

Avante Care and Support Limited

Avante Home Care and Support Service

Inspection report

Rear Of 21
Bourne Road
Bexley
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 26 February 2018. We gave the provider 2 days' notice of the inspection as we needed to make sure the manager would be available. This was our first inspection of the service at this location.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service mainly to older adults. Not everyone using Avante Home Care and Support Services receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection the provider was providing personal care to approximately 165 people.

The service had 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 2008 and associated Regulations about how the service is run.

Most of the people we spoke with told us staff turned up on time to deliver care however some people said staff were occasionally late. We saw that the provider had recently developed new systems for monitoring late calls and at the time of the inspection was taking action to reduce the likelihood of late calls occurring.

The service had safeguarding and whistle-blowing procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks took place before staff started work. There was enough staff available to meet people's care and support needs. Risks to people had been assessed and reviewed regularly to ensure their needs were safely met. Staff had received training in infection control and food hygiene and they were aware of the steps to take to reduce the risk of the spread of infections. Medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals.

Assessments of people's care and support needs were carried out before they started using the service. People's care files included assessments relating to their dietary support needs. Staff completed an induction when they started work and received training relevant to people's needs. The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. People had access to health care professionals when they needed them.

Staff treated people in a caring, respectful and dignified manner. People had been consulted about their care and support needs. People were provided with appropriate information about the service. This ensured they were aware of the standard of care they should expect. People could communicate their needs effectively and could understand information in the current written format provided to them however information was available in different formats when it was required.

People received personalised care that met their needs. People were involved in planning for their care needs. They knew about the provider's complaints procedure and said they were confident their complaints would be listened to and acted on. Staff said they would support people according to their diverse needs. There were systems in place to provide people with end of life care and support if and when it was required.

The provider recognised the importance of monitoring the quality of the service provided. They took people's views into account through telephone monitoring calls and satisfaction surveys. They carried out spot checks to make sure people were being supported in line with their care plans. Staff said they enjoyed working at the service and they received good support from the registered manager and office staff. There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it.

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.

The service had appropriate safeguarding adults and whistleblowing procedures in place and staff had a clear understanding of these procedures.

Appropriate recruitment checks took place before staff started work.

Some people told us that staff punctuality could be improved. We found that the provider was taking appropriate action to address this issue.

There was enough staff available to meet people's care and support needs.

Procedures were in place to support people where risks to their health and welfare had been identified.

People were appropriately supported, where required, to take their medicines.

People were protected from the risk of infections.

Good ●

Is the service effective?

The service was effective.

Assessments of people's care and support needs were carried out before they started using the service.

Staff received training relevant to people's needs.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation.

People were supported to maintain a balanced diet and were involved in decisions about what they ate.

People had access to a GP and other health care professionals

Good ●

when they needed them.

Is the service caring?

Good ●

The service was caring.

Staff treated people in a caring, respectful and dignified manner.

People and their relatives, where appropriate, had been involved in planning for their care needs.

People were provided with appropriate information about the service. This ensured they were aware of the standard of care they should expect.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs.

Staff said they would support people according to their diverse needs.

People knew about the provider's complaints procedure and said they were confident their complaints would be listened to and acted on.

There were systems in place to provide people with end of life care and support if and when it was required.

Is the service well-led?

Good ●

The service was well-led.

The service had a registered manager in post.

The provider recognised the importance of monitoring the quality of the service they provided to people. They took into account the views of people using the service through telephone monitoring calls and satisfaction surveys.

They carried out unannounced spot checks to make sure people were being supported in line with their care plans.

Staff said they enjoyed working at the service and they received good support from the registered manager and office staff.

There was an out of hours on call system in operation that

ensured management support and advice was always available for staff when they needed it.

Avante Home Care and Support Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection site visit activity started on 26 February 2018. The inspection was carried out by one 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 we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. The provider had also completed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority responsible for monitoring the quality of the service to obtain their views. We used this information to help inform our inspection planning.

We visited the office location on 26 February 2018. We met with the registered manager four members of staff and area manager. We looked at sixteen people's care records, staff training and recruitment records and records relating to the management of the service. We also spoke on the phone with four members of staff and 24 people using the service to gain their views about working for and receiving care.

Is the service safe?

