

Avant Healthcare Services Limited

Avant (Hillingdon)

Healthcare Services Limited

Inspection report

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Tel: 02038050610

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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Avant (Hillingdon) Healthcare Services Limited is a care agency providing personal care and support to people living in the London Borough of Hillingdon. They provide care to adults and children with disabilities and older adults. This includes caring for people with learning disabilities, autistic adults and children. The organisation is a private limited company and there are 2 other branches.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection 43 adults and 26 children were receiving personal care and support.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right Support: The service supported people to have the maximum possible choice, control, and independence. The staff focused on people's strengths so people could have meaningful and active lives. The staff did everything possible to avoid restraining people. The staff supported people to access health and social care support in the community. Staff supported people with their medicines to achieve the best possible health outcome.

Right Care: Staff promoted people's equality and diversity. They understood their cultural needs. Staff were kind and caring. They protected and respected people's privacy and dignity. Staff understood how to protect people from poor care and abuse. The service worked well with other organisations to help protect people. There were enough skilled staff to meet people's needs and care for them safely. People were able to communicate with staff and understand information because the staff met their individual communication needs.

Right culture: People led inclusive lives and were empowered by the ethos and values of the organisation. People were supported by staff who understood about best practice. Staff placed people's wishes and needs at the centre of their work. They valued people's beliefs and choices. Staff felt well supported and respected by managers.

For more information, please read the detailed findings section of this report. If you are reading this as a

separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 10 August 2018)

Why we inspected

We undertook this inspection based on the date of the last inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Avant (Hillingdon) Healthcare Services Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection site visit was conducted by 1 inspector. Another inspector supported the inspection by making phone calls to staff. An Expert by Experience made phone calls to people who used the service and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The registered manager was in charge of all 3 branches. There was also a branch manager responsible for the day to day running of this service.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 13 June 2023 and ended on 20 June 2023. We visited the location's office on 20 June 2023.

What we did before the inspection

We looked at all the information we held about the service. This included notifications of significant events from the provider, as well as information from the local authority and members of the public. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with 5 people who used the service and the relatives of 9 other people. We also spoke with 9 care staff, the deputy manager, the registered manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received feedback from 1 external professional who works with the service.

We looked at the care records for 8 people using the service and 8 staff records. We looked at other records used by the provider for managing the service. These included records of audits, complaints, and meeting minutes.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems to help safeguard people from abuse. The provider had policies and procedures for safeguarding adults and children. Staff had training to understand these. The management team tested staff knowledge and understanding during meetings and group discussions.
- There were suitable procedures to help protect people from financial abuse when the staff helped with shopping. These included clear records of transactions, obtaining receipts and audits by the provider.
- The provider had responded appropriately to allegations of abuse. They had helped to investigate these, worked with other agencies and the safeguarding authority, and put plans in place to protect people from further harm.
- People using the service and their relatives told us they felt safe with the care they received.
- The staff demonstrated a good knowledge about how to recognise and report abuse.

Assessing risk, safety monitoring and management

- The risks to people's safety and wellbeing were assessed and planned for. Senior staff met with people, their families/representatives, and other professionals to discuss their needs and any risks associated with their care and support. They created detailed assessments and plans to manage these.
- Risk management plans covered a range of different risks including those associated with healthcare conditions, moving around, eating and drinking. The risks within people's home environment and equipment they used were also assessed.
- The provider reassessed risks and plans at regular intervals and when people's needs changed.
- Some people expressed themselves with verbal or physical aggression. The provider had worked closely with other professionals to develop plans to show how staff could respond without physical interventions. There were plans to help staff identify when people started to become agitated and to help them to feel calmer or to redirect them. Following incidents, the staff reviewed these plans again in consultation with other professionals. This helped to make sure they adapted their care and approach to best meet people's individual needs.
- The staff did not use any form of physical restraint. They had training to understand how to keep themselves, the person and other safe.
- The staff had been trained to understand how to safely move people and use any equipment they needed.

