

# Advanced Community Healthcare Limited

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## Inspection report

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Date of inspection visit:  
17 January 2019

Date of publication:  
20 February 2019

## Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

The inspection took place on 17 January 2019 and was announced. The service had previously been inspected in 2016 and had not met the regulation on good governance or supporting staff to develop. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of effective and well-led to at least good. We checked for improvements at this inspection.

Advanced Community Healthcare provides a domiciliary care service in the Kirklees area of West Yorkshire for people over the age of 18. It provides personal care to people living in their own houses and flats in the community. Not everyone using Advanced Community Healthcare Ltd receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection they supported 45 people.

There were two registered managers' in post who had owned the company until December 2018. The business had been sold and the two registered managers had applied to deregister. The new owners were in the process of recruiting a new manager who would apply to register with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risk assessments were in place in relation to the environment and for people using the service and the registered managers sought advice when required to ensure people were safe. Staff ensured the risk of harm was minimised and people were supported to stay safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; Staff were able to describe how they would support people to make decisions if they lacked capacity and how they would act in their best interests when providing care. Decision specific capacity assessments and records of best interest decision records was an area the new provider highlighted to improve.

Supervision, training and appraisals had not all been completed in line with recommended evidenced-based best practice guidance.

People who used the service and their relatives were positive about the staff providing care and told us they were caring and compassionate. They said staff were respectful always and ensured their privacy was maintained and their independence promoted.

Care plans were recorded in a person-centred way to enable an understanding of the person's personal

history, individual preferences, interests and aspirations. They detailed information about the person's strengths, their levels of independence and what they could do maintain this.

There was a lack of systems and processes including regular audits which meant the registered managers had been unable to identify where quality needed to improve. Up to date nationally recognised guidance had not been implemented in the service.

The new provider had undertaken their own audits and had identified where improvements were needed. They had an action plan which detailed what improvements they intended to make over the next few months and had identified the issues we also found on inspection.

The culture of the organisation was positive, and staff told us they wanted to provide the best service possible. Staff told us how much they enjoyed their role and how supportive their colleagues were. They were positive about proposed changes and were keen to engage with the new provider.

This is the second consecutive time the service has been rated Requires Improvement. We found a continuing breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## 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 not always safe

Staff understood their responsibilities around protecting people from abuse and they knew how to report it if they suspected it was occurring.

Risks were assessed appropriately with detailed risk reduction plans in place and the registered managers sought advice when they identified a risk to ensure people were protected from harm.

Staff recruitment files were not well organised and did not all contain the necessary information.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Not all staff supervision, training and appraisals were up to date or in line with recommended evidenced-based guidance.

The registered managers utilised the two stage mental capacity assessments although this was not decision specific. The new provider had introduced their new paperwork the week of the inspection to ensure they met the requirements.

Staff supported people to ensure their hydration and nutritional needs were met.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People who used the service and their relatives spoke highly about the care staff supporting them and were positive about the way care and support was provided.

People told us their privacy and dignity were respected always by the care staff.

**Good** ●

Staff involved people in the care they were providing and promoted independence where this was appropriate

### **Is the service responsive?**

The service was responsive.

People's care needs were assessed prior to the service being delivered. Care plans detailed the support people required.

People told us care was person-centred and the staff went above their expectations to provide care in line with their preferences and wishes.

The service had a complaints policy and people were aware of how to complain. No complaints were recorded, and concerns were dealt with informally

**Good** ●

### **Is the service well-led?**

The service was not always well-led.

Most staff told us the registered managers were supportive and listened to the staff. Staff told us they worked as a team and supported each other.

There was a lack of robust and regular audits to demonstrate the provider had continuously assessed the quality of the service provided. Feedback from people and staff would have provided them with a basis for an action plan.

The service worked in partnership with other bodies such as local professionals who all gave very positive feedback about the service which was well respected in the area

**Requires Improvement** ●

# Advanced Community Healthcare Limited

## **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.

This inspection took place on 17 January 2019 and was announced. Staff were contacted over the telephone the following week to gain their views about the service and the level of support and training provided. The provider was given 48 hours' notice because the location provides a domiciliary care service.

The inspection team consisted of an adult social care inspector and a registrations inspector.

Before the inspection we reviewed all the information we held about the service. We contacted Healthwatch to see if they had received any information about the provider. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We contacted the local authority safeguarding, commissioning and monitoring team and reviewed all the information regarding the service. The local authority contract monitoring team advised us they did not contract with the service and therefore did not undertake any monitoring visits.

During our visit we spent time looking at four people's care and support records. We also looked at three records relating to staff recruitment, four supervision records and documentation relating to the management of the service. We also spoke with both registered managers, and the registered provider. Following the inspection, we spoke with five care staff on the telephone. We spoke with four people receiving a service and two of their relatives.

