked at were, in the main, detailed and personalised to ensure support was provided according to the person's preferences. However, some of the support plans we looked at did not all have enough detail to guide staff on people's care needs. The registered manager agreed to review these plans with people who used the service to ensure the detail was included and people's needs were not missed or overlooked.

In the PIR, the registered manager said, 'Support plans are written in the first person with the needs of the individual uppermost and regular reviews and family contact are carried out to ensure that needs continue to be met. Part of the care plan includes the history of the person to be cared for, this helps with background information. Hobbies and interests are listed.' We found this to be the case.

Staff demonstrated a good knowledge and understanding of the care and support needs and routines of people who used the service. It was clear they knew people well. Staff told us the care and support plans were reviewed on a regular basis to reflect any changes in people's needs. One staff member said, "We are kept well informed, everything is up to date." Another staff member said, "The care plans are very good, informative and clear and always well explained."

People who used the service or their relatives told us they knew who to speak to if they had any concerns or complaints. One person said, "I have a contact number and there is complaint information in the pack." Another person said, "I would just talk to the lady, I talk to her all the time." Most people we spoke with said they had no cause for complaint.

There was a detailed policy and procedure which told people how they could complain, what the service would do about it and how long this would take. It also gave people details of contact telephone numbers of other organisations they could contact if they were not happy with how their complaint had been dealt with. The service had a system for recording any complaints and the action they had taken. We reviewed the complaints log and saw complaints were investigated and action was taken to put things right for people. We also saw apologies were given when complaints were upheld.

Staff we spoke with knew how to respond to complaints, understood the complaints procedure and understood people's right to complain.

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a team of care and support staff. The registered manager also worked alongside staff to deliver people's care. People we spoke with told us the service was well managed and well organised. They told us, "It's well run, very well run", "It's well run, out of five I would give them a six" and "I can't think of anything they could do that they are not doing."

People told us the registered manager was approachable and they had regular contact with them. People's comments included; "I Have talked to the manager she is very approachable" and "I talk to the manager. I am in regular contact by phone or email." People's relatives felt they were kept up to date with changes. One relative said, "I'm kept up to date with slight changes." In our survey, 100% of people said they knew who to contact at the agency if they needed to.

Staff spoke highly of the registered manager and spoke of how much they enjoyed their job. In our survey, a staff member said. 'Avanta is the best care provider I have had the pleasure to work for.'

Staff said they felt well supported in their role and said the registered manager was aware of important issues about the service. Staff said the registered manager was approachable and always had time for them. They said the registered manager worked with them to ensure everyone carried out their job well. One staff member said, "[Name of registered manager] does the work herself so knows what is needed." In our survey, 100% of staff said they would feel confident in reporting any concerns or poor practice to the registered manager.

Staff told us teamwork and communication in the agency was good. They said they had contact most days with the registered manager and were kept well informed of issues that affected the service. In our survey, 100% of staff said they were provided with important information as soon as they needed it. Staff confirmed if any incidents occurred within the service this information was shared to ensure lessons were learnt.

People who used the service and their relatives were asked for their views about the care and support the service offered. The care provider sent out annual questionnaires for people who used the service and their relatives. These were collected and analysed to make sure people were satisfied with the service. We looked at the results from the survey undertaken in April and May 2016 and these showed a high degree of satisfaction with the service. Comments included; 'So far all seems well' and 'We have been very impressed by the quality and frequency of the feedback/information that we have received. Thank you for responding to our concerns so patiently and flexibly and for routinely going the extra mile when caring for Mum.'

The registered manager said any suggestions made through the use of surveys would always be followed up to try and ensure the service was continually improving and responding to what people wanted. No suggestions or changes had been made in this survey.

We saw the provider regularly asked for feedback from people who used the service and family members by carrying out telephone courtesy calls. Again we saw there was a high degree of satisfaction and people were

very complimentary about the service. Comments included; 'Happy with service', '10 out of 10' and 'More than satisfied.' People told us the registered manager kept in touch and made sure they were happy with the service provided.

There was a system of quality assurance in place. The provider took responsibility for ensuring there were effective management systems in place. We saw monthly audits were carried out on staff files and associated documentation such as training. The care records of people who used the service were randomly audited each month. Action plans were developed from these checks with systems in place to ensure actions were addressed promptly. We also saw spot checks were carried out to ensure staff were fulfilling their role properly and people who used the service were satisfied. We looked at some records of spot checks and saw where actions were identified these were addressed to ensure improvements in the service.

We also saw the provider had monthly management meetings. Topics discussed included, staff issues, recruitment, training and needs of people who used the service. We saw any actions resulting from these meetings were signed and dated by the registered manager when completed. We saw that the service had a range of policies and procedures to help guide staff on good practice. The registered manager said these were updated regularly or when there was any change to policy or procedure. The registered manager said they issued staff with a handbook which referred them to the policies and procedures and had recently introduced a system of sending a policy per month out to staff for them to remain up to date.