Advanced Community Healthcare 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?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 30 September 2016 and was announced. The service had previously been inspected on 30 October 2013 and met the requirements in place at that time.

Advanced Community Healthcare provides a domiciliary care service in the Kirklees area of West Yorkshire for anyone requiring care from birth upwards. At the time of this inspection Advanced Community Healthcare provided care to 50 people. The provider is registered to provide the regulated activities of personal care, diagnostic and screening and treatment of disease and disorder. On the day of our inspection, people using the service were supported with the regulated activity of personal care and no care requiring registered nursing was provided.

It is a condition of registration with the Care Quality Commission that the service has a registered manager in place and there were two registered managers in post. 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.

All the staff we spoke with demonstrated they understood how to ensure people were safeguarded against abuse and they knew the procedure to follow to report any incidents. They were confident their concerns would be acted upon by the registered managers.

The service practised safe recruitment to ensure people were cared for by staff who had undergone the necessary checks and had the right values and behaviours to care for people in their own homes

Environmental risks had been assessed to ensure a safe working environment for staff. The service had assessed the risks to people they supported and put in measures to reduce risks to keep people safe.

The service was not meeting its responsibilities under the Mental Capacity Act 2005. No capacity assessments or best interest decisions had been recorded and not all staff understood the principles of the Act although they could describe how they supported people to make decisions.

Staff were not receiving formal ongoing or periodic supervision or regular appraisal of their performance to identify training, learning and development needs and to enable the registered provider to plan training and support the person to develop. Spot checks were regularly undertaken by the team leaders to check staff were competent to provide care to people.

People were cared for by staff who were caring and compassionate and who respected their dignity and privacy.

Care records were person centred and recorded people's preferences, views and how they wanted their care

to be delivered. Daily records contained information on how staff had supported people at each visit.

The service had a complaints policy in place and complaints were handled appropriately to ensure a satisfactory outcome for people using the service. A record was kept of all compliments received and these were shared amongst staff by group text.

Staff spoke highly of the registered managers and the organisation and told us they were supported in their role. They enjoyed their caring role and showed great pride in their work and the feedback they received from the people they cared for.

The registered managers had a clear vision in place for their service. However, they were not meeting their regulatory requirements in regard to the supervision and appraisal of staff, team meetings, and measuring their service against the fundamental standards of care to ensure they were meeting their regulatory requirements.

We found two breaches in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were breaches in Regulation 17 Good Governance and Regulation 18 Staffing

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?

Good

The service was safe.

Staff we spoke with demonstrated a good understanding of how to recognise abuse and ensure people were safeguarded. They knew the procedure to follow to report any concerns.

Risks to people had been assessed and measures were in place to reduce the risks to people using the service.

Records showed recruitment checks were carried out to ensure suitable staff were employed to work with people at the service.

Is the service effective?

Requires Improvement

The service was not always effective.

The registered managers had not understood their responsibilities under the Mental Capacity Act 2005 and no capacity assessments or best interest decision had been recorded.

Not all staff had a good understanding of the principles of the Act although they could describe how they supported people to make decisions.

Staff had not received formal supervision or appraisal and some staff had received minimal training over the previous twelve months.

Is the service caring?

Good

The service was caring.

People told us staff were caring and compassionate.

Staff knew how to ensure privacy; dignity and confidentiality were protected at all times.

Staff maximised people's independence to help them to live fulfilled lives.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and referenced people's views, preferences and choices, and people were provided care in a way that reflected their wishes.

The service had an effective complaints process in place to ensure concerns about the service were acted upon and issues resolved, although the service had not received any complaints.

Compliments were recorded and used to acknowledge good care and recognition for the staff involved.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The registered managers were passionate about providing good care and told us they were well respected in the area for their service delivery.

There had been a lack of recorded evidence to demonstrate they had monitored what they did well and what they could do to improve against the fundamental standards of care.

Staff told us the registered managers were supportive and we found staff had great pride in their work. However, there had been a lack of formal supervision and appraisal to ensure plans were in place to develop staff.

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 30 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. The membership of the inspection team consisted of one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 shared their recent contract monitoring visit in relation to their commissioned service.

We spoke with the two registered managers, five care staff including one team leader, two people who used the service and eight relatives of people using the service.

We reviewed five care records and daily journals for people supported by the service. We reviewed three staff files and associated recruitment records. We looked at the audits for the service and the staff training matrix.