## Is the service safe?

### Our findings

People and their relatives told us the care provided by the agency was safe. One person said, "They are very thorough. They are constantly checking things." Another person said, "Safe. Absolutely."

Staff all told us people were safe and one said, "The clients are very safe. They have risk assessments in their files about falls and moving and handling. Most clients have a dosset box for medication."

We checked how risks to people were assessed and their safety monitored and managed so people were supported to stay safe. Risk assessments were recorded in people's care plans and were evaluated regularly. Most risk assessments were detailed and provided staff with a clear plan to follow to minimise risk. Other risk assessments were very generalised and not personalised.

As part of the inspection we checked records to see how medicines were managed for those people who needed support with their medicines. The two registered managers had undertaken the responsibility for training staff in the administration of medicines. Our discussions with staff confirmed they understood their responsibilities to support people with their medicines safely.

The registered managers confirmed there had been no recorded accidents or safeguarding incidents with people using the service although there had been two incidents relating to staff. These had been investigated and lessons learnt. In addition to this, the registered manager told us about two missed calls due to a mix up with the rota. There were no lessons learnt documentation in relation to these, although the registered manager had investigated and could tell us the reasons for the missed calls. However, this showed a weakness in the system they were using in relation to sending staff their rotas, but also in monitoring support calls had taken place. The new provider has plans in place to implement an electronic system which will ensure any missed calls are picked up immediately and acted upon.

We received very few negative comments about the service, although a regular theme was in relation to the way the rotas were compiled and the number of different care staff who visited. Some people told us they never knew which staff would be attending and this uncertainty caused some people anxiety. Staff told us people often asked who their next carer would be, but they told us they couldn't offer people an answer as they were not provided with this information. The new provider had plans in place to improve the way staff and people were informed about their support arrangements.

Staff files were not well presented and out of the three we received one did not contain a completed application form and none contained Disclosure and Barring Service (DBS) information. DBS checks had been undertaken on line, but a record of the check had not been kept. The registered managers told us the new provider's auditors had removed some information. There were some other anomalies with the records, which we discussed with the provider to ensure there was an accurate and contemporaneous record following the purchase to confirm people's suitability for the role.

Staff were provided with Personal Protective Equipment (PPE) such as gloves to use when supporting

people in line with infection control procedures and the registered manager told us these were kept in the office and they would also deliver these when out and about.

## Is the service effective?

### Our findings

We asked people using the service and their relatives whether staff had the knowledge and skills to care for their relation. Most people confirmed staff did have the knowledge and skills and staff were good at their jobs. One said, "When they get the hang of it they are ok. It's very good." Another person said, "Some newer ones need more guidance."

At our previous inspection we found staff had not always been supported through regular training, supervision and appraisal. At this inspection we found some improvements had been made but there were areas where further improvements needed to be made. This included ensuring they were following best practice around the training and competency checks for managing medicines safely and in the frequency and recording of supervision.

We looked at the records in relation to induction, training, and supervision to check how staff were supported to develop into their roles. Staff told us they had received an induction into the service and had shadowed more experienced staff before being put on the rota. All staff whether new to care or had previous experience in care completed the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. The registered managers told us they undertook a spot check of staff performance every three months and looked at areas of practice such as privacy, dignity, independence, personal care and oral care. They also utilised a "What's App" group to share good practice such as what to look out for as signs of sepsis and the 'dignity do's' so that staff have access to information of interest.

The two registered managers told us, together they provided most of the training for staff. Staff told us this was useful but was very informal compared to some training they had undertaken with previous employers. There were no knowledge checks after training to confirm their learning. From our discussions with staff or people using the service, there was no evidence to suggest that staff did not have the knowledge or skills to care for people. But it is important to ensure the training and development of staff follows best practice. For example, The National Institute for Health and Care Excellence (NICE) have provided guidance on the management of medicines in social care NICE guideline [NG67]. Although not mandatory this recommends when social care providers are responsible for medicines support, they should have robust processes for medicines-related training and competency assessment for care workers, to ensure that they receive appropriate training and support. This should include an assessment through direct observation and an annual review of their knowledge, skills and competencies.

The registered managers both provided staff with training on managing medicines, and although not accredited, the training was in line with expectations. The service was not currently assessing staff competency to manage medicines in line with evidence-based practice although they were undertaking spot checks and staff told us they had been observed by team leaders administering medicines. The new provider told us they had mitigated the risks around the lack of annual refresher training by bringing staff into a team meeting to discuss the safe management of medicines. Their intentions were to refresh all

training.

