

Avant Healthcare Services Limited

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Inspection report

Vista Business Centre - 6th Floor, Block B
50 Salisbury Road
Hounslow
Middlesex
TW4 6JQ

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Ratings

| | |
|---------------------------------|-------------------------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Inspected but not rated |
| Is the service caring? | Inspected but not rated |
| Is the service responsive? | Inspected but not rated |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

This report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the Provider.

About the service

Avant Healthcare Services Ltd is a domiciliary care agency providing personal care and support to people living in their own homes within the London Borough of Hounslow. The service can care for older and younger adults, children under the age of 18 years, people with disabilities and people living with dementia. At the time of our inspection 63 people were using the service.

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 and what we found

People using the service and their relatives were happy with the care they received. They told us they had good relationships with individual care workers. They were involved in making decisions about, planning and reviewing their care and they told us the agency met their needs.

People were safely cared for. There were appropriate systems to manage medicines in a safe way. The risks to people's safety and wellbeing had been assessed, planned for and were monitored.

There were enough suitable staff employed to care for people. The care workers arrived on time and people were usually supported by the same familiar care workers. There were effective systems to monitor whether calls took place on time and as planned.

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.

People's care needs were assessed and planned for. Care plans were clear and appropriately detailed. They included information about people's preferences and interests. The agency regularly reviewed these, with people using the service, to help make sure they were relevant and continued to reflect people's needs.

There were effective systems for managing the service and monitoring quality. These included regular reviews of people's care, meetings with staff and engaging with people using the service and other stakeholders to hear their views.

The provider responded to complaints, accidents, incidents and safeguarding alerts in an appropriate way, learning from these and making sure people were protected from harm.

The provider promoted positive social values, working closely with others and within the local community.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The rating at the last inspection 17 April 2018 (Published 18 May 2018) was good.

Why we inspected

This was a planned pilot virtual inspection. The report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the COVID-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the Provider.

The pilot inspection considered the key questions of safe and well-led and provide a rating for those key questions. Only parts of the effective, caring and responsive key questions were considered, and therefore the ratings for these key questions are those awarded at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Avant Healthcare Services ltd on our website at www.cqc.org.uk.

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?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Inspected but not rated

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to effective.

Is the service caring?

Inspected but not rated

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to caring.

Is the service responsive?

Inspected but not rated

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to responsive.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

Avant Healthcare Services Ltd

Detailed findings

Background to this inspection

The inspection

As part of a pilot into virtual inspections of domiciliary and extra-care housing services, the Care Quality Commission (CQC) conducted an inspection of this provider on 12 October 2020. The inspection was carried out with the consent of the provider and was part of a pilot to gather information to inform CQC whether it might be possible to conduct inspections in a different way in the future. We completed this inspection using virtual methods and online tools such as electronic file sharing, video calls and phone calls to gather the information we rely on to form a judgement on the care and support provided. At no time did we visit the provider's or location's office, as we usually would, when conducting an inspection.

Inspection team

The inspection was conducted by an inspector, an assistant inspector, a member of the CQC medicines inspection team, an Expert by Experience and CQC support services. 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The provider had already consented to be part of this pilot project. We gave 48 hours' notice of the inspection so the provider could share the documents we needed to view.

What we did before the inspection

We looked at all the information we held about the service which included notifications of significant events and other contact with the provider and stakeholders.

We spoke with the quality assurance representatives at the London Borough of Hounslow to if they had any feedback about the service.

During the inspection

We spoke with 15 people who used the service and relatives of 6 other people who used the service by telephone. We spoke with the registered manager, nominated individual and other senior staff who worked at the agency. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We asked care workers to complete written feedback for us about their experiences, although we did not receive any responses. We were not able to speak with any care workers by telephone.

We looked at the care records, including information about medicines, for 12 people who used the service, the staff recruitment, training and support records for 10 members of staff and other records used by the provider for managing the service. These included records of complaints, safeguarding alerts, incidents and accidents, compliments, quality monitoring, audits and meeting minutes.