Good

Is the service safe?

Our findings

We asked people who used the service whether they felt safe with the care staff who supported them. One person said, "I feel safe as the carers are very understanding and look after me very well'. One relative we spoke with told us, "The fact that there are two carers there all the time and it's their priority to keep [relative] safe as [relative] has had in the past falls."

Staff we spoke with had a good understanding of how to identify abuse and to help keep people safe. They were able to describe the types of abuse you might find in a community setting such as financial, sexual, physical and emotional abuse. They could tell us the signs of abuse and the steps they would take if they suspected abuse. Their first point of call would be the registered managers, and they were confident their concerns would be acted upon. Staff also knew the principles of whistleblowing, the duty by a staff member to raise concerns about unsafe work practices or lack of care by other care staff and professionals. One member of staff told us they had in the past reported a colleague who they had concerns about and this information had been acted upon.

Advanced Community Healthcare utilised a general risk assessment tool which identified potential environmental risks, risk of falls, moving and handling, pets, smoking, drugs and alcohol, mental state, infection risk, body fluids and risks posed by visitors and family members. This tool rated the level of risk as high, medium and low, the actions required and comments. We saw separate detailed risk assessments for medication and moving and handling. Individual risk reduction measures around certain aspects of care such as pressure area care, and food and nutrition were detailed in the relevant section of the care plan. They contained detailed measures on how to reduce risk to people from hazards such as choking. Not all these risks had been highlighted on the risk tool utilised by the service, to quickly alert the staff member there was a risk. The registered managers agreed to more clearly identify the hazards in their recording although they were confident all staff were aware of risks to people and how to minimise risk and we found the care plans to be detailed.

We looked at three staff files and found all necessary recruitment checks had been made to ensure staff suitability to work. This included Disclosure and Barring Services (DBS) checks, reviews of candidate's employment history and references received for each person. There was not always two references received for a potential employee and the registered managers told us how difficult they found it to get previous employers to complete references. They discussed measures they would take to ensure the people they employed were suitable. The registered manager told us they were actively recruiting new staff and had a thorough process in place to ensure they recruited staff who shared the company's values. The registered managers explained they shared the hours of care out between staff which meant people would not always receive care from the same care staff. They said they made people aware of this before they started the service. The lack of consistency of staff was the only criticism people who used the service and their relatives had about the service. For example, one person said, "If I have one criticism it's that there has been around 18 different carers this year. I understand that having the same carer is difficult but it would be nice if there hadn't been so many carers coming as I don't feel able to build up a good relationship with them, but that has not stopped the great level of care that I received'. Another person told us "I don't always know the

carers and I still don't know until they arrive on a morning". Staff told us they were not aware of the rota for the day until the night before their shift.

We checked to see how the service managed people's medicines. The registered managers told us they asked people to have their regular medicines in a monitored dosage system 'as this was safer for clients'. The registered managers completed an assessment of people's medicines and there was a sheet in people's care plan which contained a record of the name of the medicine, the dose of the medication, the type of medication, what it was for. And if ointments were required where this was to be applied and if eye or ear drops were needed, the frequency and special instructions were included. There was a sheet for staff to complete on additional prescribed medication not included in the MDS. Staff recorded the time people had their medicines and whether they had left the medicines to take later or whether people had refused. The Medicines Administration Record for the monitored dosage system did not contain a record of the medicines staff had administered. On discussion with the registered managers, they advised they would add this to the record to ensure this was a contemporaneous record of the medicines taken on that day.

Staff were all able to confidently describe to us what they would do in an emergency situation such as if they found a fallen person or could not get an answer at the door. This demonstrated the service had systems in place, which staff were aware of, to deal with emergencies as they arose.

The registered managers told us that staff were provided with personal protective equipment (PPE) which enabled them to carry out their caring duties safely. Supplies were kept in the office and in people's homes. Staff we spoke with told us they were provided with different coloured PPE to wear when they were undertaking personal care and when they undertook kitchen activities to ensure the spread of infection was minimised. They told us they ensured all services and equipment were hygienically cleaned as part of their routine. Community equipment such as hoists and slings were provided through local community equipment arrangements and they maintained a record of when this was due to be serviced to ensure staff and people using the service were protected from poorly maintained equipment.

Requires Improvement

Is the service effective?