Staffing and recruitment

- There were enough suitable staff to meet people's needs and to keep them safe. The staff were allocated to work in local geographical areas to minimise travel time between visits. People were usually supported by the same regular care workers who they got to know well.

- People told us care workers arrived on time and stayed for the agreed length of time. Their comments included, "We find them reliable, and they will call to say if they are running late and apologise, they also text 10 mins before they are going to arrive so we can get [person] ready" and "The carers are on time but can be flexible if we need."
- Staff explained they received their rota in advance and were allocated enough travel time between visits. The agency used an electronic call monitoring system. They were able to make sure care workers arrived at the right time. They investigated any incidents when visits were late, exceptionally early, or shorter than expected.
- The provider only took on new care packages if they had enough staff to care for people. They had specialist teams of care workers who had undertaken extra training to meet specific needs. For example, some staff had completed more training and had experience in caring for children and people with learning disabilities, and some had undertaken extra training to understand about end-of-life care. This meant they could allocate experienced and well-trained staff to meet the different needs of people using the service.
- There were systems to help make sure staff were suitable. These included thorough recruitment checks, an induction, and a range of training. The managers checked staff knowledge and competencies throughout and following their induction to the service.

Using medicines safely

- People received their medicines safely and as prescribed. The staff undertook training to understand about the safe handling of medicines. They had their knowledge and competencies regularly assessed and they were observed to make sure they were administering medicines in a safe way.
- The provider used an electronic system for recording when people were administered medicines. This was checked and audited by the management team. When errors were identified, we saw they had taken action to make improvements. They consulted with relevant healthcare professionals and provided retraining for staff.
- There was information about people's medicines needs, including how and when medicines or medicated creams needed to be administered and applied.

Preventing and controlling infection

- There were suitable systems to help prevent and control infection. These included policies and procedures which had been reviewed and updated in line with government guidance during and after the COVID-19 pandemic.
- The staff completed training about infection prevention and control. The management team undertook spot checks where they observed staff to make sure they followed procedures for use of personal protective equipment (PPE), hand washing and good infection prevention and control.
- People using the service and their relatives told us staff washed their hands, used gloves, aprons and masks when needed and cleaned up after themselves. The staff explained they had enough PPE.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. The staff reported and recorded all accidents, incidents, complaints, and other adverse events. These were investigated and changes were made to the service when needed.
- The registered manager discussed examples of learning. These included reviewing and updating the training for new staff around medicines management following medicines errors, reviewing individual care plans and risk assessments with professionals following incidents and making changes to the way staff logged into care visits using the electronic monitoring application.
- The management team shared learning with each other from the organisation's different branches. This enabled them to improve practice across the whole organisation.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed before they started using the service. The provider used a range of assessments based on best practice guidance to identify the level of care people needed and the risks associated with care.
- People using the service and their representatives were consulted as part of the assessment process. Assessments were used to help develop care plans and were regularly reviewed and updated.

Staff support: induction, training, skills and experience

- People were cared for by staff who were well trained and supported. The staff completed an induction which included a range of training and shadowing experienced workers. Their skills and knowledge were assessed by managers to make sure they understood and could implement the training.
- People using the service and their relatives told us they felt staff were appropriately trained. A person commented, "I feel the carers have experience and know what they are doing, they are good at using the equipment; and they are kind and professional."
- Staff explained they had found training useful. Some of their comments included, "The training is excellent, and we can ask for extra training if we are interested in something" and "I have been supported to undertake qualifications in health and social care."
- All staff completed training to help them understand how to work with people with learning disabilities and autistic people. The provider was looking at a more comprehensive training package regarding this to help staff improve their skills and knowledge.
- The staff took part in regular individual and team meetings. They were well informed about their roles and had the opportunities to discuss any professional development. The management team carried out appraisals. They also conducted observations of staff providing care to make sure this was good quality. We saw the provider had taken action to help improve staff skills and knowledge when shortfalls were identified.
- Staff told us they felt well supported. Their comments included, "Supervision is great, I can go to [my manager] with any concerns" and "I feel appreciated for my work."

