

Miss Louise Kemp

# Advanced Care

## 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

This inspection was carried out on 13 January 2016.

Advanced Care is registered to provide personal care and support for people in their own homes. At the time of our inspection, 111 people in Coventry received care and support from this service.

The provider for this service is an individual owner. Unlike a registered company, they are not required by law to have a separate registered manager, unless they do not have the skills and experience to manage the service themselves. The provider for Advanced Care, undertook all of the day to day management tasks.

People we spoke with were happy with the care and support that they received.

People told us staff respected their choices and nothing was done without their agreement. Staff understood the principles of consent and providing care that was individual to the person.

People felt safe with staff who provided their care. They received care and support from staff they were familiar with, and who mostly attended calls at the expected time. Sufficient staff were employed to meet people's needs.

Recruitment procedures reduced the risk of unsuitable staff being employed. Staff understood their responsibilities to safeguard people, and knew what to do if they had concerns that people were not safe.

The office team and care staff were kind and caring to people who used the service. Staff had been provided with training to effectively and safely meet people's needs. Staff administered medicines to people safely.

People's care records contained the relevant information for staff to meet people's health needs and manage risks appropriately. Care plans and risk assessments were clear and updated when people's needs changed.

People, staff, and professionals told us the service was managed well. They thought the provider and her team were approachable and acted on information received to benefit the people who used the service.

## 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 is safe.

Sufficient staff were available to meet people's needs. People felt safe with the staff who supported them, and staff had received training to safeguard people. The provider's recruitment procedures reduced the risks of unsuitable staff being employed by the service. Medicines were managed safely.

### Is the service effective?

Good ●

The service is effective.

Staff received a thorough induction and training considered essential to meet the needs of the people they supported. Staff understood the principles of the Mental Capacity Act. Changes to people's health care needs were acted on, and food and drink were provided as detailed in people's care plans.

### Is the service caring?

Good ●

The service is caring.

People and their relatives told us that staff were kind and caring. They were involved in decisions about the support they received and their independence was encouraged and promoted. Staff were aware of people's preferences and respected their privacy and dignity.

### Is the service responsive?

Good ●

The service is responsive.

People were involved in the assessment and planning of their care, and their care needs reviewed when necessary. People felt able to contact the provider if they had any concerns, and formal complaints were thoroughly investigated and acted on.

### Is the service well-led?

Good ●

The service is well-led.

The provider expected high standards of care from their staff

team. There was a culture of openness and transparency and a desire to continually improve the service. Staff were proud to work for the provider.

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# Advanced Care

## **Detailed findings**

### Background to this inspection

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

The inspection took place on January 13, 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure the provider was in the office at the time of our visit.

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also contacted the local authority commissioners to find out their views of the service provided. These are people who contract care and support services paid for by the local authority. They had no concerns about the service.

We contacted people who used the service by telephone and spoke with 11 people and their relatives. During our visit we spoke with four of the office team, and six staff. We also spoke with the person who owns the service. In the report we refer to this person as the provider. We spoke by telephone, to four health and social care professionals.

We reviewed four people's care plans to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits and records of complaints.

## Is the service safe?

### Our findings

People told us they felt safe. One person said, "I feel quite safe, they're a lovely lot," another told us they felt, "Perfectly safe" with staff.

Staff told us they had been trained to safeguard people. They explained how they would identify if abuse had happened and what they would do in response, to ensure people were safe. For example, we asked one member of staff what they would do if a person told them that another member of staff had shouted at them. They told us "That's emotional abuse, I would get straight on the phone to the manager".

The provider had a good understanding of their responsibilities to identify and report potential abuse to the local authority. All staff were also given the contact details of the safeguarding team as part of their induction training, this ensured the right professionals were provided with the information to support people's safety. One member of staff told us, "I would report any abuse to the manager and if I wasn't happy, I would call directly to the safeguarding or commissioning office. We have information in our induction packs about how to 'whistle blow', I wouldn't hesitate."

The provider's recruitment policy and procedures minimised risks to people's safety. The provider ensured only suitable staff were employed. Prior to staff working at the service, the provider checked staff suitability by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. Staff confirmed they were not able to start working at Advanced Care until checks had been received from the DBS and reference requests had been returned.

People told us that staff were reliable and mostly attended their care calls at the expected time. They said, "Sometimes they may be a little late because of a previous call, but not very often." Another person said, "Nine out of ten times they are on time, If they are late, the office will phone up and let us know." Staff confirmed they had sufficient time to travel between calls. There were procedures for care staff to follow to ensure the office staff knew that a call had been attended to, and when staff were either going to be late, or were not going to be able to attend to the calls on their rota. These procedures ensured the office staff had sufficient time to find a replacement worker to cover for absence, or to phone the person to inform them the member of staff was running late, and re-assure them the call was going to be provided.