Our findings

We asked people using the service whether the staff who supported them had the knowledge, skills and training to care for them. One person who used the service told us, "They seem to be very good at what they do and always do what they are asked of, I feel well treated at all times."

When asked if all staff were sufficiently skilled one relative told us, 'I think so yes, but obviously everyone's character is different and everyone works differently I have had to leave suggestion sheets for some carers."

Staff told us they had received an induction into the service and had shadowed more experienced staff before being put on the rota. They told us this had given them the skills and confidence to provide care for people. The service had their own comprehensive induction process in place but had started new care staff on the Care Certificate and would be utilising this going forwards. 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 moving and handling training was mandatory every year and food hygiene every two or three years depending on the course attended. These were the only two mandatory courses staff had to attend. They told us staff were offered additional courses if required and some staff had received training in PEG and catheter care. One staff member we spoke with was in the process of undertaking a national vocational qualification in care and another told us they had undertaken a course in dementia care. Most of the staff we spoke with had a long history of providing care with previous providers and had undertaken relevant training in the past. We reviewed the training matrix and noted that some staff had not completed any training following induction and mandatory training. Staff told us they had safeguarding training as part of their induction but there was no evidence this training had been refreshed. We asked staff whether they had received training on the Mental Capacity Act and what they understood the principles of the Act. Staff had not received specific training on the Act and they had limited knowledge on the principles. This meant that the registered provider could not be certain staff had up to date knowledge or skills in these areas.

In relation to training in the management of medicines, the registered managers told us each staff member was observed prompting and dispensing medication by a team leader during their induction. Following this the registered managers met with the staff member and discussed all expectations and eventualities thoroughly around the safe management of medicines and we could see this was a thorough process but only happened at induction. Staff routinely underwent a spot check which included their management of medicines. The two registered managers had advanced knowledge in the management of medicines from their previous roles and professional registration as qualified nurses. They understood the importance of this aspect of service delivery and the requirement to evidence staff had received training and an annual review of their knowledge, skills and competency. There had been no issues with the management of medicines at the service and the staff we spoke with were clear about their roles and responsibilities around the safe management of medicines, which was limited to prompting medicines, applying creams, and eye drops.

Staff require appropriate ongoing or periodic supervision in their role to make sure competence is maintained. Staff should also receive regular appraisal of their performance from an appropriately skilled and experienced person to identify training, learning and development needs and to enable the registered provider to plan training and support the person to develop. Regular supervision of staff was not taking place and no formal supervision had taken place in the preceding 12 months. Staff had not had a recent appraisal, and the last recorded appraisals had taken place in 2014. The registered managers and staff told us they had regular spot checks which were thorough and this checked their competency when providing care in people's home. Staff told us they signed the form completed as part of this process but they did not receive a copy to enable them to keep a check on their own development. However, this checking of competency should complement and not replace formal supervision. This demonstrated a breach in Regulation 18 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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.

The registered managers were not aware of their responsibilities to carry out capacity assessments when a person was unable to make their own decisions due to a lack of capacity and consent to care. This was discussed with them at the time of the inspection and they agreed to remedy this immediately. Our discussions with staff demonstrated they were supporting decision making in practice and acting in people's best interests when they were unable to make decisions without support.

We were told by people who used the service and their relatives that communication between them and the agency was good. The service used a group messaging system to ensure people were updated on a daily basis and staff were expected to respond to confirm they had read the messages. A team leader was responsible each day for ensuring this communication was updated. The registered managers told us this information was stored electronically so they kept a record of all information communicated to staff and they could readily access up to date information about people's needs in order to keep care plans up to date.

All the staff we spoke with confirmed they liaised with healthcare professionals to ensure people's healthcare needs were met. This included working with district nurses, occupational therapists and speech and language therapists. Relatives told us communication between them and the service about the health needs of their relative was good. One relative told us, "I keep them informed of any changes to Mums health care needs".

People's support plans contained information about what they liked to eat and how they liked to be supported at meal times. Staff we spoke with told us they supported people to eat and drink to maintain their health and wellbeing. One relative told us, "The carers always ensure that she has two flasks of juice and her lunch is left for her, I am always informed of what she is having, as sometimes she only wants a sandwich."

Good

Is the service caring?

Our findings

All the people we spoke with and their relatives told us staff were kind, compassionate and caring, and in addition, concern was shown for their family's well-being. People told us they felt involved in their care. One person said, "Up to now my wishes are respected and they have done what I have asked". One relative told us, "[Relation] is very happy with the staff, very much so." Another relative said, "[Relation] is always asked how she would like things doing, she is well respected'. Further comments from family members included, "My [relation] is always asked what they would like, which is comforting, as they aren't always able to tell the carers, which is good."

