

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Advanced Care

11 & 13 Queen Victoria Road, Coventry, CV1
3JS

Tel: 02476234567

Date of Inspection: 24 January 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Staffing ✓ Met this standard

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

Registered Provider	Miss Louise Kemp
Overview of the service	The agency provides personal care to people in their own homes.
Type of service	Domiciliary care service
Regulated activity	Personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, reviewed information sent to us by other organisations, carried out a visit on 24 January 2013 and observed how people were being cared for. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

On the day of our visit we met the manager and three other members of staff. We reviewed staff files and spoke with people who had used the agency, or who had relatives who used the agency.

We asked people about their experience of the care provided, and if they were happy with the care they had received. We asked people if they were treated with consideration and respect. People told us that they were happy with the care they had received. One person told us, "They do a good job. Excellent." Another person said, "They are fantastic, I can't fault them."

Everyone we spoke with had arranged care requirements according to their own personal needs.

During our visit we reviewed policies and procedures the agency had in place for the safeguarding of vulnerable adults. We saw that a system was in place to record and report any issues that could be considered as safeguarding.

We observed recruitment procedures and found they were robust.

We saw that the agency had good auditing procedures in place. Evidence was available to show that checks were regularly made on records including care plans, medication administration, call logs and timesheets.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

On the day of our visit we met the manager and three other members of staff. During our visit we reviewed staff files, and looked at five case files of people who used the service. We also spoke with five people who had used the agency, or who had relatives who used the agency.

We asked people about their experience of the care provided, and if they were happy with the care they had received. We also asked people if they were treated with consideration and respect. People told us that they were happy with the care they had received. One person told us, "They do a good job. Excellent." Another person said, "They are fantastic, I can't fault them."

The manager told us that people were consulted about their care, and that care plans were tailored to meet individual needs. We saw evidence of this in the records we reviewed. We found that assessments clearly described people's needs, skills and abilities. We observed that people's independent living skills had been recorded and were being regularly reviewed.

We were told that each person was presented with an information pack (Service User Guide) when they began using the service. We saw this contained the care plan, risk assessments, and the complaints policy. The manager told us that care plans were kept in each home so that staff could access this information when required. A copy of the care plan was also kept in the office. Staff told us that both care plans were updated regularly.

One person we spoke with raised concerns about the amount of information they had been given regarding a family members' care. The agency told us that care plans were always updated and left in the home of the person who used the service.

People we spoke with said that they weren't always happy with the service, because the length of the call times were too short. The agency told us that they were aware of this, but had only been authorised a specific amount of time for each call by the local authority.

The agency told us that this was sometimes impacting on the services they could provide. One person told us, "They're not with us long enough, they don't have enough time."

We saw that people were encouraged to give their views of the service by using a form in the Service User Guide and by taking part in regular surveys. We looked at questionnaires that had been completed where people had expressed their satisfaction with the care they had received. One person said, "I'm very pleased with my carer."

Staff we talked with were able to explain in detail how they maintained people's privacy and dignity when delivering personal care. People using the service told us they shared a good rapport with staff and they treated them with respect and dignity. One person said, "My mum feels safe and comfortable with them."

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

During our visit we looked at the procedures followed by staff for the assessment and care of people who used the service. People that we spoke with said that they and their relatives were involved in planning and agreeing their care.

We looked at five care records to see how people were being supported. We saw that each person had a daily care plan. The daily plan contained detailed information about times of the day people wanted to receive care as well as the type of support they required. Care plans were signed showing agreement to care. We were told that staff always updated the care plans and recorded their daily activities. One person told us, "The carers always check the records when they arrive, and fill in the records every time."

Everyone we spoke with had arranged care requirements according to their own personal needs, some people were receiving four daily visits, others just one visit per day. We saw that some people were being supported with their personal hygiene, and others with mobility, nutritional care, meal preparation and administration of medicine.

Risk assessments had been carried out for people where there were risks associated with their care.

People told us they were given a guide which contained all the information they needed to know about the service, including how they could complain. People we spoke with said that someone came out to review their care and they were able to say if they were not happy with the service. One person said, "I always feel happy about saying something if things aren't right."