Staff had a good understanding of the risks related to people's care and ensured these were managed to support people safely. Records confirmed that risk assessments had been completed and care was planned to take these into account and minimise risk. We gave staff examples of people's changing needs and asked what they would do in response. For example, we asked what they would do if they saw a person's skin was reddening, suggesting skin was becoming damaged. They told us they would write this in the person's care record and record the area of skin damage on a body chart. They explained they would contact the office staff and inform them, and they would then contact the district nursing services and the person's GP to ensure the person received the right treatment to minimise the risk of further skin damage and to treat the existing damage. They told us if there was a change in the person's care needs a review would be undertaken straight away.

The care staff used a 'key safe' system to open the doors of people who were not able to do so themselves. There were procedures for staff to follow to ensure the key was put back in the key safe at the end of the care call, and the number for the key safe was kept securely. This minimised the risks of people other than care staff getting access to the key.

The provider had a 'business continuity plan' which made sure that people or staff were not put at risk as a consequence of unforeseen circumstances such as bad weather, or computer systems not working. This detailed how the provider should respond in each circumstance with a list of contact people and telephone numbers for staff to use to support them in dealing with each circumstance.

Staff administered and prompted people to take their medicines safely. A person told us, "They give me my medicines. They make sure they give me the right ones at the right time." Staff told us they had received training to administer medicines, and had been observed by senior staff to check that they had put their training into practice and were administering medicines safely.

Records confirmed the provider had checked medicine records to ensure staff were administering medicines as prescribed to people. They also confirmed staff had their practice checked when administering medicines. A member of staff told us, "If medicines records are not completed properly, they (senior staff) are on your case." They told us all staff had been instructed to report any errors undertaken by themselves, or errors they had seen, in the medicine records to senior staff. A written report about a medication error and subsequent staff disciplinary action demonstrated the registered manager took the safety of administration of medicines seriously.

## Is the service effective?

### Our findings

People told us staff had the skills and knowledge to meet their needs effectively. One person told us, "Oh yes, I know they've been trained from conversations I've had with them." Staff told us the training provided helped them to do their work effectively. A health care professional told us, "Staff are well-trained."

We were shown the on-site training room. This contained all the equipment staff might need to use to move people, so that staff could receive practical training in moving people with equipment. A member of staff told us, "We are put into a hoist and moved by a slide sheet, it puts us in the shoes of the people we care for." They went on to tell us it helped them to understand how anxious people might feel when they were moved and how important it was to re-assure people.

Staff told us they had support from the office team and the registered manager to do their jobs. They had regular individual meetings with their manager (supervision) and they also had an annual appraisal. Staff told us, "I have had five supervision sessions this year and its good, you get feedback from both sides, and I can discuss anything." "I have my supervision every three months; you can use that to discuss any concerns you have." The registered manager and staff also told us the senior staff undertook unannounced visits to people's homes to check that staff were carrying out their duties effectively. The registered manager told us if they were not satisfied the care worker was carrying out the care to the expected standard they would be, "Brought back into the office for a meeting to address the issues."

New staff had a comprehensive induction period and had to work alongside more experienced staff until they were considered competent to work alone. We were told people would not work alone until they felt confident and ready, and had received the training considered essential to meet people's health and safety needs. The provider also ensured all new staff completed the Care Certificate and Code of Conduct. The Care Certificate was introduced by the government in 2015 to support workers to have the relevant knowledge and skills to provide compassionate, safe and high quality care and support. Staff told us their knowledge had been enhanced through undertaking national vocational qualifications in care, and through training in specific social and health care conditions such as dementia and Parkinson's disease.

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. We checked whether the service was working within the principles of the MCA.

Care staff understood the importance of obtaining people's consent before assisting them with care. One member of staff told us they spoke with people as they carried out the care tasks ensuring the person



wanted them to undertake care before the task was carried out. When asked what they would do if a person refused to allow care workers to undertake a care task, a staff member said, "We wouldn't force the person, we would try to persuade, maybe change the conversation and then ask again. If they still did not want care, we would let the office know, and inform the GP or relative of our concerns."

Staff told us they had been trained to understand the principles of the MCA. They recognised people were presumed to have capacity unless it was demonstrated that they did not, and that capacity was decision specific. One member of staff said, "If I had concerns about someone I would make sure the social worker was involved so they could assess them." Staff told us they knew people very well and were in a good position to identify if someone's capacity was changing and if decisions needed to be made in the person's best interest. The registered manager was aware of their responsibilities under the Act.

