

Avante Care and Support Limited

# Avante Home Care and Support Service

## Inspection report

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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

### About the service:

Avante Home Care and Support Service is a domiciliary care agency providing personal care and support for people in their own homes. The agency provides care and support for people in the Kent area. This included older people, people with learning disabilities, mental health, physical disability and sensory impairment. At the time of our inspection, 134 people were receiving personal care from the agency.

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

### People's experience of using this service:

People told us they were safe with the staff that supported them. People were kept safe by staff who had been trained to meet people's needs. The new manager and staff knew what their responsibilities were in relation to keeping people safe from the risk of abuse.

Care plans contained detailed risk assessments. Risk to people's health and wellbeing were addressed and mitigated. Environmental risk assessments were also in place, which identified and reduced any environmental risks to people and staff.

Robust recruitment processes continued to be in place. This prevented unsuitable staff from working with vulnerable adults. People told us staff were reliable and consistent. Staff were skilled in carrying out their role. The manager ensured staff were appropriately trained.

People told us they felt at ease with staff. People were cared for by staff who treated them with kindness, dignity and respect. Staff were committed to providing person centred care and respected people's individual preferences.

People's needs were assessed prior to receiving a service including their protected characteristics under the Equalities Act 2010.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

At the time of the inspection, the service had a new manager in post who was undergoing registration with the Commission and was effectively overseeing the day to day running of the agency.

The service had an effective system in place to assess, monitor and improve the quality and safety of the services provided. Staff told us there was an open culture where they were kept informed about any changes

to their role. Staff and people told us the manager was approachable and listened to their ideas and suggestions.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The last rating for this service was Good (published 21 June 2017).

Why we inspected:

This was a planned comprehensive inspection.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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** ●

# Avante Home Care and Support Service

## **Detailed findings**

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection 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.

#### Service and service type:

Avante Home Care and Support Service is a domiciliary care agency which provides personal care and support for people in their own homes.

The service did not have manager registered with the Care Quality Commission at the time of the inspection. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### 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 manager would be in the office to support the inspection. We visited the office location on 03 and 05 March 2020. We carried out telephone calls to people and their relatives on 03 March 2020.

#### What we did:

We reviewed information we had received about the service since registration. This included details about incidents the provider must notify us about, such as abuse or when a person dies. The provider was not

asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

During the inspection, we spoke with ten people who used the service, four relatives, three care workers, two field care officers and the manager.

We reviewed a range of records. This included five people's care records, risk assessments and medicine records. We also looked at five staff files including their recruitment and supervision records. We reviewed records relating to the management of the service including; quality assurance records and a variety of policies and procedures implemented by the provider.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We received the training data, and service user guide, which were sent to us in a timely manner.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the care staff. One person said, "I feel safe. They do wear the uniform and ID badge."
- The provider continued to have safeguarding systems in place, including safeguarding and whistleblowing policies and procedures to safeguard people. Members of staff confirmed they had read these. The manager demonstrated their knowledge on how to report abuse to the local authority and CQC if required. They had previously notified both the local authority and CQC of safeguarding concerns.
- Staff had received training on adult safeguarding and understood their responsibilities to record safety incidents, raise concerns and near misses, and to report them internally and externally, where appropriate. A member of staff said, "Safeguarding is making sure people are safe, environment is safe and making sure everyone is working safely and protecting people from abuse. If and when I suspect an abuse for example. I will inform my manager and can inform social services."
- Staff told us they felt confident in whistleblowing (telling someone) if they had any worries. A member of staff said, "If we think the manager is not acting in the best interest of the person or there were untoward practices, to report it to the highest authority in the organisation and I can go to CQC, social services."

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

- Risks to people's health and wellbeing were proactively assessed and managed. People's care plans contained risk assessments linked to their support needs. These explained the actions staff should take to promote people's safety, while maintaining their independence and ensuring their needs were met.
- Potential environmental risks and hazards such as uneven surfaces, appliances and trailing wires within people's homes had been adequately identified in initial assessments and controlled.
- Incidents, accidents and near misses were documented and monitored to ensure there was opportunities for lessons learned. These were reviewed monthly by the manager. Lessons learnt were feedback to staff in order to improve the service provision.
- Policies and systems were in place to ensure that incidents were recorded actioned including late or missed calls. The manager told us that these were analysed monthly.

Staffing and recruitment

- People's needs, and hours of support, were individually assessed. Staffing rotas showed there were enough staff deployed to meet people's needs. Staff were given enough travel time between visits which enabled them to meet people's needs safely without rushing.
- People and staff had access to an out of hours on call system manned by the field care officers and the manager.

- Staff were recruited safely, and checks were thoroughly completed. The provider maintained safe recruitment procedures that enabled them to check the suitability and fitness of staff to support people. This protected people from new staff being employed who may not be suitable to work with them.

