Advantage Nursing Agency Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Advantage Nursing is a domiciliary care agency. At the time of our inspection, it was providing personal care to four people living in their own houses and flats. It provides a service to older adults. Every one using Advantage Nursing was receiving a 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.

People's experience of using this service and what we found
A lack of contemporaneous and thorough record keeping and auditing meant the registered manager had not identified the shortfalls we found on the day of our inspection. Staff had completed their mandatory training , but had not completed additional training on the needs of the person they were supporting. The registered manager had not organised staff meetings where peers could share thoughts and information. Risks to people and medicine administration were not always appropriately recorded. Care plans did not always contain information around people's likes, dislikes, interests and background, and did not include information on how to support people with their medical conditions. At the time of our inspection, no one was receiving end of life care. However, care plans did not include people's end of life wishes.

Staff were aware of their role in safeguarding people from abuse, and people told us that staff made them feel safe. There were a sufficient number of safely recruited staff to meet people's needs and people told us staff stayed the full length of time of their care call. Accidents and incidents were recorded and the steps taken to resolve these recorded. Although complaints were not centrally recorded to allow patterns to be identified, they were responded to in a timely manner and people were happy with the outcomes reached.

People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible; the policies and systems in the service did support this practice. Staff told us there was an effective communication system in place, and feedback from people confirmed that referrals to healthcare professionals were made where required.

People told us that staff were kind and caring. People were involved in decisions around their care and were included in reviews of their care. Staff encouraged people to be independent where possible and respected their dignity and privacy.

People and staff were complimentary on the management of the service and felt that they could contact the registered manager at any time. People and staff were asked for feedback on the service in various forms., There were links to local organisations where knowledge and training resources could be used. For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection
At the last inspection the service was rated Good (report published on 28 November 2016).

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified one breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to good governance.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will monitor the progress of the improvements working alongside the provider and local authority. We will return to visit as per our re-inspection programme. If we receive any concerning information 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 was safe. Details are in our safe findings below	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Advantage Nursing Agency Limited

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. We planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by two inspectors.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 24 hours' notice of the inspection visit because it is small, and we needed to be sure that the nominated individual or registered manager would be in the office to support the inspection.

Inspection site visit activity took place on 7 June 2019. We visited the office location on this date.

What we did before the inspection
We reviewed information we had received about the service from the provider since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections.

During the inspection
We visited and spoke with one person who used the service about their experience of the care provided. We spoke with two members of staff including the registered manager.

We reviewed a range of records. This included four people's care plans, medication records, four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection
Following the inspection, we spoke with one person and two staff members by telephone.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Using medicines safely

● Medicine recording was not always safe. People's Medicine Administration Records (MARs) contained several gaps which meant people may have not received their prescribed medicines. We informed the registered manager who told us this sometime occurred when a person's family or another agency they work alongside had administered the medicine instead. It was also not clear on MAR charts which medicines were required as and when (PRN) so this caused additional gaps in recording. It is important to record on the MAR chart if another person has administered the medicine or if the medicine is PRN and therefore not always required, in order to keep records clear and accurate.

● Other aspects of medicine recording and administration were safe. Body charts were used to show staff where people's prescribed creams should be applied. Medicine care plans also described how people liked to take their medicine, such as "Put tablets individually on a spoon and offer water to enable her to swallow." Care plans in people's homes also included a signature sheet which documented staff signatures and initials for identification purposes to follow up enquiries if required.

● Regular medicine training and audits ensured ongoing staff competency. The registered manager told us, "Staff do medicine training yearly. If we have a client who requires medicines we also check their MAR charts in the carers supervision. We provide practical medicine training in the office too."

Assessing risk, safety monitoring and management

● Risks to people from specialist equipment failure were not always appropriately recorded. One person required equipment to help them breathe. However, there was no risk assessment of what staff should do in the event of a power cut or the equipment stopped working. However, other care plans went in to detail around this. Another person required a specialist mattress due to them being at high risk of pressure sores. Their care plan stated that if there was a power cut, staff should turn the specialist mattress on to 'travel mode' to ensure the equipment was still relieving pressure areas for that person. The registered manager told us, "My staff are trained nurses, so they would know what to do." However, records need to reflect the action that they would take. Since our inspection, the registered manager has put the required risk assessments in place and sent us evidence of this.

● Other risks to people were appropriate recorded and managed. One person was at high risk of falling. Their mobility risk assessment stated they were able to walk with a Zimmer frame but staff should walk behind them for assistance. When we visited the person in their own home, we observed the staff member adhering to this. The person told us, "Staff are always there for me and support my walker to ensure I am steady on my feet. It's not always easy for me to walk so having [the staff member] with me as she is my eyes as I only have a small amount of sight. So it's really important for me to have someone with me when I go

out so I can get to places."
● The service had a business continuity plan in place. This stated how they would ensure people continued to receive safe care and treatment in the event of an emergency such as a failure of IT equipment or severe weather affecting transport.