Some people who used the service needed support to eat and drink. Most people received support to eat food which their relatives had made, or were assisted to eat pre-prepared meals heated by care staff. People told us staff listened to what they wanted to eat and drink and provided them with this. For example, one person told us they had some frozen meals delivered and they then told the care worker which meal they wanted to put into the microwave. They also told us the care worker prepared them a meal at tea time and that might be a salad or a sandwich depending on what they felt like that day. A relative told us care workers prepared their husband's breakfast, they confirmed they knew their husband's likes and dislikes. A health care worker told us the staff went, "The extra mile". They said they had been aware of staff cooking a person a 'cooked breakfast' at the week-end because that is what the person always had before and now they could not do it for themselves.

Where people were at risk of dehydration or malnutrition, their care plans informed staff to encourage and prompt them to eat and drink. Staff also demonstrated through discussion with us they had a good understanding of people's nutritional needs, and knew to report any changes or concerns to the office team for further investigation by the appropriate health care professional.

People and their relatives told us that staff supported them with their health care needs by informing them of their concerns, or helping them arrange or attend appointments. For example, one person told us once a month they had to be ready for 8.30am to attend a hospital appointment, and the care staff came to help them earlier that day to support them in getting ready for the appointment. Another person told us, "If I get unwell, they look after me in that way, by calling the doctor." A relative said, "The minute there is something not right they tell us and pass it on to the next worker."

Staff were proactive about getting people access to healthcare and said they would contact the GP themselves or request the office to do so. Any changes that required district nursing involvement would be relayed to the office staff who would contact the district nursing service to request a visit. A district nurse told us, "This agency is on the ball about when they should contact. Staff seemed knowledgeable and act on advice given. I have been quite satisfied with the care they have given to patients."

On the day of our visit the staff were responding to concerns raised that a person who had recently returned home from hospital had a catheter in place, however the hospital notes made no mention of this. The provider quickly contacted the district nursing service to ensure the correct care was provided.

## Is the service caring?

### Our findings

People and relatives had developed positive relationships with staff who provided their care and support. A relative told us, "They take their time with [person] who has a lot health issues, they are very caring and thoughtful." Another relative told us, "The girls are very good, they talk to her and are friendly." A person told us, "For me, the care is very good.", and another person said, "The staff are brilliant, they make me laugh, we have no grumpy ones."

All of the office staff and care workers we spoke with demonstrated that the people who used Advanced Care mattered to them. One member of staff told us, "I have the same clients so they know who is coming and that helps us build and develop close relationships." Another care worker told us, "Some of them look at us like we are their family. It's not like a job." This was echoed by a person who used the service, they told us, "They are more like friends to me, I'm getting to know them all now."

People felt that staff communicated well and took the time to make sure that they were involved in their care. They felt that staff explained what they were going to do clearly, before going ahead and carrying out any care tasks. The care records that we looked at showed that people and their relatives had been involved in identifying and reviewing their care and support. A care worker told us, "We talk to people as we go along, step by step. If there is a change, a review is done straight away."

People told us they were able to make choices around their care and support. For example, one person told us, "They give me a shower or a bath and then they get me dressed, or if I want to stay in my pyjamas they get me a fresh pair."

People and their relatives told us staff took their time when providing care to make sure they went at the pace of the person, so that people did not feel rushed. A person told us, "I don't feel rushed, it is done at my own pace, the same for my husband, we both have walking frames and are not the quickest, they (staff) are very patient." A relative told us, "They have patience, some days [person] is not 100 per cent and they do take their time."

The registered manager informed us they had refused to take some of the care packages offered because they knew they would not be able to provide good quality care to people within the timescales offered.

People we spoke with felt that staff supported them to maintain independence where possible. They told us about how staff took time to support them to participate as fully as they could in their care. For example, one person when talking about showering, told us, "I do the front of me, as much as I can, they do the rest." A care worker told us that some people had got used to not doing things for themselves and it was important to support them to be independent. They said, "If you've got it, use it while you can", and tried to prompt people to do as much as they could.

The provider worked with some people who received 're-ablement' care. These were people who had left hospital, but needed a few weeks of additional care support to help them gain their independence. We

spoke to a healthcare professional who had worked closely with Advanced Care. They said, "The service is very person-centred". They also told us, "Their staff are so passionate about doing what's right. The whole ethos starts with the office staff, nothing is too much trouble. Their care staff take it personally that they've helped people to achieve their goals." Another health care professional who was involved with re-ablement told us, "Staff came up trumps all the time. They got people home with a good level of independence."

People told us that they felt all staff treated them with respect and dignity. One person commented, "Oh yes, they are very good that way." A relative told us, "They will shut doors and make sure privacy is maintained." Staff explained how they supported people to maintain dignity and respect. They explained to us how important it was to remember they were going into another person's home and this had to be respected. They also explained how they supported privacy and dignity during personal care. One member of staff said, "If a person is getting out of bed, I make sure the door is closed, if getting undressed, I put a towel over them to cover them. I then wash the top half first, then get them dressed to keep warm, and then wash the bottom half."