Staff told us people gave them positive feedback which informed them their care was kind and compassionate. They told us how important it was to treat people with respect and dignity and provide care in a way people wanted. One member of staff said, "I ask myself how I would feel if that was being done to me or my relatives. Am I acting in a way that would make my relative or friends happy?" People confirmed staff always respected their privacy and dignity and treated them with respect. One relative told us, "'They are very good at maintaining [relatives] dignity and privacy where possible." The registered managers told us they ensured staff were respectful and they asked people how they wanted to be addressed. This information was recorded in people's care plans for staff to follow. We also saw evidence in care plans to remind staff to ensure privacy was respected and in one record the following was recorded, "Please ensure the curtains, blinds and doors are closed." We were confident from our discussions with staff, they were fully aware of the need to respect privacy, dignity and confidentiality and ensured this was maintained when caring for people.

The registered managers told us people were encouraged to remain independent. They told us information regarding people's abilities was recorded in people's care plans. We saw evidence of this in the care plans we reviewed. For example, "[Name] can manage to wash hands, face, arms and chest. Staff to assist with all other areas." We asked all the staff we spoke with how they maintained people's independence. They could all describe how this was done with encouragement from those requiring it and support from those who just needed minimal assistance.

Care staff told us they encouraged people to be as independent as possible throughout personal care. One relative told us staff encouraged their relative to remain independent. They said, "[Relative] is very independent and like to do things for themselves when they can".

Staff told us they supported people at the end of their lives and worked closely with the district nurses at this time. They told us they were guided by the procedures set out in people's care plans which clearly described what they were required to do. One member of staff told us about a recent experience, "Hearing is the last sense to go, so I talked to the person, reassured the person, made sure they were comfortable, and maintained personal and mouth care.

The service ensured people's religious needs were met. One relative told us, "It is important to my [relative] and my family that they are taken to church every week, to see their friends and family."

The registered managers told us no one at the service was currently utilising the services of an advocate. An advocate supports people to speak up about what they want, working in partnership with them to ensure they can access their rights and the services they need.

Good

Is the service responsive?

Our findings

People told us they received care that met their needs, choices and preferences. One relative told us "A full assessment was completed and we went through care and qualifications of staff and what they would be doing to help my [relative]" Another relative said, "My [relative] receives great care when she needs it." A further relative told us, "I think the service is as good as can be and as a result we have much more peace of mind".

Staff and people using the service told us the importance of offering choice to people. One relative said, "I think that the carers have been so well trained to give client choices." One member of staff told us, "It's their home. We give people choice in everything we do for them. What they want to eat, what they want to wear." The registered manager told us they ensured people's choices were recorded in the care plan. For example, where in the house they wanted care to be provided and where they wanted to eat their meals.

The registered managers told us they assessed each person before they determined whether the service could meet their needs. Following this initial assessment each person who used the service was given a file which contained information about the service, the statement of purpose and how to make a complaint. Both registered managers completed risk assessments and a care plan was created for each aspect of care the person required assistance with such as food and nutrition, mobility, pressure area care, and personal hygiene. Care files were kept in the office with a copy in the person's home. We looked at four care plans as part of our inspection. Information was recorded in a person centred way and reflected peoples choices but also reminded staff to seek consent at each intervention with the person. Care plans included information about people's sensory loss such as vision and hearing. We found in one person's records a reminder to staff not to move the person's possessions and to keep them in their usual place as the person was visually impaired. There were reminders to staff to check people's hearing aid batteries and replace these if required.

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.

Staff told us they were responsive to people's changing needs and if they needed to spend more time with people they would let the team leader and registered managers know so a reassessment would be organised. Although people and their relatives were unaware of an annual review process, they told us reassessment was an ongoing process. One person told us, "If I need changes to be made I can contact the manager to do so and have done on a few occasions so it's more an on-going process." And another person told us, "I know if I needed anything altering I would ring up and say." One relative said, "The carers always are in contact regarding the care and support, and if it changes I ring them, [relative] is always involved'.