Systems and processes to safeguard people from the risk of abuse
● People told us staff made them feel safe. One person said, "I feel safe with staff in my house. My confidence was knocked in hospital but the staff have eased my fears and made me feel better since I have been discharged." Another person told us, "I feel safe with the carers, they try to support me in whatever I want to do in regards to my care."
● Staff were aware of their responsibility to keep people safe from harm and abuse, and were aware of the procedures they would need to follow to raise a safeguarding concern. One staff member said, "I'd report anything to my manager or [the administrator]. We could also contact CQC or the Mutli Agency Safeguarding Hub (MASH) too. [One person] told me she was badly mistreated in hospital which was raised with the social care team." The registered manager told us, "I know my staff would know how to raise a safeguarding. They have a lot of experience and they are all aware of safeguarding. They know if they have concerns about the safety of the patient they need to call us."
● The registered manager ensured that the service's safeguarding folder was updated annually with the latest safeguarding policy. This meant staff were always aware of the most up to date guidance and procedures around safeguarding adults.

Staffing and recruitment
● Staff files evidenced staff had been safely recruited through providing references from previous employers and carrying out the appropriate checks. This included completing a Disclosure and Barring Service (DBS) check to ensure that the staff member was safe to work with vulnerable people.
●There were sufficient staff to meet people's needs as people confirmed the service had never missed a care call. The registered manager said, "Nobody has ever missed a call. We have a duty of care, they are vulnerable." Sickness was covered by the registered manager and administrator. The registered manager used this opportunity of delivering care to keep up to date with her own nursing registration.
● There was currently no call monitoring system in place to ensure staff arrived on time and stayed the full length of time. However, people told us that staff stayed the full length of time they were contracted to. One person said, "I've never had a missed call and they stay the full length of time." The registered manager told us, "We don't have a call monitoring system as people or their families will call us. We have a new feature for it in the new system we're using though so it will be coming in. If staff are running late they'll call us and we'll inform the client."

Preventing and controlling infection
● People were cared for by staff who followed safe infection control procedures. One person told us, "They always wear gloves and aprons when they're washing me."
● The registered manager ensured that Personal Protective Equipment (PPE) was available in people's homes and restocked when necessary. They told us, "We supply our clients with gloves, aprons, soaps and alcohol gels. We have a spreadsheet where we record what PPE they have been given and when. I always have a spare box in my car too if needed." A staff member told us, "The gloves are always dropped off when they're running low, and aprons too."

Learning lessons when things go wrong
● Lessons were learned from accidents and incidents. A local hospital where a number of the service's staff also worked identified that they were not recording accurately on fluid charts. Despite the incident not

occurring at the service, the registered manager provided additional training on this topic to staff

● The registered manager clearly documented any learning outcomes from incidents. For example, one staff member had spilt a small amount of a controlled medicine on a person's sideboard, which they recorded and cleaned up thoroughly. However, the registered manager took this opportunity to learn from the incident and reviewed the service's policy on cleaning up any controlled medicines.

Good

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same

This meant 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 and choices were assessed before the service started delivering care to ensure their needs could be met. The registered manager told us, "When I first visit a person and their family we talk about what is needed. Then I determine if we're able to help or not."

Staff support: induction, training, skills and experience
● Staff were up to date with their mandatory training. However, people were being supported by staff members who had not had recent training in their needs. For example. staff members were supporting one person who had a diagnosis of diabetes requiring insulin injections without completing diabetes training. However, people felt that staff were effective in their role. One person said, "I feel staff know what they are doing when they are supporting me." Another person said, "They seem to know what they are doing. They understand my diabetes and help me monitor it."

● Staff completed an induction checklist when they were introduced to a new person to care for. This included the reading through the person's needs and routines and knowing who to report concerns to. This was signed by the staff member and the senior member of staff who completed the induction with them.
● Staff received regular supervision. One staff member said, "I have supervision over the phone every three months. I don't mind it like this, I know if there's a problem I can go in to the office." Another staff member told us, "I have supervision which isn't always regular, but I know if I needed any assistance they're on the end of the phone straight away."
● One staff member had not received a nursing competency check for three years. The registered manager told us they felt uncomfortable competency checking a nurse and telling them how to do their job. We informed them that they had a legal obligation to ensure that their staff had the correct competencies to carry out their duties safely. Since the inspection, the registered manager has completed a supervision and competency check for this nurse.
We recommend the registered manager ensures that all staff are up to date with their mandatory training and any additional training required where the staff member is caring for a person with a particular health need.