#### Using medicines safely

- Medicines continued to be safely managed and administered. People that required support to manage their medicines received them safely. Each person had specific guidance for staff to follow, detailing the support that was required to take their medicines, such as prompting.
- Staff had received medicines training. Yearly medicine administration competency checks were carried out.
- Medicines administration records (MARs) were completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed. These were audited by the manager regularly.
- The service had policies and procedures on the administration of medicines, which provided guidelines for staff. Medicines administration was an agenda topic at staff meetings.

#### Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection. For example, the manager had sent out memo to all staff reminding them to wash their hands frequently due to the Coronavirus outbreak.
- Personal protective equipment such as gloves and aprons were used by staff to protect themselves and the person from the risk of infection. People we spoke with confirmed this.
- Staff were trained in infection control and understood their role and responsibility for maintaining high standards of cleanliness and hygiene.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- People's capacity to consent to care and support had been assessed and recorded. For example, people had signed and consented to the care that was provided by the service.
- The manager and staff had received MCA and DoLS training. They understood people had the right to make their own decisions about their care.
- People confirmed to us that staff always asked for their consent before doing anything. One person said, "They do ask me before they do anything."

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

- The manager continued to carry out an initial assessment with people before they started providing care and support. People were fully involved in the assessment process. A relative said, "I was present when the initial assessment took place."
- Records showed initial assessments continued to consider any additional provision that might need to be made to ensure that people's protected characteristics under the Equality Act 2010 were respected. This included, for example, if they had any cultural or religious beliefs or needs which needed to be considered when planning for their support.
- Information gathered at the initial assessment stage was used to develop people's individual care plans. These were developed over time as staff got to know people and their relatives.

Supporting people to live healthier lives, access healthcare services and support

- People told us staff supported them to maintain good health, including contacting healthcare professionals on their behalf if necessary. Comments included, "The carer has phoned the doctor and the office when there has been a health problem. The office then phoned my daughter." and "The carer has phoned the district nurse for me before."

- Care plans showed that healthcare formed part of their initial assessments, which were taken into consideration before care provision started.
- The manager told us any concerns highlighted by staff were referred to relevant professionals, such as GPs. We saw evidence of this in people's care plans.

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

- Care plans included a nutrition and hydration risk assessment and guidance for staff on people's dietary requirements. For example, one person with diabetes had guidance developed for staff about what they should eat and should not eat.
- Staff demonstrated that they understood the importance of following set guidelines in place. They followed people's care plans which detailed the support they required with eating and drinking. One person confirmed this and said, "I can only have liquid or soft food; it is prepared by the carers."
- Staff received training regarding nutrition and diet, so they had the knowledge to support people to eat healthily.

#### Staff support: induction, training, skills and experience

- People and relatives felt staff were well trained. One person said, "I think the carers have the right skills and experience." A relative said, "I can recommend the company because they have good quality carers with good training."
- New staff received an induction when they started working at the service. Inductions were role specific and covered an introduction to the service as well as an overview of the tasks that each member of staff was required to complete as part of their role. For example, equality and diversity, understanding dementia, safeguarding and human rights, MCA 2005 and DoLS as well as health and safety. New staff worked alongside other experienced staff. A member of staff said, "When I started, I did a week induction which covered training. I did shadowing with an experienced staff before going out on my own."
- Staff had completed the appropriate training needed to enable them to deliver care safely and effectively. This included completing 'The Care Certificate'. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Care staff were offered the opportunity to complete a formal qualification during their employment. For example, the Qualifications and Credit Framework (QCF) in Health and Social Care, which is an accredited qualification for staff working in the care sector.
- Staff told us they received good support from the manager. A member of staff said, "My last supervision was in January 2020. I am able to open up to my manager and I do get supported. Everyone is supportive." Evidence showed that staff had monthly supervision meetings and annual appraisals with the manager. Supervision enabled staff to discuss their work and identify further training needs.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; equality and diversity