Staff knew about advocacy services and the important role family and professionals had in relation to each person's care, and told us they would contact the relevant people if they thought the person required someone to advocate on the person's behalf.

## Is the service responsive?

### Our findings

Office staff and care staff knew the needs of people who used the service. A person told us how the office staff made sure their care plans reflected their current needs. They said, "Office staff came and talked about the care I needed. They've checked twice to make sure that my needs haven't changed." Another person told us they were involved in developing their care plan. They told us they were sure it would be changed if they needed it changing, but informed us this had not been necessary. We looked at care plans which demonstrated people and their family had been involved in the assessment process prior to staff providing care.

Staff told us they used the care plans to help them understand people's needs. They told us they had time to read care plans before providing care to people unless they were supporting people in an emergency situation, in which case, the office staff would phone them and tell them how to provide care for the person and complete the care plan later. Staff told us if they identified changes in the person's care needs, they would inform the office and someone would go out and reassess and update the care plan. We asked if staff had time to provide the care identified and one said, "Yes and if I couldn't I would tell the office that I needed more time and the package would be reviewed."

People told us that staff not only provided care which had been detailed on their care plans, but staff were also responsive to needs which weren't written down. One person told us that staff routinely told them, "We're here for you." They went on to tell us that staff did, "Little things they didn't need to for example if I'm short of milk they will get me some, or dry my washing." Another person said "Sometimes they do extra, like if I need a letter posted and it was urgent, they would do it."

People told us staff were reliable and they had the same staff working with them who had got to know their needs. For example, a relative said, "Normally [person] sees staff they are familiar with. But on the odd occasion because of sickness they send someone else, they will always come with someone they know." People told us that they did not have any complaints. A typical response was, "I have no complaints, all the staff who come here are very good, I couldn't fault any of them." People told us they felt able to speak out about minor issues they weren't happy about and had experienced these being dealt with effectively. One person told us they felt able to tell staff if, "Some things had not been quite right." They told us staff had listened and made sure it didn't happen again. Another person told us, "If I ring and I am not happy, they do something. There was a couple of occasions I was not informed the staff would be late, and they dealt with this straight away."

They were aware of the complaints procedure and how to raise a complaint. People had information on who to contact including the details of the registered manager and other agencies such as the local authority and CQC. The provider told us they had received four formal complaints in the last year. We looked at the complaints folder which provided a detailed account of the complaints, the investigations and the outcomes.

## Is the service well-led?

### Our findings

People told us they felt the provider and office staff were approachable. They knew the name of the provider and many had talked with her personally. People told us the office staff phoned them up regularly to check they were okay. They felt office staff did a good job of making sure the service provided was one they were satisfied with. One person told us, "The office staff are very good. Everything you pass on to them gets done. It's very good."

Staff told us that they could contact the provider at any time and felt that they had good support and supervision with their roles. Staff told us the provider expected high standards of care but played their part in ensuring staff got the support they needed to provide the high standards expected of them. One said, "I couldn't ask for a better boss. If you need help with anything, she'll do her best to help you." Another member of staff told us, "This is a nice place to work, with nice people. I feel confident in being able to say if there is a problem."

Professionals who worked alongside the organisation were also very positive about the service. One social care professional told us the provider was, "Very committed and diligent. The customer comes first in every aspect of work. She's very hands-on, you know exactly where you stand." A healthcare professional told us, "There is a can-do attitude throughout the organisation, right from the first contact. The manager is very good at trying to take things forward."

Office staff had clear roles and responsibilities and these were carried out well. For example, one member of staff was responsible for call schedules and making sure there was sufficient staff available to meet people's needs. Another was responsible for staff induction and training, and others were responsible for health and safety, supervision and unannounced checks.

The provider and care staff told us that each Friday, they were all expected to come to the office to meet with the office staff. Whilst this was an informal meeting, it enabled a two way discussion between care staff and the office team to address any concerns or issues, or to compliment staff on good performance. Staff were also expected to return any completed records when they came to the office on Friday, which office staff checked to ensure staff were meeting people's needs effectively and safely. For example, medication records, and daily records were checked to ensure medicines were given as prescribed, and care was provided in line with the care plan.

There were limited formal staff meetings, however staff received important information through memos attached to their allocation sheets. Staff told us they regularly received memos. They told us if there was anything they were unsure about, they could contact the office and ask for advice.

In August 2015, people who used the service received a quality assurance questionnaire, asking their views about the service provided. Results showed that people were happy with the service provided. The showing of ID badges had been one area that didn't score well in the survey, and we saw this had been addressed with staff who now did this when arriving at a person's property.

The provider had when appropriate submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that we are able to monitor any trends or concerns.