The new provider had employed a member of staff designated to the role of trainer. They advised this person will deliver carer induction and refresher training. They told us staff Induction training will be increase to four days in addition to staff completion of the Care Certificate

Access to supervision had improved, and from the four staff files we reviewed these showed staff had received one supervision over the last 12 months and some staff had received two either face to face or by telephone. The frequency varied from the records we saw, there was no systematic approach to the supervision of staff to ensure they met the guidance provided by NICE [NG21]. This recommends care agencies, "Supervise workers in a timely, accessible and flexible way, at least every 3 months and ensure an agreed written record of supervision is given to the worker, observe workers' practice regularly, at least every 3 months, and identify their strengths and development needs. Staff told us they did not receive a written record of their supervision session.

Annual appraisals had taken place for staff although the quality needed developing further to include a review of workers' learning and development needs, and feedback from people who use the service and their carers. The new provider told us they would-be undertaking appraisals annually, with 'supervision at 6 months and then 6 months after each appraisal.' They said spot checks would be completed quarterly.

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 so that they can 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. The registered managers had the two-stage mental capacity test. We saw one MCA had taken place for one person who lacked capacity to consent which had been completed by a social worker. We discussed the requirement to complete decision specific capacity assessments rather than one overall assessment, to ensure they were fully compliant with the Act going forwards. The new provider was fully aware of their responsibilities in relation to this and had documentation in place for both the assessments and ensuing best interest decisions.

Consent to care and other records were signed by people using the service. We also saw a record of a Lasting Power of Attorney giving a relative authority to deal with a person's finances and welfare decisions.

People were supported to eat and drink to maintain a balanced diet and staff told us they ensured people were left with a drink when they left. People's specific dietary requirements was referenced in their records which detailed information such as the consistency of food required. We saw regular reference in daily notes, which showed staff had offered and prepared a variety of foods to the preference of the person using the service

People had access to the healthcare services they required, and the service was particularly good at referring to other professionals when the need arose, telling us this had prevented hospital admission. Staff were knowledgeable about people's healthcare needs, they knew how to recognise when a person was unwell and told us this was always fed back to team leaders or the registered managers. The registered managers had received positive feedback from healthcare professionals about recognising changes to people's health and wellbeing and feedback had been sought from professionals which evidenced this.

## Is the service caring?

### Our findings

We received very positive feedback about staff from people using the service. One said, "Kind. Very, very good." Another said, "They are very nice." One person told us staff were "Very respectful and always ask if they can do anything else for you." A relative told us they could often overhear the care staff speaking with their relation and said, "kind and compassionate."

Care plans showed people were fully involved in planning their care and support, and plans were detailed so care could be delivered in a way they liked. One person said they had been, "Absolutely involved with designing the care package." Each of the care plans we reviewed was signed by the person receiving care and support which showed the service fully consulted with people.

Staff said they had time to spend with people so that care and support could be provided in a meaningful way by listening to people and involving them. People confirmed this and spoke highly of most of the staff supporting them.

People and their relatives told us care workers promoted people's privacy and dignity and were respectful towards them. Staff had received training about privacy and dignity; they knew how to protect people's privacy when providing personal care.

Staff confirmed they ensured information remained confidential. One said, "Everything is confidential. We don't discuss clients in other people's homes." They said, "Information sent to our phones is anonymised."

From our review of care records and discussions with staff, we saw people were supported in a way which helped them to remain as independent as possible. Staff told us they encouraged people to do as much as they could for themselves and only intervened when necessary. This extended to domestic activities of daily living encouraging people for example to continue to do tasks such as laundry. They understood this promoted the person's mental wellbeing.

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their needs. People were involved in the care planning process and their preferences about the way they preferred to receive care and support were carefully recorded.

People had their needs assessed before commencing the service and both registered managers were involved in undertaking these assessments. We found the information gathered was extremely detailed. This included information about the person's personal preferences and focused on how staff should support individual people to meet their needs. This information helped to ensure when the care plan was written, information was person centred and reflected the needs and support people required. Step by step guidance was recorded so staff knew exactly how the person wanted their care to be provided. The new provider told us they would be changing paperwork and moving towards an electronic system and there would be a planned changeover of systems.

Staff recorded people's daily interventions in a journal. We reviewed four of these and compared these to people's care plans. We found these to be a complete record of care provided to people which demonstrated the service was keeping a contemporaneous record of care provided. In addition to the journal, staff told us each person had a second book which recorded any important information about the person such as changes in their care needs and they read both books as soon as they entered the property to ensure they provided accurate care.

The registered provider knew about their responsibility for meeting the Accessible Information Standard and had plans in place in relation to this. People's sensory abilities were recorded in their care plans and work was ongoing to ensure people received information in an accessible format. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss.