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

- People who needed support to eat and drink were given this. Care plans included information about people's dietary needs and any risks relating to these needs.
- When people required support, this was part of their care plan. Staff recorded when they had given people food and drink and this was monitored to make sure care plans were followed.

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

- People's healthcare needs were monitored and met. Care plans included information about people's healthcare needs and any interventions or support they required. The staff had responded appropriately when people had become unwell, alerting medical professionals.
- The staff worked closely with a range of health and social care professionals to monitor and meet people's needs. They followed guidance, had relevant training and information from specialists who supported people, such as tissue viability nurses and paediatric therapists. They agreed plans together to help make sure people received the right care and support. The staff also alerted professionals when people's needs changed, or something went wrong.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The provider was acting within the principles of the MCA. People had consented to their care and treatment and the staff knew to offer choices and gain consent at each visit.
- The provider had consulted with people's families and representatives to help make decisions in their best interests when they did not have the mental capacity to make these decisions.
- The staff had training to understand about the principles of the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated and supported. They had a good relationship with the care workers who supported them. They told us care workers were kind and considerate. They knew them well and enjoyed their company.
- Some of the comments from people using the service and their families included, "I have found the carers to be very good, kind and helpful", "They are polite and friendly", "They make sure [person] is a bit pampered", "The carers are brilliant" and "All the carers are friendly and sociable."
- The care workers told us they enjoyed caring for people with comments which included, "I look forward to seeing people" and "I get attached to my customers."
- People's individual social needs, culture and religion were recorded within care plans. These were respected and the agency tried to match staff who shared interests or a similar background where possible and if people requested this. People were asked if they preferred same gender care workers, and this was respected.
- Staff undertook training about equality and diversity. There were clear procedures to help ensure there was no discrimination.

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

- People were able to express their views and make decisions about their care. They were consulted when care plans were developed and reviewed. Known preferences and wishes were recorded and care workers offered choices during each visit.
- People told us they felt listened to and their wishes were respected.
- A professional explained to us, "[Person] is always given a choice. The staff follow [their] wishes even if [they] make unwise decisions."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. They told us care was provided in an appropriate way and they felt staff respected their privacy.
- People were supported to do things for themselves and be independent where they were able. Information about what they wanted and could do for themselves was included in their care plans.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which met their needs and reflected their preferences. People using the service and their relatives confirmed this. A professional told us, "[Person's] needs are definitely met. They go above and beyond for [them]. The staff follow care plans set out by professionals."
- The agency developed care plans based on initial assessments, professional guidelines and discussions with the person and their representatives. These were comprehensive and were regularly reviewed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. Some people did not use words to communicate, spoke in different languages or had other barriers to communication. The agency liaised with other professionals to assess and plan for these needs.
- The staff used various resources to help support good communication, including objects of reference, pictures and social stories for people who needed these. Social stories are short descriptions of a particular situation, event or activity, which include specific information about what to expect in that situation and why.
- The staff spoke with us about some of the work they undertook to support people who could not use words to communicate. Their comments included, "For some people we have devices where people can blink to make words", "We use our common sense and knowledge of people to understand body language and gestures", "For one child, we have a little book which they can point to, and this tells us what they want". "We offer simple choices like 2 items of clothing, so people can show us what they want to wear" and "I use gestures and pictures to help people understand what I am telling them or asking them."
- The agency produced information in different formats or languages for people who needed this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The agency supported some people, especially children, with different leisure activities at home and in the community. There were individual plans, including assessments of risk, to help make sure these activities were personalised and reflected what each person wanted to do.

End of life care and support

- People being cared for at the end of their lives received personalised care and support. One of the managers and a team of care workers had undertaken specialist training to help them have a better understanding of this type of care.
- When people needed support at this time, the staff worked closely with other professionals and the palliative care teams to provide care and support. One member of staff told us, "I am proud of the palliative care work we have done. We have worked closely with people's families and provided physical care as well as reassurance and support for their mental health."