Some of the inspection was conducted using video conferencing and telephone calls. We also viewed records the provider had shared with us remotely.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at additional information around how medicines were managed.

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.

Using medicines safely

- There were systems in place to manage medicines safely.
- Staff received appropriate medicines training and followed a medicines policy that reflected national guidance.
- People's needs were assessed for the support they required to take their medicines safely.
- Staff completed medicines administration records (MAR) when they supported people to take their medicines. Managers checked that MARs had been completed correctly and discussed any discrepancies with staff for them to learn these. Staff sometimes handwrote people's medicines onto MAR charts. The length of a short course of medicines was not always recorded. We discussed this with the registered manager who agreed to ensure this information was recorded in the future.
- The service had links with healthcare professionals for additional support if needed including support for people at the end of their lives.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes designed to safeguard people from abuse. These included up to date policies and procedures, which were regularly reviewed. The staff undertook training about how to recognise and report abuse. Information about this was also shared with people who used the service, staff and other stakeholders.
- The provider had worked closely with the local safeguarding authority to make sure allegations of abuse were investigated, learnt from and people were protected from further abuse.

Assessing risk, safety monitoring and management

- People told us they felt safe with the agency.
- The risks to people's safety and wellbeing had been assessed and planned for. Staff had assessed risks relating to people's mental and physical health, mobility, skin integrity, nutrition and hydration and risk of falling. They had also assessed people's home environment and the equipment being used, such as mobility aids. The assessments were clear and appropriately detailed, they gave guidance for staff about how to reduce risks. They had been created in consultation with the person (or their representative) and they were regularly reviewed and updated.
- Care plans included information for staff on how to look for signs of increased risk and how they should respond to this. This meant the staff were able to help keep people safe and put in place extra measures when they identified concerns such as a person becoming mentally unwell, changes in physical health or skin condition and changes in appetite.
- The provider shared additional information for people using the service, staff and other stakeholders

about general concerns, including advice for managing in adverse weather, fire risks and information about the COVID-19 pandemic.

Staffing and recruitment

- There were enough staff to keep people safe and meet their needs. People told us they were assigned the same regular care workers and they were able to make choices about the care workers who supported them. They said most visits took place on time, and the agency let them know if they were running late.
- Care workers were assigned to specific geographical areas to minimise travel time between visits. The provider regularly audited travel time so they could identify any problems with this. They also asked people using the service and staff to let them know any concerns with travel or time of visits so they could make changes. The provider used an electronic system for logging calls. This meant they were alerted if a care worker did not log into a visit and they could investigate why and make sure visits took place.
- There were suitable systems for recruiting new staff. These included interviews and checking documents as well as requesting references from previous employers. Since the start of the COVID-19 pandemic, the provider had introduced video call interviews as the initial check on potential staff. Successful candidates were invited to the agency offices for training and assessments. They worked alongside experienced care workers before they could work independently. This meant the agency was able to assure themselves of the staff suitability and skills.

Preventing and controlling infection

- The provider had systems for preventing and controlling infection. Procedures had been updated and new procedures had been introduced since the start of the COVID-19 pandemic. These were shared with staff and were discussed during team and individual meetings.
- There was enough PPE (personal protective equipment) for staff and people using the service confirmed staff wore gloves, aprons, shoe covers and masks when providing care. People also confirmed staff washed their hands and followed safe hygiene procedures when preparing food or delivering care. The provider conducted spot checks where they observed staff carrying out care visits. These checks included looking at how well staff followed infection control procedures.

