

Miss Louise Kemp

Advanced Care

Inspection report

11 & 13 Queen Victoria Road
Coventry
West Midlands
CV1 3JS

Tel: 02476234567

Website: www.advanced-care.co.uk

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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: Advanced Care is a domiciliary care agency. It provides personal care to people living in their own homes, including, older people, younger adults, people with mental health problems, physical and learning disabilities, sensory impairment and people living with dementia. At the time of our inspection approximately 130 people received care and support from this service.

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

People's experience of using this service:

- People's needs were assessed to ensure they could be met by the service.
- People received their care calls from staff they knew who were caring, helpful and friendly.
- Care calls were consistently provided at the times people expected and for the length of time agreed.
- People felt safe and were protected from avoidable harm.
- Staff knew about the risks associated with people's care and understood how to keep people safe.
- Staff followed best practice guidance in relation to the prevention and control of infection and supported people to take their medicines safely.
- People received information about the service in a way they could understand and chose how to live their lives in the least restrictive way possible.
- Staff were recruited safely and received the support and training they needed to be effective in their roles.
- Staff respected people's rights to privacy and dignity and promoted their independence.
- Where needed people were supported to meet their nutritional needs and to maintain their health and well-being.
- The provider had developed good relationships with health and social care professionals which assisted in improving outcomes for people.
- People were involved in planning and agreeing their care. Most care plans contained the information staff needed to provide personalised care.
- The service had received positive feedback from people and relatives who were very satisfied with the care they received and the way the service was managed.
- Systems were in place to manage and respond to any complaints or any concerns raised.
- The providers quality assurance systems supported the service to continually improve. Lessons were learnt when things had gone wrong.
- The provider was investing in new technologies to further improve outcomes for people.

At this inspection we found the evidence supported a rating of 'Good' in all areas. More information in 'Detailed Findings' below.

Rating at last inspection: Good (The last report was published on 25 February 2016).

Why we inspected: This was a planned inspection based on the date and the rating of the previous inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received 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 remained safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained was well-led

Details are in our Well-Led findings below.

Good ●

Advanced Care

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector, an assistant inspector and an expert by experience, specialising in care for older people, carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of 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 and had regulatory responsibility for the service.

Service and service type: Advanced Care is a domiciliary care agency. It provides personal care to people living in their own homes, including, older people, younger adults, people with mental health problems, physical and learning disabilities, sensory impairment and people living with dementia. CQC regulates the personal care provided.

Notice of inspection: This comprehensive inspection took place on 5 February 2019. The inspection was announced. We gave the service 48 hours' notice of the inspection because we needed to be sure the provider and staff would be available to speak with us.

What we did: Prior to the inspection, we looked at the information we held about the service and used this to help us plan our inspection. This included information the provider must notify us about, such as allegations of abuse. We also considered the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with:

- 14 people.
- Two relatives of people.
- The provider, a care co-ordinator, three care staff and two office staff.

We looked at:

- Four people's care records, including risk assessments and medicine records.
- Three staff personnel files, including recruitment, induction and training records.
- Staff work programmes and allocation sheets.
- Records of accidents, incidents and complaints.
- Management audits and checks.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- People felt safe. One person explained they felt safe because staff were very patient. They said, "They [staff] don't rush me so I don't trip or fall."
- Most of the risks associated with people's planned care, were assessed and risk management plans informed staff how to manage and reduce risks. For example, where people required help to move around safely the number of staff needed and the equipment used was documented.
- However, some written risk assessments and plans had not been completed. For example, to manage the risk of one person falling and to manage another person's behaviour. Despite this our discussions with staff assured us they understood how to keep people and themselves safe.
- Following our visit, the provider confirmed plans and assessments for all known risks had been completed.

Systems and processes to safeguard people from the risk of abuse

- The management team and staff understood their responsibility to safeguard people from harm.
- Staff received safeguarding training and understood the different types of abuse people may experience. Staff knew to 'immediately' report any suspected or witnessed abuse to the management team and whilst confident these would be addressed understood how to escalate their concerns if they were not.
- The provider had shared information with the local authority safeguarding team to ensure any allegations or suspected abuse were investigated.

Staffing and recruitment

- There were sufficient staff to ensure people received all their care calls, at the times agreed and from staff they knew. One person described being able to 'tell the time' by staff's arrival because they were always on time.
- Staff had enough time to provide the support people required without having to rush.
- Recruitment procedures ensured suitable staff were employed to work with people in their homes.

Using medicines safely

- People received support to take their medicines if this was part of their planned care. A relative confirmed the support provided ensured their family member took their daily medicine.
- Support with medicines was provided by trained staff whose competency to administer medicines safely was regularly checked.

Preventing and controlling infection

- Staff completed infection control training and understood their responsibilities in relation to this, including the use and safe disposal of single use aprons and gloves.
- People confirmed staff followed good infection control practice. One person said, "They [staff] wear gloves

every time they do something personal... they're very good."

Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents so planned care could be adjusted to reduce the risk of a reoccurrence.

The management team reviewed accidents and incidents that happened. Action was taken to prevent reoccurrence and learning was shared with staff. For example, one person had fallen on several occasions. The provider had spoken with the person to discuss how the number of falls they were experiencing could be reduced.

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

Good: 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 were assessed before they started using the service. Assessments included people's likes, dislikes, preferred call times and life style choices to ensure their needs could be met.
- Information from the assessments was used to develop care plans which were shared with staff to help them understand people's needs.

People were involved in planning and agreeing their care. One person told us being involved meant they had been able to make it clear what they needed from the service and make decisions on how their care was provided.