Improving care quality in response to complaints or concerns

- There were systems for investigating and responding to complaints and concerns. People using the service, their relatives and staff knew about these.
- We saw complaints had been investigated and action had been taken to make improvements. The provider monitored all complaints and looked for themes or whether any general learning could be embedded following these.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture which was person-centred. People using the service and their relatives told us they were happy with the agency and would recommend it to others. Some of their comments included, "I have already recommended them" and "They have been good, and we are pleased with Avant."
- Staff felt well supported and were happy working there. They told us the management team were approachable and they enjoyed working with people and their families.
- The provider had received several compliments about individual staff and the service. They shared these with the staff. Some of the recent comments they had received included, "[Care worker] goes above and beyond", "Thank you for the outstanding care", "[Care worker] helped make [person] feel comfortable" and "[We have a] wonderful carer."
- The provider had created a series of awards for staff. People using the service, staff and other stakeholders could nominate a staff member for their work.
- The staff knew and understood the company values. The management team involved the staff in reviewing and updating these to make sure they reflected how they all felt about the company.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour. We saw they had apologised when things had gone wrong, taken action to investigate these and to explain what had happened and how they would improve things to those who were important.
- The provider notified CQC of any adverse events affecting the service or people.

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

- The service was suitably managed. The registered manager oversaw the running of all 3 branches of the organisation. There was also a branch manager and a team of senior staff responsible for the day to day running of this branch. The management team were supported to undertake care management qualifications.
- The provider internally promoted staff to senior positions. They provided coaching and mentored staff to help them gain knowledge, skills, and experience. They also supported staff to undertake a range of additional training. Some of the senior staff were qualified trainers and delivered training to others. The staff told us they had opportunities to undertake extra roles and work towards promotion if they wanted.

- There were suitable policies and procedures. Staff knew and understood these. They were supported to understand regulatory requirements as well as their roles and responsibilities. The provider had created some staff 'champion' roles to lead on specific areas of the service and promote good practice.
- Staff told us they felt well supported and valued by the management team. Some of their comments included, "I feel supported and have a strong voice. I have a great management team and can ask for advice" and "They are very supportive and if I contact them, they reply straight away."

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

- The provider engaged with people using the service and others. They carried out regular wellbeing checks, telephone calls and visits for people and staff. They held forums for people using the service and staff meetings to discuss the service. They also asked people to complete satisfaction surveys. They collated and analysed all feedback, which was discussed by the management team so improvements could be made to the service.
- The provider valued people's diverse needs. They had a staff who spoke a range of different languages and from different cultural backgrounds. Where possible they matched staff with people to help make sure people felt supported by staff who understood their language and needs. The provider had supported people to attend places of worship and adjusted hours of care visits to help make sure people could observe religious practices.
- The provider had a staff member allocated to take a lead role on their work with autistic people and people with learning disabilities. They drew from staff personal experience and asked them to share their expertise. They had also employed a volunteer with additional needs who supported them with office work.
- The provider issued a newsletter, available for all stakeholders, to keep them updated about the service.

Continuous learning and improving care

- There were effective systems for monitoring and improving the quality of the service. These included regular audits, feedback from stakeholders and learning from things that had gone wrong.
- The provider was able to demonstrate how they had developed the service because of these systems. They closely monitored all aspects of the service and involved others when discussing changes and how they should improve.

Working in partnership with others

- The staff worked closely with others to help make sure individual needs were being met. They consulted with other professionals to implement best practice. A professional told us, "We have a very good partnership with these carers; we have direct contact numbers and emails of the manager who communicates with us on a regular basis with any concerns or for joint visits. They follow the care plans set out by us and the specialists well and report any issues promptly."
- The management team liaised with other care providers and organisations to share ideas and learn from each other.