

***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: 25 November 2013

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2014

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

**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

## Contents

*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'.*

	Page
<hr/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Supporting workers	11
Assessing and monitoring the quality of service provision	13
<hr/>	
<b>About CQC Inspections</b>	15
<hr/>	
<b>How we define our judgements</b>	16
<hr/>	
<b>Glossary of terms we use in this report</b>	18
<hr/>	
<b>Contact us</b>	20

## Summary of this inspection

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### Why we carried out this inspection

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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 announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 25 November 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff and talked with commissioners of services.

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### What people told us and what we found

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On the day of our visit we met the manager and two other members of staff. We later spoke with a further two members of staff. We also spoke with nine people who used the service and five people who had relatives who used the service.

People told us they shared a good rapport with staff and they treated them with respect and dignity. One person said, "Staff are kind, caring and respectful towards me, they help me to do things and give me privacy to help myself."

People we spoke with said that they and their relatives were involved in planning and agreeing care packages. One person told us, "My relative has a care plan and the service usually come out every six months or so to see if things are still in line with what we need."

Some people told us they were not always happy with the time staff arrived at their home. One person said, "Sometimes they are late and I often get different carers. Overall I'm fairly happy with how they look after me." Another person said, "Lately there have been too many staff changes and the times are not good and don't always link in with when my relative needs their medication."

Some people we spoke said they would like more interaction with the manager. Other people told us they were satisfied with the service provided.

People told us they felt safe with the staff that visited them. One person told us, "I feel completely safe and comfortable with them."

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

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

The provider was meeting this standard.

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

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### Reasons for our judgement

Everyone we spoke with had arranged their care 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. We saw care plans were tailored to meet individual requirements. We found that assessments clearly described people's needs, skills and abilities.

People told us they were consulted about their care needs before they started receiving care. One person said, "The manager came out to see me at first and arranged the care I needed." Another person told us, "The manager initially came out to see me to arrange the care. I phone up the office about the service and tell them how good staff are."

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

We asked people about their experience of the care provided, and if they were happy with the care they received. One person told us, "The service is excellent for me, I'm getting better and enjoy the staff coming; we talk about old times. I like to chat."

Some people told us they preferred the more mature staff members, because they felt their added life experience helped them to understand their general needs more. All the people who used the service that we spoke with were satisfied with the standard of care they received. Some of the things people said were;

"They are very kind and know just what I need."

"The service has helped me a lot.....I've no complaints."

"Initially I needed care four times a day, but it's only once a day now. Everyone is very courteous and polite. I feel I've progressed nicely thanks to them."

"The service is brilliant....the staff are kind, caring and considerate."

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 and saw people had expressed their satisfaction with the care they received.

People told us they shared a good rapport with staff and they treated them with respect and dignity. One person said, "I've had the service for over a year and in the main staff are kind, caring and respectful towards me, they help me to do things when I have a shower and give me privacy to help myself."

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

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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During our visit we looked at the procedures followed by staff for the assessment and care of people who used the service. We looked at six care records. We saw that each person had a daily care plan. Daily plans contained detailed information stating the times people wanted to receive care, as well as the type of support they required. Care plans were signed showing agreement to care packages.

People we spoke with said that they and their relatives were involved in planning and agreeing care packages. We saw information was regularly reviewed and updated. One person told us, "They try to do things the way I like them to be done."

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

Records we reviewed included details of when medication had been administered. Each medication administration record (MAR) showed the type, amount and time of the medication administered. Where medication was not administered staff were asked to fill in the MAR to show when medication had not been given, and the reason for this. One record we reviewed showed gaps in the MAR where medication had not been given. The medication was a type that was prescribed on an 'as required' basis. We spoke to the registered manager regarding the gap. The manager explained that all MAR charts were audited for gaps when they were received in the office. The MAR we reviewed were awaiting this audit process. The manager explained that where gaps were found these would be followed up with the staff concerned, and staff would be re-trained where needed.

Most of the people we spoke with expressed their satisfaction with the quality of care they received. Some people did however express concerns over the way care was delivered.

Some of the relatives we spoke with expressed concern about the lack of staff continuity at times, and staff arriving late. One person said, "Mostly everything is fine but routine is very important for my relative. Changes in staff can cause upset and some of the new staff are not as good as the more experienced staff." Another person told us, "On the whole it is a

pretty good and reliable service. The older staff who have been coming the longest understand my relative, they are very good. Lately there has been some lateness and the times vary though."