Staff we spoke with had a very good knowledge of the people they were supporting. They were able to give detailed information about their care needs and their preferences when delivering care.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

During our visit we reviewed policies and procedures the agency had in place for the safeguarding of vulnerable adults. We saw that a system was in place to record and report any issues that could be considered as safeguarding.

Staff spoken with knew the policy, they knew the types and signs of abuse and what action to take should they suspect someone was being abused. All staff spoken with said they had received safeguarding vulnerable adult training. We looked at the training records for staff and saw the evidence of training. We were able to review training records which demonstrated that training was updated at regular intervals. Staff had also received other appropriate training such as the administering of medication, and financial procedures.

We saw the agency did the necessary checks to ensure staff were safe to work with vulnerable people. We saw evidence that all staff had received a Criminal Bureau Records (CRB) check.

People told us they felt safe using the service and with the staff that visited them. One person told us, "I trust them implicitly."

The provider might like to note that we observed we were not being notified of significant events through the appropriate statutory notification system. The manager was informed about our guidelines regarding notifications during the visit.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

On the day of our visit we spoke with the registered manager and three other members of staff working in the office. We later spoke to two staff members who were providing personal care to people who used the service. We also spoke with five people who used the service, or had family members who used the service. We asked about the numbers of staff, and whether there were enough qualified and skilled staff to meet people's needs.

The manager told us that there was always enough staff to meet people's needs. We were told that all staff delivering care were employed directly by the agency. We were told they had received induction, and were qualified to a minimum standard. We saw that a day book was kept along with staff rotas in the office, to manage holidays and sickness cover arrangements.

We noticed when we looked at people's care plan sometimes visits were not scheduled for specific times. The manager told us that care times were changed or adjusted to meet the needs of people using the service. One person we spoke with raised concerns about the time staff visited them, they said, "They always come, but they don't always come at the same time." Another person said, "They always turn up within half an hour of the designated time, they never let me down even when it snows." People we spoke with said that they were happy with the staff that provided care to them or their family members.

When we spoke with staff they explained there was a schedule and time when they needed to visit each person. They confirmed that people should receive visits at the time of day detailed on their care plan. We saw that logs of times were kept after each visit, and care plans were updated after each visit. People we spoke to told us they observed staff updating and reviewing these logs whenever they visited them.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We reviewed staff records for two members of staff and staff training records during our visit. We observed the recruitment procedures were robust, and staff files included copies of identification documents, written references, and contracts of employment. We were shown evidence of Criminal Records Bureau (CRB) checks for all staff members.

We were told that regular supervision was taking place, staff call logs were audited against time sheets, and spot checks were undertaken in people's homes where care was being provided. Staff confirmed that regular performance appraisals were taking place.

The staff we spoke with told us they had received training to assist them to meet people's specific needs safely and effectively. They told us their training was up-to-date. We saw a training schedule for all staff confirming this which also detailed when training was due. We saw that training was delivered according to a programme, and that staff were brought into the office for regular updates.

People told us they were happy with the staff that supported them. One person said, "I congratulate the agency on their staff, they are always kind to me." Another person said, "I call them my angels."

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

During our visit we asked about the process for auditing the quality of the service provided. We saw that the agency had good auditing procedures in place. Evidence was available to show that checks were regularly made on records including care plans, medication administration, call logs and timesheets.

The agency had processes in place to monitor people's views about the service offered. We saw that the agency had recently sent questionnaires to people who used the service to comment on the care they received. The results of questionnaires were analysed and audited. We saw evidence that any issues reported through this process were followed up and action taken to resolve complaints. We looked at comments people had made regarding the service, and found that generally people were very happy with the service being provided. One person commented "Your carers have the touch that puts people at ease."

We reviewed the complaint information held in the office. We saw evidence that complaints were investigated and responded to in a timely way. People told us that they felt happy about raising any concerns with the manager or staff, and that they were confident these would be dealt with quickly.

The agency had policies and procedures in place to ensure that staff operated safely, efficiently and consistently. We were able to examine a number of policies available to staff in the office, including Medication, Whistleblowing, Financial Procedures, Protection of Vulnerable Adults, and Acceptance of Gifts. We saw evidence that staff had receiving training on these policies during their induction.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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