Our findings

People told us they felt safe. Comments from people included, "I feel safe. "Nothing has ever happened to be worried about.", "The carers treat me very well, I feel very safe.", "Am I safe. Oh yes, they treat me well, couldn't be better. No worries." And "The staff are very helpful and trustworthy."

There were appropriate safeguarding and whistle blowing procedures in place to protect people from abuse. The registered manager demonstrated a clear understanding of safeguarding and reporting procedures. Staff we spoke with understood the types of abuse that could occur, the signs they would look for and who they needed to report any concerns to. Training records confirmed that all staff had completed training on safeguarding adults from abuse. Staff told us they were aware of the provider's whistle-blowing procedure and they would use it if they needed to. A member of staff told us, "I would report my concerns to the office staff and the registered manager. I would use the whistle blowing procedure to report any poor practice. I am confident the managers would deal with issues and keep people safe. If I felt they hadn't I would report the concerns to social services safeguarding team or CQC."

People's views about staff availability and punctuality was mixed. Positive comments included, "The staff are punctual and reliable. I have the same regulars and cover when they are not there.", "Occasionally staff have been late, when someone's had a fall. They've phoned and let me know.", "The staff arrive on time, leave on time, always ask if there's anything else before they go. They're not rushing off.", "The staff always stay the full time and ask if I need anything else before they go.", "The office people are friendly; if someone's late they find out when they are coming and ring back." And, "They stay the full time, are not in a hurry, always ask if they can do anything else before they go." Less positive comments included. "It's ok with the regular staff but when they are off it goes a bit haywire and they come at different times. There are no missed calls but if they're really late I ring them. I wish I didn't have to ring them they should ring me when they're an hour late." And, "I don't know when they're coming; sometimes it can be a lot late or just a few minutes. Sometimes they're early. On the whole I can't say what time they're coming. I never know what time they're going to arriving especially for breakfast it puts me on edge. It should be about 7.30 but sometimes as late as 9.40."

Care coordinators organised staff rotas to meet people's needs. They considered the geographical locations of people and staff and staff availabilities. A member of staff told us, "I live in the same area as the people I support so it's easy for me to get to calls on time." Another member of staff said, "I think there are plenty of staff. If there is a lot of sickness it can be difficult but the office staff can cover calls and we can do extra calls as overtime." The registered manager told us they and the office staff were available to cover emergency short falls if required.

We discussed late calls with the registered manager. We saw that late calls were included on the services continuous improvement plan as an area for development. The registered manager showed us a new system for collating information, analysing trends and taking action to minimise late calls. Where people had received a late call that actions taken had been recorded in people's records, actions included discussions with the member of staff responsible for the calls. Some late calls were dealt with as complaints

and we saw correspondence with complainants and the actions taken to resolve the lateness. Late calls were also monitored through six monthly telephone monitoring calls. We looked at sixteen telephone monitoring call forms, two of which people had said that they had received a late call. The form included action taken to reduce the likelihood of further late calls.

Appropriate recruitment checks took place before staff started work. We looked at the personnel files of seven members of staff. We saw completed application forms that included references to their previous health and social care work experience, their qualifications, health declarations and full employment history. Each file included two employment references, proof of identification and evidence that criminal record checks had been carried out. Records showed that any breaks in employment were discussed with staff during the recruitment process.

Action was taken to assess any risks to people using the service. We saw that people's care files included risk assessments for example on medicines, eating and drinking and moving and handling. Risk assessments included information for staff about action to be taken to minimise the chance of accidents occurring. We also saw risk assessments had been carried out in people's homes relating to health and safety and the environment. The provider had procedures in place for reporting and responding to any accidents and incidents. We saw an accidents and incidents log held at the office. The accidents and incidents were also recorded onto a data base and reviewed by senior managers at the provider's head office. The registered manager told us that they and senior managers monitored incidents and accidents to look for trends in order to reduce the likelihood of repeat occurrence. People told us they could contact the service in an emergency. They had the contact details of the service including the out of hours service. Comments included, "There's never any problem getting in touch.", "Someone always answers the phone.", "Always pleasant on the phone." And, "They go out of their way to help. They do their best."