The registered managers told us if they received a compliment about the service, they shared this with all staff through a group text to ensure good care practices are recognised and acknowledged. We asked people who used the service how easy they found making a complaint and whether they were happy with

the way their complaint was handled. One person told us, "I have had to contact management on one occasion and the problem was dealt with favourably and I don't see that there would be a problem if I had to do it again." Another person said, "I have once raised a concern and it was dealt with immediately and effectively." This demonstrated the service had an effective system in place for dealing with complaints and improving the experience of people using the service as a result of effective complaint handling.

Requires Improvement

Is the service well-led?

Our findings

There were two registered managers in place who had been registered since they opened the service in 2011. Both registered managers also supported people who used the service with personal care and had a dual role as care staff. Both held a current nursing qualification and had worked in the area as community matrons prior to starting the agency. This meant they had a good level of knowledge about the services available to people in the area and had established relationships with healthcare professionals. They were both passionate about providing good care to people receiving support and told us they had built up a good reputation in the area. All the staff we spoke with told us the registered managers were supportive and were always available at the end of the telephone if required. People using the service told us the registered managers were always available. One person said, "If I have any problems or concerns I would contact the manager; if she isn't available, she always rings you back, and she responds well to any issues."

Staff described the culture of the organisation as open and honest and they told us how much they enjoyed working for the company. The registered managers both told us it was important for them to have highly skilled staff with job satisfaction and who wanted to stay with the company. All staff confirmed this. One member of staff said, "It's a good company with high standards." Another told us, "The registered managers are supportive, visible, approachable, very ethical and concerned about your wellbeing." They talked about sharing the same values as the managers reflecting their vision to provide good care."

In addition to the two registered managers, six team leaders were employed with responsibility for communicating with staff on a daily basis to ensure any changes to people's needs were communicated to all staff. Team leaders undertook spot checks on staff to ensure they carried out care in accordance with the care plans and they audited the medication records. We saw evidence of the spot checks carried out and staff told us these were thorough and if any issues were highlighted these would be discussed with them.

The registered managers told us their vision for the service was, "To provide exemplary care and look after people like they were your relative. Treating people with respect, offering them choice, considering their dignity, and making their day." They went on to say, their carers might be the only person that the cared for saw that day so the care staff needed to make sure the person was safe and happy. They told us they would not have anyone looking after people who they would not consider suitable to look after their parents.

The registered managers said they no longer sent out questionnaires to people who used the service as the response had been poor but they undertook a telephone survey. We saw the results of this from June 2016. The registered manager told us, "We read them. If there is a complaint we would address this." One comment we reviewed was positive and recorded that staff were always polite and gave plenty of choice, but they would like their call slightly later. We saw the registered manager had consulted with the person and agreed to move the time slot when this was available. The registered managers told us they were always asking people when they visited whether they were happy with the service provided.

We found no recorded evidence to support the service had sought the views of a wider range of stakeholders such as staff and visiting professionals, about their experience of, and the quality of care and treatment

delivered by the service. As part of their regulatory requirements they must show how they have analysed and responded to this gathered information to make improvements and demonstrate that they have been made. The registered managers told us they received very positive feedback from professionals about their service, but they had not recorded this to show they were meeting this requirement.

Staff meetings are an important part of the registered provider's responsibility in monitoring the service and coming to an informed view as to the standard of care and support for people using the service. Both staff and the registered managers told us they did not have staff meetings. The registered managers told us they had a coffee morning on a Wednesday for staff to pop in, but not all the staff we spoke with attended the coffee mornings. This meant the service was not fulfilling the requirement to meet staff on a formal basis and record and action discussions aimed at improving the quality of the service.

The registered managers were both aware they had not focussed on ensuring they could evidence they were meeting the regulations in relation to ensuring staff had a regular review of their performance through supervision, training, appraisal and team meetings. Nor had they audited their service against the fundamental standards of care. They told us they had focussed on the delivery of care to individuals and building up the reputation as a good care provider in the area. However, this lack of monitoring against the legislative requirements and lack of robust auditing, demonstrated systems and processes in place were not robust enough to ensure full compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 Personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The service had not audited against the fundamental standards of care to ensure they were meeting their regulatory requirements. Team meetings, supervision and appraisal had not taken place to enable the registered providers to monitor this aspect of delivering a quality service.

Regulated activity	Regulation
Diagnostic and screening procedures Personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received regular supervision and appraisal . Not all staff received regular training or had their training refreshed. It was not clear how gaps in knowledge and the identification of training needs were determined.