Supporting people to eat and drink enough to maintain a balanced diet
● Staff supported people to maintain a healthy diet. One person told us, "Staff are very good and they do try and cook me soft food. I tell them what food I want and when I want it and they support me with making the

food." When we visited this person on the day of our inspection, the staff member was supporting her to chop strawberries to eat as a snack.

● People's care plans included information around their dietary preferences and dislikes. For example, one person's care plan stated they did not like tea or coffee, but instead preferred hot water with honey.

● Risks to people's hydration and nutrition were appropriately managed. One person required staff to cut their food in to small pieces as they were at risk of choking. A staff member who regularly supported the person told us, "[This person] needs full assistance with eating so I always cut the food up small for her." Another person was fed through a tube that went directly into their stomach. They told us, "When the staff arrive they come flush the [feeding equipment] for me. They make sure it's clean."

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

● People were supported by staff to maintain their health and wellbeing. One person told us, "The staff have called the out of hours GP for me a couple of times as I was feeling unwell." Referrals were made to appropriate health and social care professionals where required and staff supported people to attend these appointments. The registered manager told us, "I called social services when [a person's] mobility declined as we needed a ramp to get him to medical appointments. This is now in place."

● Records of outcomes from appointments were kept in people's files. For example, one person had been given exercises to do with the carer and the guidance sheet was in their care file.

● Staff felt the communication in the service was effective. One staff member said, "The communication is good, the daily notes are very thorough which makes it easy." The registered manager said, "We send memos if we need to circulate anything quickly. We put a table underneath to ask people to sign they've read it which we can then check."

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.

● People's legal rights were protected because staff followed the principles of the MCA. One staff member said, "With [the person I support], there was a slight question if she had Alzheimer's disease, but I can tell she knows exactly what's going on. I'm led by her completely." Another staff member said, "You have to assess capacity for the task at hand, and you assume they do have capacity. People can make unwise decisions. If you do have to make a decision it should be in their best interests and in the least restrictive manner."

●Although all the people the service was supporting had capacity, appropriate consent forms had been signed by them to state they consented to care being delivered to them. Where one person had been physically unable to sign this, their next of kin had done this for them and this was clearly noted on the form.

Good

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring. One person said, "They are excellent carers and look after me so well, they are really kind and comforting with me." Another person said, "They are kind and caring. I would say the whole team are great, I couldn't pin point anyone in particular." Staff were also complimentary of the people they cared for. One staff member said about a person who the service cared for who had recently passed away, "He was such a lovely man. I still drive up to the area where he lived sometimes to remember him."
- Staff went the extra mile to deliver good care to people. For example, one person had recently been admitted to hospital. The registered manager told us, "The carers travelled by train to see him every day in St George's Hospital."

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

- People told us they were involved in decisions around their care or their reviews. One person said, "I have asked for staff from 8am to 9pm. This is my choice. Staff listen to me and take on board the things that I say to them such as what I would like to do for day, like going to the shops." Another person said, "They include me in reviews around my care." A staff member told us, "We give her a choice of what she would like to wear, what she would like to eat, etc."
- Care records showed people were being involved in their reviews. People's care plans had recently been reviewed and noted their comment on this process. For example, one review documented that the person had said they were, "Happy with all aspects of care" during the discussion.

Respecting and promoting people's privacy, dignity and independence

- People were supported and encouraged to be independent where possible whilst ensuring their safety. One person said, "I used to do everything for myself and I still try and do things by myself. But the staff support me with the washing machine and getting my washing done and hanging it up for me." A staff member said, "[One person] wants to put out her own meds so we watch her do it to make sure she's done it ok." Another staff member said, "I allow them to do as much as they can do. This is helped first by using aids and equipment. Then by us if this no longer works." The registered manager said, "The carers know they have to promote independence, because it's what keeps people alive. They ask people what they can do for themselves and only do what they can't do. So one person can cream her body but can't reach everywhere else so the carer will do the rest."

● Staff respected people's dignity. A staff member said, "We cover [the person] with towels when we are washing her bottom half and vice versa." The registered manager told us, "With [one person], staff walk behind her to the toilet and once she is in they leave her alone and wait outside. With [another person], when we shower him, staff close the curtains and cover with a towel. They're small things but we notice them."

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People received personalised care that was responsive to their needs. Daily notes were personalised to each person, describing what they had done that day, such as listening to a staff member read a specific book to them, to what they had eaten and the care provided to them. One person said, "[The staff member] took me to my brother's shop and took me across the road. Staff take time to talk to me about my family and what I used to do in my life."

● However, not all care plans contained personal information around a person's background and history. One care plan contained information on the person's life history, hobbies, likes and dislikes. However, other care plans did not contain this information. Recording this information may help staff deliver further personalised care, especially if they are new staff members or have not delivered care to that particular person before.