People were supported where required to take their medicines. The registered manager told us that most people using the service looked after their own medicines, however some people needed to be reminded or prompted and some people required support from staff to apply creams and take medicines. Where people required prompting or support to take their medicines we saw that this was recorded in their care plans. We saw medicine administration records (MAR) completed by staff confirming that people had taken their medicines. We saw audited MAR's in people's care files held at the office. These confirmed that people were supported to take their medicines as prescribed by health care professionals. Training records confirmed that all staff had received training on the administration of medicines and each member of staff's competence in administering medicines had been assessed. This ensured that staff had the necessary skills to safely administer medicines.

The provider had an infection control policy in place. We saw that personal protective equipment (PPE) such as gloves, aprons and foot covers was available in the office for staff. Staff we spoke with confirmed they had access to PPE when required. Training records confirmed that all staff had completed training on infection control and food hygiene.

Is the service effective?

Our findings

People told us staff understood their care and support needs. One person told us, "The staff hoist me onto the bed; they seem to know how to use the equipment. There's been no accidents'. I feel quite safe." Another person said, "Oh yes the staff know what they are doing. They know my limitations." A third person commented, "The new people shadow the experienced ones when they are training; they never send a new one on their own."

Assessments were undertaken to identify people's care and support needs before they started using the service. Initial assessments covered areas such as people's religious and cultural preferences, communication methods, food they liked or disliked, hobbies and social activities, personal care needs, medicines, eating and drinking and moving and handling needs. In some cases they included information from family members and health and social care professionals. These assessments were used to draw up individual care plans.

Staff had the knowledge and skills required to meet the people's needs. Staff told us they had completed an induction when they started work and they were up to date with their training. The registered manager told us that all new staff were required to complete an induction in line with the Care Certificate and training relevant to the needs of people using the service. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. We saw a training matrix which confirmed that staff had completed training the provider considered mandatory. This training included basic first aid, fire safety, moving and handling, administering medicines, infection control, safeguarding adults, health and safety and the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had completed other training relevant to people's needs for example dementia, catheter and stoma care. Staff told us they received regular supervision. We saw records confirming that all staff were receiving regular formal supervision and, where appropriate, annual appraisals of their work performance.

Staff were aware of the importance of seeking consent from people when supporting them to meet their needs. One person told us, "They ask my permission, if it's alright, they do a good job." Another person said, "We get on very well, they do things the way I want, they ask me before they do anything and check I'm ok with it. I'm in control." A member of staff told us, "I would not do something for someone unless it was okay with them. I wouldn't force anyone to do anything if they didn't want to."

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). 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. This provides protection for people who do not have capacity to make decisions for themselves.

We checked whether the service was working within the principles of the MCA. The registered manager told us that most people had capacity to make decisions about their own care and treatment however an

application been made to the local authority to deprive one person of their liberty for their own safety. We saw records confirming that appropriate capacity assessments were undertaken and family members and health and social care professionals had been involved in making decisions on the persons behalf and in their 'best interests' in line with the Mental Capacity Act 2005.

People were supported to maintain a balanced diet and were involved in decisions about what they ate. Where people required support with eating and drinking or cooking meals this was recorded in their care plans. One person told us, "I have trouble swallowing. The staff make me food that's soft and easy to swallow like soup and omelettes." We saw advice from a speech and language therapist was held in this persons care records which included guidelines for staff to follow to support them eat and drink safely. Another person said, "I'm trying to lose weight, I choose fruit and soup. They check I'm getting enough to eat and ask if I want toast or an apple after my Weetabix. I'm happy with the meals and the carers." A third person commented, "The meals are hot and nicely put on the plate and they make my coffee the way I like it and they fill my little kettle up for me before they go."

People told us they arranged for their own appointments with health care professionals and GP's. However one person told us when they were unwell, a member of staff had called an ambulance for them. They said, "I was ill six weeks ago, my carer rang the ambulance. The manager came out to see me too. The carer was very good; they comforted me until the ambulance arrived." Staff told us they monitored people's health and wellbeing, if there were any concerns they would refer people to appropriate healthcare professionals. One member of staff told us, "If I felt I needed to I would call the GP or an ambulance for someone. I would let the office and the persons relatives know and record everything in the person's daily notes."

Is the service caring?