- People and their relatives told us that staff treated them well and they are caring. One person said, "I am very pleased with the carers; they will do anything for you and always ask if there is anything else required before leaving. They are very kind and very polite." Another said, "The carers are very caring and went above and beyond." A relative said, "The carers are excellent: they are kind, caring and helpful. They look after my relative well."
- Staff knew the people they were supporting well. A relative confirmed this and said, "Luckily, we pretty much have regular carers, which is good."
- People's care records contained information about their background and preferences, and staff were knowledgeable about these.
- People's care records contained information about equality and diversity and met the requirements of the Equality Act 2010. People's religious, spiritual, cultural and lifestyle choices were considered.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Relatives informed us people were able to express their views. A relative said, "It is the best part of my relative's week when the carer comes. She talks about such things as his friends and the weather."
- People and their relatives told us staff treated them with dignity. One person said, "I don't have a problem regarding my privacy and dignity." A relative said, "They treat my relative with dignity. They encourage him to have a bath but let him get in and out on his own. They encourage him to wash the rest himself and have a shave. This helps him keep his independence."
- People were supported to express their views regularly and were involved in making decisions about their care and support. Staff understood the importance of respecting people's individual rights and choices.
- Care records promoted people's right to independence and focused on what people were able to do for themselves. A relative said, "The carers let my relative do as much as they can for themselves. Having carers means they can stay in our home."
- The manager was aware of the General Data Protection Regulation (GDPR); this is the law regulating how companies protect people's personal information. People's care records and files containing information about staff were held securely in locked cabinets in the office. We observed in the office that computers were password protected to ensure only those authorised to do so could access them.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans included people's individual preferences and interests, personal history and staff understood these. A care staff said, "In each home, people have a care plan. I read the care plan at every visit."
- Each person had a designated care staff who covered all their daily needs. Staff were matched with each person they supported. A relative said, "There is one particular carer with my mum, who they particularly like; they are kind and caring, happy and sings."
- Detailed daily records of visits were kept by staff. Records included personal care given, well-being, concerns to note and fluids taken. These records ensured good communication between staff, benefitting the care of the person.
- Care plans were reviewed with people at least every six months but may be more frequent based on people's needs. One person said, "My care plan was reviewed yesterday." A relative also confirmed this and said, "The care plan for my relative is reviewed with me about every six months." A care staff said, "Care plans get reviewed as and when necessary. If there is a change, it is updated. I read the care plan daily. For example, someone with dementia, I need to know updates regularly."

Improving care quality in response to complaints or concerns

- People knew who to contact if they were concerned about anything. One person said, "I complained to the office a few weeks ago about them changing carers and being late." Records showed that this complaint had been investigated, actioned and resolved satisfactorily to meet the person's needs by the manager.
- The service had received four formal complaints in the last 12 months, and these had been investigated and satisfactorily resolved.
- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern.
- The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services and the local government ombudsman.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The manager told us that they made documents available to people they supported in different formats such as large print if needed.
- Service user guides were in user friendly formats with pictures, which made them person centred.
- People's communication needs had been assessed and staff knew how to communicate with people

based on the assessment. The assessment asked people how they would like to be communicated with, such as verbally, in writing, in person or to be translated into another language. This gave people the choice of how to be communicated with.

#### End of life care and support

- The service was not supporting anyone at the end of their life. However, previously they had supported people and 'My wishes' care plans were completed. A field care officer said, "The family, hospice and GP sit together to complete this. We had the hospice working with us. We had direct contact with the MedOCC palliative care team (MedOCC deals with urgent care problems when GP surgeries are closed). We use them for advice if when needed."
- The manager told us that they had in depth conversations with people and their relatives about end of life plans. Advanced care plans contained these conversations and people's preferences for end of life care.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had appointed a new manager who started in December 2019. The new manager was going through the process of registering with the Commission. They told us they had recently received back their DBS check and was in the process of completing their application when we inspected.
- There were effective systems in place to monitor the quality of the service. A range of quality audits such as care plans, medicines, spot checks and staff files were in place and completed. When shortfalls were identified, an action plan was put in place, this was reviewed and signed off when completed by the manager. This meant that the new manager had a robust system in place for monitoring the quality of the service.
- Registered bodies are required to notify CQC of specific incidents relating to the service. These notifications would tell us about any important events that had happened in the service. The manager told us they understood this requirement.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had clearly displayed their rating at the service and on their website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- One person said, "I have recommended the agency. In the main they have really good carers that care."
- Staff told us the new manager encouraged a culture of openness and transparency. A member of staff said, "I found them very good. It has been unsettling when we did not have a manager. New manager and everyone in the office had been supportive. Things have settled down now with new office staff and new manager. The door is open." Another said, "We have had big changes now both managers and office staff. They are getting to know everyone. They are professional with visions of what they need to do. This is a good organisation to work with."
- There was a positive focus on supporting staff to communicate and express their views. A member of staff said, "They are good. I feel I can easily approach with problems and they do listen to me. For this place, we have got a good team work."
- People and their relatives told us they were fully involved in both the development and review of care and support.

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

- Staff told us that they were able to share their ideas and felt listened to. A member of staff said, "Management is alright, they do listen and if I have any problem, they do sort it. There is always someone at the end of the phone."
- Feedback was sought from people, relatives and staff regularly. The manager told us that they asked people and their relatives about their care every time they visited them. People and relatives, we spoke with confirmed this. Records showed comments made by staff had been actioned. For example, staff asked if they could have lighter uniforms for the summer. The new manager had purchased light weight uniforms for summer use, and these will be issued in the spring to staff.
- People were asked for their views by telephone monitoring, in writing and by visits from senior staff. They provided feedback about the service received. Feedback received showed people were satisfied with care and support received.

Continuous learning and improving care; Working in partnership with others

- The manager told us they kept up to date with best practice and developments. For example, they regularly attended events to learn about and share best practice such as a series of local workshops held by the local authority for care providers.
- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's care.
- The manager worked with people, their relatives and healthcare professionals to meet the person's needs.