Staff support: induction, training, skills and experience

- People received effective support from a small team of trained staff who knew people well. One person described staff skills as 'Excellent'.
- Staff developed and refreshed their knowledge and skills through an initial induction, which included the Care Certificate followed by a programme of on-going training. The Care Certificate is the nationally recognised induction standard.

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

- People were supported to eat and drink and prepare meals. One person told us, "I choose what I want and they [staff] help me get it."
- Staff knew which people required textured food or drink and ensured these were provided in line with the recommendations of specialist health care professionals. For example, staff knew how much thickener to add to a person's drinks to reduce the risk of them choking.

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

- Most people made their own or had family support to arrange and attend health care appointments. One person commented, "I make my appointment but I know the carers [staff] would help me if I asked."
- The management team and staff worked with health and social care professionals to improve outcomes for people. For example, a referral had been made to a 'falls nurse' for advice on how to reduce the risk of a person falling. The provider commented, "We have built a good relationship with GP's and district nurses. Communication is good. We get on well and share a mutual respect."

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".

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider understood the relevant requirements of the Act. No one using the service at the time of our inspection had restrictions on their liberty.
- Staff had completed MCA training and understood the importance of seeking people's consent before providing care.
- Staff respected the decisions people made. One person described how on days when they were 'tired' they chose to 'skip' their normal routine which staff respected.

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

Good: 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 spoke positively about their care and described staff as, 'friendly, helpful, kind and caring'.
- Staff visited the same people and knew people's histories, needs and preferences.
- People's individual life style choices and values were respected. One person told us staff respected their religious beliefs. Another commented, "Staff don't judge."
- The PIR told us, "Our ethos is to provide a first-rate home support service...whilst providing reassurance to family and friends their loved one is safe...and receiving care that meets their individual needs." The provider felt this aim was achieved. They said, "Consistency and staff capabilities are what's important. We invest in recruiting the right staff and valuing our staff so they can grow with us so people get the best."

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

- People were supported to make day to day decisions about their care and were provided with information in a format they could understand. Providing information in preferred formats for people who have a disability, impairment or sensory loss meets the requirements of the 'Accessible Information Standard' (AIS) which aims to ensure people received the communication support they need.
- The management team regularly visited people to discuss their care. Where changes had been made information had been shared with staff and most records updated. One staff member said, "We have a group chat (secure communication via mobile phones) so we [staff] are told immediately about any changes."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected, and their independence promoted. One staff member described how they encouraged a person to walk to the kitchen to make a drink. They explained 'keeping mobile' helped the person retain their independence so they could remain living in their own home which was the person's wish.
- People's confidential information was securely stored.

Is the service responsive?

Our findings

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

Good: 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

- Most people had signed their care plans which were kept in their homes. Most care plans included information about people's needs, visit times and how they preferred their care to be provided. For example, one person's plan detailed their preference for sleeping in pyjamas and their choice of breakfast cereal.
- However, other care plans lacked detail. For example, one care plan informed staff a person had a visual impairment but further information was not available. The provider told us they were planning to address the shortfall in record maintenance through the introduction of an electronic recording system. They said this would enable all records to be updated in 'real time' providing staff with 'immediate' access to updates via mobile phones.
- Despite omissions in some care records staff knew people well. For example, they knew one person sat on a special cushion to prevent their skin from becoming sore.

Improving care quality in response to complaints or concerns

Systems were in place to manage and respond to any complaints or any concerns raised.

- People were given information about how to raise complaints in the 'Service User Guide' when they started to use the service. People said they had no cause to complain but were confident any issues they raised would be addressed.
- The provider regularly checked people were happy with the service so any concerns could be dealt with immediately.
- Staff understood their responsibility to support people to share any concerns or complaints.
- The provider kept a record of compliments. One relative had written, "The quality of care is beyond reproach. Words fail to express the devotion they have to my wife." Another read, "Thank you for such a good service."

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; Continuous learning and improving care

- People were very satisfied with the service provided and the way the service was managed. One person explained this was because the service was reliable.
- Advanced Care had a stable, experienced management team who people and staff described as 'approachable, available and supportive'. Staff told us this included support outside of normal office hours through a manager on call system.
- Staff enjoyed working for the service. One told us, "I love my job, I get satisfaction that I am helping people and it's a good place to work"
- The provider planned to further develop the efficiency and effectiveness of the service provided by introducing electronic monitoring and care planning systems.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; and how the provider understands and acts on duty of candour responsibility

- Staff received support and guidance to understand their roles and the provider's expectations through individual and weekly team meetings. The provider explained weekly meetings were an additional opportunity to discuss any concerns staff may have and to share information, for example, changes to best practice guidance.
- A range of checks took place to monitor the quality and safety of the service provided. For example, checks to ensure people had received their medicine as prescribed. Where improvement was needed action was taken.
- The provider kept their knowledge and skills updated through their membership with United Kingdom Homecare Association and attendance at meetings with other providers and registered managers.
- The provider understood their responsibilities and the requirements of their registration. For example, they described the need to be open and honest when things went wrong so lessons could be learnt and they had displayed the services latest CQC rating on the services website.

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

- There was a strong emphasis on continuous improvement. The views of people, relatives and staff had been sought through quality surveys, visits to people in their homes and meetings. Records showed feedback received was positive.
- The management team was passionate about and committed to the delivery of high quality individualised care. The provider said, "We care about what we do and the end product (service people receive) is

excellent. We get great feedback about our service provision. But we are always looking for ways to improve, we want to be the best."

Working in partnership with others

- The provider understood how effective partnership working improved outcomes for people. For example, the provider was working with a local authority social worker to explore different ways the needs of a person who was declining planned care could be met.
- The management team had developed positive working relationships with health and social care professionals which assisted in promoting people's physical and mental health.