Our findings

People spoke very positively about the care and support they received. Comments from people included, "I'm quite comfortable and happy with them [staff]; they are gentle and kind, very good.", "Oh yes most [staff] treat me like an auntie, very friendly and kind.", "I call them [staff] my little butterflies. I'm on my own and rely on them, they treat me very nicely.", "They [staff] are kind and caring, always have a chat ask me if I'm alright.", "They [staff] watch over me, sort me out, if I'm not well they are concerned, take it all in their stride. They're all happy with their jobs thankfully." And, "They [staff] are kind and caring, they do their best, I've no complaints about the way they treat me. We have a good rapport, a good relationship, a bit of banter. When I lost my partner a couple of years ago they stayed with me to comfort me when I was a bit down." A person's friend told us, "The staff talk to my friend like she is their own gran or auntie and give her a hug goodbye. She always has a good laugh with them."

People said they had been consulted about their care and support needs when they started using the service. One person said, "I remember we had a talk about it at the beginning. My care covers everything I need at the moment." Another person told us, "Someone came around to discuss my care with me. They come quite regularly to review my plan, ask me if everything is ok, and if I have any complaints." A third person commented, "A manager came around after six months and we discussed my care needs again."

People said staff treated them with dignity and respect. One person said, "They are kind and caring. They are polite and helpful, not rude and don't shout." Comments from people about being supported with personal care included, "We work together. I'm independent without being bossy. They encourage me to do as much as I can for myself.", "They chat away and say are you happy? Are you comfortable? What do you want me to do is there anything you want me to do? I feel I'm in charge.", "They always close the curtains and if my relative is around they close the door.", And, "I was horrified at first when washing but they put me at ease straight away. I feel comfortable with them now." Staff told us they maintained people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. One member of staff told us, "I always explain what I am doing as I go along. I cover people up with a towel when I provide personal care so that their dignity is maintained. If family members are around I ask them to leave the room before I start providing personal care."

People were provided with appropriate information about the service in the form of a 'Service user's guide'. The registered manager told us this was given to people when they started using the service. The guide included the complaints procedure and the services being provided to ensure people were aware of the standard of care they should expect.

Is the service responsive?

Our findings

People received personalised care that met their needs. Comments included, "They do three monthly checks to see if I'm happy and everything's ok.", "A manager comes around every six months, checks my care records and asks if I'm ok.", "My care plan is in the book, I can read it if I want. They come around and discuss it with me. The care is appropriate at the moment." And "Someone came the other day to check if I was ok and to make sure that the care records were filled in."

People had care plans and risk assessments in place. These were developed using referral information received from social services, initial needs assessments carried out with people and their relatives in their homes or in some cases when they were being discharged from hospital. The care plans and risk assessments outlined how people's care should be met and included information and guidance for staff about how each person should be supported. Care files also included call times and duration of calls. We saw that care plans and risk assessments were reviewed regularly and kept up to date to make sure they met people's changing needs.

People's care files included information about their religious and spiritual needs. The registered manager told that most people looked after their own diverse needs and none had expressed any preferences that required any specific support from staff. However they told us they and the staff team always respected people's differences and would support any person to do whatever they wanted to do. A member of staff told us, "I treat everyone the same no matter what. Everyone is unique. If I need to support someone from a different background or culture or with different views from mine I wouldn't have a problem with that. This is the job I am paid to do and I love my job."

The registered manager told us there was a matching process in place which ensured that people were supported by staff that had the skills and training to meet their needs. They told us that staff would not be permitted to support people with specific care needs or medical conditions unless they had received the appropriate training. For example staff received training on using hoisting equipment which was used to support people with transfers or mobilise in their homes." A member of staff said, "The training I've had with moving and handling has been particularly good and very helpful. I can move people safely and also look after my back."

The registered manager told us that most of the people could communicate their needs effectively and could understand information in the current written format provided to them, for example the service users guide. Documents could be provided to people with poor eyesight in large print or Braille. They said that if any person was not able to understand this information they could provide it in different formats to meet their needs for example easy read versions or in different written languages.

People told us they knew about the provider's complaints procedure and they would tell care staff or the office staff if they wanted to make a complaint. They said they were confident they would be listened to and their complaints would be investigated. One person told us, "I know about the complaints procedure and would use it if I needed to but I have never had anything to complain about." Another person said, "I know

how to complain if I need to. I am absolutely certain they would deal with any complaint I had the right way." The registered manager showed us a complaints file. We saw that where complaints had been made they had been fully investigated and responded to appropriately.