The registered managers both told us they had not received any complaints about the service. They had a policy for complaints and staff confirmed to us they would report any concerns to the team leaders or registered managers. There were several concerns which had been raised, which were not classed as complaints, gathered when the registered manager and the new provider had telephoned people to gather their views about the service provided. Most concerns had been about continuity of care or call times, which are issues the new provider will address.

The service supported people at the end of life and worked in partnership with other organisations at this time. Although they were not supporting anyone at the time of the inspection, the registered managers were fully able to ensure care plans were flexible to provide the support people wanted at this time and ensure their wishes were respected.

## Is the service well-led?

### Our findings

There were two registered managers in place who had been registered with CQC since they opened the service in 2011. They also owned the service but had recently sold the agency to a new provider. The managers were in the process of deregistering with CQC and shared their intentions to leave the business they had built up. The recruitment process for a new manager had commenced and we were advised shortly after the inspection they had appointed to this post. A care coordinator had also been appointed and their role would be to coordinate care for people at the service. The new provider was in the process of introducing all their own policies, procedures and systems.

At our last inspection in 2016 we found the service was not meeting the regulations in terms of good governance as there was a lack of robust auditing. We checked for improvements and found some had been made but there were still areas which required further improvement particularly around the use of quality assurance systems to identify and measure improvements. The lack of systems meant that any areas where improvements were required, they had not been transferred into an action plan to demonstrate they were using this information to drive up the quality of the service. This and other areas identified for improvement during this inspection evidenced a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered managers were checking documentation when paperwork was returned to the office, and they told us they had addressed any issues they had found. However, this was not always documented, and they didn't use an audit tool to check against best practice. For example, daily record books were checked once they were full and returned to the office, which in some cases would be months after care had been delivered, which meant they were missing an opportunity to highlight issues. Call times were checked from these books, which meant there was no current up to date audit of call times. People we spoke with told us this was an issue and some staff said there was insufficient travelling times booked in between visits so they were often late. As there was no audit of this, it was difficult to determine whether this was an actual or perceived issue.

Records around for example training and supervision were not organised in a way to give at a glance information when staff had been trained such as in a matrix. We asked for this information to be provided following the inspection, so we could be assured all staff had been provided with these opportunities throughout the year, but we were only provided with information when the next training and supervision was due. Information was held in each member of staff's file but was not easily accessible as this meant going back through a pile of certificates. Information in staff files to evidence safe recruitment practices had taken place was missing. This had been picked up by the new provider, but at the time of the inspection remained an issue. We confirmed at inspection any missing information needed to be obtained.

Staff and people using the service told us the way the rotas were compiled needed improving, so staff knew where they were going in advance and people using the service knew who was coming. Staff told us this influenced their work-life balance and the ability to plan in terms of holidays.

We saw evidence three team meetings had been held in 2018 and one in 2019 to inform staff with information required to perform in their roles. Staff were generally positive about the service, told us they worked well as a team, were very supportive of each other to ensure the best possible care for the people they supported. One member of staff told us how supportive the registered managers were and how flexible they had been in relation to their working hours to ensure they could continue in the role. People using the service and one relative told us they were able to contact the registered managers whenever they needed to, and communication was good at the service with staff passing on important information between themselves.

The culture of the organisation was positive, and staff told us they wanted to provide the best service possible. Staff told us how much they enjoyed their role and how supportive their colleagues were. They were positive about proposed changes and were keen to engage with the new provider.

Some staff told us they would welcome a forum where they could air ideas for improvements and they told us they had fed back some ideas to the new providers, who in turn told us each of their services had a carer engagement budget of £100 per month to spend on ensuring carer staff felt part of a team and to support informal lunches/tea breaks and "get together". Staff we spoke with were very positive about the new changes.

As part of our inspection we check to see how the views of people using the service are obtained and how this information is used to drive improvements. There had not been an annual service user questionnaire to seek the views of people but there had been a telephone call to people using the service as part of the sale and this highlighted most people were happy with their care, the only issues were with call times and staff rotas.

Staff worked in partnership with other agencies and professionals. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided. Professionals view of the service had been sought through a questionnaire and this had provided positive feedback about the service.

The registered managers not been a part of any local support networks for domiciliary care providers, or the local registered manager network which provides sessions based on good practice and improvement. This information has been passed to the new provider to support service improvement for the new manager.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  There was a lack of systems and processes including regular audits which meant the registered managers had been unable to identify where quality needed to improve. Up to date nationally recognised guidance had not been implemented in the service. Supervision, training, appraisal and competency checks had not all been completed in line with recommended evidenced-based guidance. Recruitment files were missing important information to demonstrate a robust process.