Learning lessons when things go wrong

- There were processes for learning from things that went wrong and making improvements to the service. These included investigation and analysis of all accidents, incidents, complaints and safeguarding alerts. The management team discussed adverse events and made sure they shared appropriate information with all staff so they could be learnt from and improvements made.
- The provider encouraged feedback from people using the service and staff. They made sure they discussed this and responded when something had gone wrong. There were regular management meetings, and meetings with care workers and people using the service.
- There were examples where the provider had made improvements to the service as a result of feedback and adverse events. These included updating information for staff, introducing more frequent audits and spot checks and providing staff training.

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. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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.

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 ensured people consented to their care and treatment. Staff completed an assessment of people's mental capacity. For people who lacked the mental capacity to make decisions about their care, the provider consulted with their representatives to help make sure decisions were made in their best interests. These assessments and the meetings where decisions were discussed were recorded. People confirmed they had consented to their care and treatment.
- There was evidence to show people had consented to their care plan and to sharing information. Records described who should be consulted when making decisions. There was information to show who had legal authority to make decisions on people's behalf.

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. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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

- People told us they were well treated and supported. They had good relationships with the care workers who supported them. Some of their comments included, "They are very trustworthy – almost like friends", "They are professional and caring, (named care workers) are amazing" and "They are kind and very nice."
- People's choices and how they wished to be cared for were recorded within care plans. These included information about their interests, social needs, religion and culture. People told us staff respected these needs. The agency employed staff who spoke a range of different languages so were often able to offer care workers from the same culture and who spoke the same first language as the people who they were supporting.

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

- People using the service told us they were involved in making decisions about their care. They had helped plan their care and provided information about their preferences as well as their needs. They told us the staff respected these and offered choices when providing care.
- Staff undertook training about dignity and respect, and this was often discussed during meetings and communication with staff to help make sure they understood this. Spot checks on staff included observations about whether people were offered choices and involved in decision making.
- The provider carried out regular reviews of people's care, asking them for feedback and if they wanted any changes to their care and support.

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. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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

- People received personalised care and support. They told us care workers met their needs and respected their choices and preferences. They also said care workers completed all the agreed tasks during care visits.
- The staff created care plans which described people's needs and how they should be cared for. The plans were personalised and included information about people's emotional wellbeing. There was an emphasis on supporting people to be independent and do as much for themselves as possible.
- Care plans incorporated details about people's health needs, personal care needs, nutrition, moving around safely and sensory needs. Information was personalised and there were clear instructions for care workers about how people wanted to be cared for.
- The agency undertook regular reviews, asking people if they were happy and whether they wanted any changes to their care. Their plans were updated following reviews.

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 staff created communication plans to describe people's communication needs and how these should be met. These recorded any sensory impairments and language needs. The provider matched staff who could support people with communication, for example those who spoke the same language and those trained to use communication aids and devices.
- There was information in different formats for people to help them to understand these.

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 staff asked people about their interests, hobbies and things that were important to them. These were recorded within care plans. We spoke with some people (or the relatives of people) who were supported to access the community. They were happy with this support with one relative telling us, "[The care workers] give [person] a choice of outings."
- The agency staff engaged with friends, families and those who were important to people using the service.

End of life care and support

- The provider discussed people's wishes regarding care at the end of their lives and dying as part of the

initial assessment of their needs. Specific wishes and needs were recorded.

- The staff worked closely with other healthcare professionals including local hospices and palliative care teams to support people to stay at home and be cared for there at the end of their lives.

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.

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

- Most people we spoke with told us they would recommend the agency to others. They explained they were involved in making decisions about their care, and this was provided how they wanted. They also told us they could ask for changes when they wanted. Some of their comments included, "The best thing about this agency is the carers, they are amazing", "I wouldn't change anything, compared to other companies they are very good" and "I get all the support I need."
- The agency undertook regular reviews asking people for their feedback. Records of reviews reflected positive comments. We also saw the agency had responded when feedback indicated people were not happy and wanted changes. Care plans were personalised and included clear information about how people wanted to be cared for.
- The agency had undertaken work to promote staff wellbeing and make sure they were happy. They had opportunities for staff to participate in different fun events and activities such as exercise groups, picnics and competitions. They had increased the amount of wellbeing activities since the start of the COVID-19 pandemic, encouraging staff to connect virtually. They also had employee assistance programme, offering confidential counselling and mental health support, for staff who wanted to access this.
- When the agency received compliments and positive feedback about staff, they shared this with the staff and thanked them for their contributions. They issued awards for good work, initiative, following the company values and after receiving positive feedback.