The registered manager told us that no one currently using the service required support with end of life care. They told us they would follow the provider's procedures and liaise with the local authority in order to provide people with end of life care and support if and when it was required.

Is the service well-led?

Our findings

Comments from people about the running of the service were mixed. Positive comments included, "Very, very happy with the service. I would recommend them anytime.", "Well managed; I am satisfied."; "I'm quite happy and would recommend them.", "I think the service is very well run. I have used three different services and they are by far the best." And, "I think the staff want to provide a good service, they are always, happy polite and helpful." Less positive comments included, "They're not bad but occasionally it's a bit chaotic." And, "It's a really good service I'm satisfied; but late calls are the unfortunate thing."

The provider worked with commissioners in order to make sure people received a safe and efficient service. An officer from one of the local authorities that commissions services from the provider told us monitoring visits had been completed to check client files, staff files and medication. There had been no issues picked up on these visits apart from a couple of actions that had been addressed by the registered manager. They had received positive feedback during client visits. The officer said that overall they had no issues with the provider.

The service had a registered manager in post that knew the service well and were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the registered manager demonstrated good knowledge of people's needs and the needs of the staff team.

Staff said they enjoyed working at the service and they received good support from the registered manager and office staff. There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it. One member of staff told us, "I love my job. If I ever need anything the registered manager, office staff and out of hours staff are always there to help me." Another member of staff said, "I think all the carers are well supported, the manager has an open door policy and I can talk to them any time I need to. It's a really nice team to work with. I love working for Avante."

The provider had effective systems in place to regularly assess and monitor the quality of service that people received. The registered manager carried out monthly audits on areas such as medication, incidents and accidents, care files, internal recruitment, fire safety, staff training, supervision, safeguarding and complaints. We saw a report from an external auditor from a visit carried out at the service in November 2017. The report covered the CQC's key questions safe, effective, caring, responsive and well led. The report recorded a number of areas where improvements were required. We saw an action plan confirming that all of these areas had been addressed. For example a new system was put in place to manage medicines errors. We also saw a continuous improvement plan and action plan for the service. Actions included informing people about changes to care staff when they were on planned leave, collating information regarding late visits onto a late visit spread sheet. Auditing the spread sheet weekly and analysing trends and taking action to minimise late calls and ensuring all staff training was up to date. We saw that the provider had identified that staff training needed to be updated in two courses and we saw that actions were being taken to address these issues.

The registered manager told us accidents and incidents were also discussed at team meeting or with individual staff at the time of occurrence in order make sure people received safe care. Staff said there were regular team meetings and communication within the service was very good. One member of staff told us, "We have three monthly team meetings where we discuss people's needs; any accidents or incidents or concerns and any problems that care staff are having." Another said they didn't always get to team meetings however the registered manager made sure they got a copy of the minutes from the meeting.

We saw records of unannounced spot checks carried out by field work supervisors on staff working at people's homes. A field work supervisor told us they carried out these checks to make sure staff turned up on time, wore their uniforms and identification cards, had access to personal protective equipment and that they had completed all of the tasks recorded in people's care plans. They also asked people and their relatives for their views about the support they were receiving from staff. A member of staff told us, "We never know when the field work supervisors are coming. They make sure we wear our uniforms and identification badges; that we wear gloves and aprons when giving personal care; that we use hoists and administer medicines correctly. They speak with the people we are supporting to see if they are happy with us. They give us feedback afterwards. If they think we need extra training on something they make sure we get it."

The provider took people's views into account through monitoring calls and satisfaction surveys. Six monthly telephone monitoring calls were made to people to ask for their views about the service they were receiving. The completed forms from the calls were held in all of the sixteen care files we looked at. People were asked about how they felt about the service, the quality of support from carer, if carers turned up on time and stayed the full allocated time and if carers were helpful and polite. Everyone commented positively in response to these questions. Two people had said that they had received a late call. The form included action taken by the service. The registered manager also told us that the service user's survey had just been carried out and feedback from people was currently being analysed. They said that when they received feedback from the head office they would draw up a report and an action plan for any areas where improvements could be made to the overall quality of the service.