● People's care records did not contain health care plans. For example, one person was diagnosed with a bowel issue, and another person had diabetes. There were no care plans around this to guide staff on how to support people living with these conditions. However, the impact of this was low due to people being supported by staff who were trained nurses..

End of life care and support

● The service was not providing end-of-life care at the time of our inspection. However, people's end of life wishes had not been recorded. The registered manager told us, "We don't have these." People's end of life wishes should be recorded prior to a person reaching this level of care in case of fast deterioration.

● Following the inspection, the registered manager sent us a template of an end of life care plan they were looking to implement. However, there was no evidence that this had yet been completed with people or their relatives.

We recommend care plans are updated to reflect people's personalised health needs, end of life wishes and background history.

Improving care quality in response to complaints or concerns

● Although complaints were acted on and resolved in a timely manner, they were not recorded in line with the service's complaints policy. A complaint received by a person was resolved immediately, and copies of the conversations regarding this were kept in the person's care file. However, the complaint was not formally recorded in the central complaints file. This meant complaints could not be accurately audited or tracked for patterns. The registered manager informed us they would transfer the information regarding this

complaint to the complaints file immediately following the inspection.

● People said that they felt able to raise concerns if needed. One person told us, "I had to complain once, but nothing recently. When I did complain it was resolved. They mention if I have a problem I can just call them and I feel I can."

● The service had received multiple compliments. One read, "[The staff member] continues to be so wonderful, we feel so lucky to have her helping us." Another read, "I must thank you at once for your overwhelming strength when [my relative's] return from hospital was surprisingly delayed by the hospital."

Requires Improvement

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Records were not always thorough and contemporaneous. We identified shortfalls in record keeping in areas such as medicines, staff training and care plans. However, the registered manager was responsive to the issues we identified and provided evidence of the required improvements being made following our inspection.
- Quality assurance was not robust and failed to identify the shortfalls in record keeping that we found on the day of the inspection. This included PRN medicines not being clearly recorded on MAR charts, and the documents missing from care plans such as end of life wishes and health care plans. The service was at risk of standards of records slipping further due to this.
- However, some issues identified by audits were resolved. A medicine audit in December 2018 had identified there had been four medicine errors in a three-month period by the same staff member. The registered manager had spoken to the staff member about this to prevent reoccurrence.

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

- Staff meetings were not taking place. The registered manager said, "It's difficult to bring everyone in together. But we speak to staff every day. However, there is no occasion when we're all together." A staff member told us, "We don't have staff meetings. It would be good to meet other carers and talk, that would be helpful." Staff meetings allow for information to be delivered to all staff members. However, the impact of this was low due to the registered manager sending out monthly newsletters to staff.
- Feedback from people on the quality of the service was sought and the registered manager felt the most effective way to gather feedback was during reviews with people. One person told us, "They ask me for feedback during my reviews. I don't usually have anything to raise though."
- The registered manager told us there was little response from staff when a questionnaire was sent to them last year. However, they told us, "Staff can come to the office and speak to [the administrator] and me." A staff member said, "We complete a yearly questionnaire. If I need anything or want to suggest anything in the meantime, I know I can call them."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The registered manager was not always aware of their responsibilities about reporting significant events to the Care Quality Commission and other outside agencies. For example, they had not made us aware of a person who had developed an advanced pressure sore. Since the inspection, the registered manager has now formally notified us of this wound.

The lack of robust quality assurance and record keeping meant people were at risk of receiving poor quality care and should a decline in standards occur, the provider's systems would potentially not pick up issues effectively. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People felt the service was well managed. One person told us, "I would say pretty good. I've met the manager." Staff also felt the service was well-led and felt valued. One staff member said, "It's such a welcoming office, I think the management is very good. [The registered manager] is very efficient. You can always get hold of someone if you need to." Another staff member said, "I've always had a good relationship with the manager. They're very helpful. I feel supported."

Continuous learning and improving care; Working in partnership with others
● The registered manager informed us that they had subscribed to newsletters from CQC to keep up to date with the regulatory requirements. However, this did not address the shortfalls found during our inspection.
● The registered manager was part of the Surrey Care Association and attended managers meetings. They told us, "We have excellent support from them. They organise excellent managers meetings and pass on information to us."
● The service had their own social media account which staff were encouraged to join. The registered manager told us, "We're trying to use more social media. It works as a knowledge base for staff too as I post things around sepsis, and dermatitis from excessive use of gloves."
● One person the service supported had recently been on holiday. The registered manager had sent the person's care plan to a domiciliary care agency at the person's holiday destination by their request to ensure that they would receive ongoing care and support.

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
Diagnostic and screening procedures Nursing care Personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The service failed to ensure good governance and thorough record keeping.