We asked the manager about this. The manager explained that the service is currently implementing a new rostering system to log the times that staff arrive and leave each call. In each area they work there is a small team allocated to the area, of up to four staff, so that people can be familiar with the staff group in their area. This system will enable closer monitoring of call times, and should provide consistency of staff.

People who used the service told us;

"I am generally happy with the care, but I do feel my visit is a bit early. At the moment they can't come any later."

"The service they provide really suits me, but they are sometimes late."

"I need four visits every day and sometimes they are late and I often get different carers. Overall I'm fairly happy with how they look after me."

"They provide a good service but I think the journey to us creates problems and they can be late. They are always kind and caring."

Other people told us;

"I'm satisfied with what they do."

"I was amazed last winter when we had the bad snow they were on time and kept coming whatever the weather."

"They do things very well...they always come up shining and bright and ask what I need them to do."

Staff we spoke with told us they didn't always have enough time to complete all the tasks they needed to in the call time that was allowed to them. The manager explained that some calls were funded by the local authority, and that staff were only allocated a specific amount of time. This meant staff sometimes needed to stay longer than the allocated amount of time to get everything done. Extra time spent on a specific call could delay staff from reaching the next person on their round. The service was aware of the impact this might have on people and had reported these concerns to the local authority.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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During our visit we reviewed the policies and procedures the service 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. The service kept safeguarding information in an easily accessible file. Contact details for the local authority and CQC were contained in procedures so that the necessary notifications could be made promptly if required.

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

We saw the agency did the necessary checks to ensure staff were safe to work with vulnerable people.

People told us they felt safe using the service and with the staff that visited them. One person told us, "I feel completely safe and comfortable with them." Another person said, "They're good with the shopping. I've no concerns with the money."

One person who used the service told us, "They don't usually wear a name badge but then it's usually the same person who comes, and I feel very safe with them."

People who had relatives who used the service told us they were happy with the staff that visited. One person told us, "They are always so kind and trustworthy when visiting." another person said, "I've no worries at all....the staff are very trustworthy."

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

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## Our judgement

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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.

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## Reasons for our judgement

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On the day of our visit we spoke with the registered manager and two members of staff who worked in the office. We later spoke to two staff members who provided personal care to people who used the service. We also spoke with a professional who regularly observed the work of the service. They told us, "The staff are really good with people."

We reviewed staff records for four members of staff during our visit. We observed recruitment procedures were robust and staff had been checked to ensure they were suitable to work with vulnerable people. All staff were employed directly by the service. Staff files included copies of identification documents, written references, criminal records checks and contracts of employment.

We saw staff received induction before working unsupervised. Induction included mandatory training courses, shadowing and observed practice.

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. Training was delivered according to a programme and included, manual handling, medication administration, dementia awareness, and mental capacity training.

Staff we spoke with confirmed there was a schedule and time when they needed to visit each person. They confirmed people received visits at the time of day detailed on their care plan. We saw that logs were kept when staff arrived at people's homes and when they departed. The service monitored the times that staff spent with people who used the service to make sure people received the correct support according to their care plan.

We saw regular supervision was taking place and spot checks were undertaken in people's homes where care was provided. Staff confirmed that regular performance appraisals took place.

People told us they were happy with the staff that supported them. Comments included; "The staff are well trained and know what they're doing."

"The staff are very good at what they do for me."

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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We saw the service had good quality monitoring and auditing procedures in place. Audits were conducted internally and externally to identify areas for improvement. Evidence was available to show that checks were regularly made on records including care plans, medication administration and call logs.

Regular staff meetings provided an opportunity for staff to suggest improvements to the service.

The service had processes in place to monitor people's views about the service. We saw regular customer survey questionnaires were sent to people who used the service asking for comments on the care they received. The results of questionnaires were analysed and audited. We looked at some comments people had made and found that people were generally satisfied with the service provided. One person had commented, "I'm happy with the care."

Some people we spoke with suggested they would like more interaction with the manager of the service. Some of the comments were;

"The manager doesn't come out to see me ever to see how things are."

"No one ever visits from the office to see how things are for me."

"I'm not always able to speak with the manager of the service, they don't visit and if I phone up at any time they are not always available."

Another person told us they could give regular feedback, they said, "My relative has a care plan and the service usually comes out every six months or so to see if things are still in line with what we need. They do listen if we make any requests for changes."

We reviewed the compliments and complaint information held in the office. We saw that compliments and complaints were analysed, and complaints were investigated and responded to in a timely way.

The service had policies and procedures in place to ensure 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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