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

- The provider engaged with people using the service, staff and other stakeholders. They held regular forums for people, where they could contribute their feedback and ask questions. Since the start of the COVID-19 pandemic they had organised these via video calls. There were also regular newsletters providing information about the service and other useful links and guides. The agency kept in touch through emails, sharing updates about policies, procedures and important information.
- There were regular staff meetings, newsletters specifically for staff and good systems for sharing information with staff. For example, updates regarding COVID-19, changes in procedure, information about different healthcare needs and good practice guidance. They also shared information about diversity and inclusion and encouraged staff discussion around these issues.
- Senior staff carried out regular telephone reviews and spot checks. During these they asked people for their feedback and any changes they wanted.

- People using the service, staff and others were asked to complete surveys about their experience. The results of these were analysed and the provider responded to any negative feedback with a plan for improvements. There had also been a wellbeing survey for staff to find out if they felt supported and mentally well.

- The provider made use of social media accounts to share good news stories and information about the service.

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

- There were suitable policies and procedures for managing the agency. These were regularly reviewed and updated. They included procedures for investigating and responding to complaints, safeguarding alerts and adverse events. There was also a procedure for duty of candour.

- We saw the provider had responded appropriately to complaints and other adverse events. They had apologised and made sure complainants had clear feedback and information about the event, investigation and plans for improvement. People who told us they had made complaints, explained they were happy with the way in which these had been dealt with.

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

- The registered manager was appropriately qualified and experienced. The management team at the agency worked closely together, supporting each other and sharing information. There were opportunities for management training for all senior staff, including coaching, mentorship and qualifications.

- The management team understood their responsibilities and legislation governing care services. They kept up to date with changes in legislation and good practice guidance and shared this information with others to help make sure staff were aware of their responsibilities.

Continuous learning and improving care

- There were effective systems and processes for monitoring the quality of the service and making improvements. The provider undertook a range of audits which included audits of performance, visit times, travel times and medicines. The audits showed where problems were identified and responded to. They also showed there had been an overall improvement in all areas of the service over time.

- The senior staff carried out spot checks, observing how staff cared for people and whether they met their needs. They held individual supervision and appraisal meetings with staff to discuss their performance, any specific needs they had and set objectives. There were a wide range of training opportunities for staff to help them understand their roles and to develop interests they had.

- The management team had weekly meetings to discuss the service and respond to any concerns. They analysed all adverse events to look for themes, trends or where any general improvements were needed.

- The agency used positive examples of good practice as a way for others to learn. For example, when staff carried out a good piece of work, information about this was shared with others so they could learn from this. They also passed on positive feedback from people using the service, highlighting what had gone well.

- The provider had demonstrated a commitment to continuous improvement and development, particularly during the COVID-19 pandemic, when they had reviewed and updated the way they worked to make sure they were meeting people's needs, supporting staff whilst still reviewing and improving their systems.

Working in partnership with others

- The provider was committed to working in partnership with others. They had a social values policy, which included the aim to always use local suppliers and resources where possible. They sourced staff from the

local community and offered work placement opportunities and apprenticeships to young adults both in the care side of the business and working with the IT department.

- The provider participated in the Great British Care Awards scheme, with the company director judging some of the categories. Staff at the agency had been nominated for some awards.
- The managers attended local forums, where they shared ideas with the local authority, other registered managers and providers and supported each other. They took part in wider groups, including different training forums and London wide care groups.
- The company was also a franchisor and offered support, information and guidance to their franchisees.