

Advent Care Team Limited

Main Office

Inspection report

The Old Cider Barn
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was announced and took place on 28 February and 1 March 2017. The registered provider was given notice because the location provides a domiciliary care service and we wanted to make sure they were available.

Main Office provides personal care for people in their own homes. At the time of our inspection, there were 33 people receiving personal care from the service. Personal care was provided for people with a range of health conditions often with related physical, mental or learning disabilities.

The registered provider was also the registered manager. 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.

People were very satisfied with the service and the support they received. People had confidence in the staff who supported them. Care staff were familiar to them and knew them well. There were enough staff to provide care and to offer flexibility in the service. The registered manager made sure new staff had a full employment history and obtained recruitment checks before employing them. Staff received training to enable them to deliver effective care. They were supported in their roles by supervision and appraisal.

People received a safe service. We found the service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to provide safe care for people. Risks to people's safety were assessed and reviewed.

Staff understood how consent should be considered in line with the Mental Capacity Act 2005. The registered manager understood the requirements of the law and what action to take if they became concerned about a person's ability to make decisions for themselves.

People were offered choices in the meals and drinks staff prepared for them. Staff understood people's dietary requirements and when necessary left snacks or drinks for the person to have later.

People were involved in planning their care and determining how they wished to receive support. They spoke highly of the care they received and of how staff would assist them with additional tasks if necessary. People's care was reviewed and updated in line with their needs and wishes. Where people could benefit from additional support, referrals were made to other healthcare professionals.

People felt able to contact the registered manager or staff if they had concerns and said they received a quick response.

The registered manager monitored the delivery of care and had a system to monitor and review the quality

of the service. Suggestions on improvements to the service were welcomed and feedback encouraged.

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.

People said they felt safe. Staff were aware of safeguarding and knew how to recognise and report suspected abuse.

People were supported by staff to manage risks to their safety.

The service followed safe recruitment practices and there were sufficient staff to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Staff received training appropriate to their role. New staff were supported to complete an induction and all staff were supported through regular supervisions.

Staff understood how to obtain people's consent.

People were offered choice in the meals they received.

Staff monitored the well-being of people and quickly requested a health professional visit them when needed.

Is the service caring?

Good ●

The service was caring.

People told us they felt well cared for.

Staff treated people with dignity and respect whilst encouraging them to maintain their independence.

Staff understood about person-centred care and this was reflected in their care plans.

Is the service responsive?

Good ●

The service was responsive.

People decided what care they wanted and people's care needs and preferences were regularly monitored and reviewed.

Systems were in place to respond to people's changing care needs.

People understood how to complain should they need to.

Is the service well-led?

The service was well led.

People felt able to access senior staff to discuss their care.

People's care as well as staff performance was regularly reviewed in order that the quality of care could be monitored and people's care developed further.

Staff felt supported and able to speak to managers if they had any concerns.

Good ●

Main Office

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 was 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 28 February and 1 March 2017 and was announced. The registered provider was given 72 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to see us. The inspection was carried out by one inspector.

We reviewed the information we held about the service and looked at the notifications they had sent us. A notification is information about important events, which the provider is required to send us by law. We also asked the local authority if they had any information to share with us about the services provided. The local authorities are responsible for monitoring the quality and funding for people who use the service.

As part of the inspection, we spoke to five people and two relatives. We spoke with five care staff, one care co-ordinator, the human resources manager and the registered manager. We also spoke with two community nurses.

We reviewed the care records held at the office for four people and viewed three staff recruitment records. We also looked at records relating to the management and quality assurance of the service including checks the registered manager made. We reviewed minutes of staff team meetings, complaints and compliments.

Is the service safe?

Our findings

People said they felt safe with the care and support they received. They told us they were cared for by staff who took their time and provided care in a safe manner. One person said, "I feel safe" another said, "They keep me safe and make sure I don't have an accident or fall." Another person we asked if they felt safe around staff told us "Definitely." People told us they were familiar with the staff who attended to them regularly and who they recognised.

Staff knew what action to take if they had any concerns for people's safety or well-being. Staff were able to explain different types of abuse and how this may present itself. Staff were also able to describe what they would do if they considered a person to be at risk of harm and were confident senior staff and the registered manager would take action. Staff told us they would speak with the registered manager immediately and record any information they thought was relevant. The registered manager told us they understood the need to share concerns with the local authority and notify the CQC where appropriate.

There were assessments in place to manage risks. They included risks with their mobility, falls and skin integrity. Staff were aware of these assessments and followed the guidance that was in place to reduce any risks. The risk assessments were updated and reviewed regularly with people.

Support was planned and delivered in a way that promoted people's safety and welfare. For example, where people needed to use moving and handling equipment, staff received specific training. When people required support from two care workers to assist them to move safely; care workers always arrived together. People and their relatives confirmed that there were no occasions when only one care worker had arrived.

An environmental risk assessment was undertaken of the person's home to ensure it was a safe place for the care staff to work. Care staff were expected to report any health and safety concerns they identified when they visited people. This reduced or eliminated the chances of accidents, incidences or near misses. Staff were aware of the reporting process for any accidents or incidents that occurred. Records showed appropriate action had been taken and where necessary changes had been made to reduce the risk of a reoccurrence of the incident.

There were enough staff to complete the care visits and meet people's needs. Some people told us the care staff were occasionally late, but always called if they were delayed. Comments from people included, "They do come late sometimes, but no fault of theirs because they get delayed," and "they don't miss a call they always come." One relative confirmed, "staff never, ever miss a call," and were "very reliable."

A staff rota was produced each week to record details of the times people required their visits and which staff were allocated to go to each visit. We spoke to staff about the timing of visits and asked if they were given enough time to travel to their next visits. One staff member said, "yes we're given enough time to get to people. Sometimes visits take longer than the time allocated. If we feel that a client needs extra time we can request that. We always ring the next client to let them know if we are going to be late. We never miss a visit; they are given a time frame rather than a specific time."

The service had systems in place to ensure people who were identified as unable to alert the office of late or missed visits, were never missed. When visiting these people, staff would dial into the office from the client's landline at the start of their visit and again at the end of the visit. If for some reason the carer had not arrived at the time allocated for the client, the office would get an alert prompting them to locate the carer or send another carer out to complete the visit.

A member of the senior team was always on call outside of office hours and carried details of the rota, telephone numbers of people using the service and staff with them. This meant they could answer any queries if people phoned to check details of their visits or if duties needed to be re-arranged due to staff sickness.

People were supported by staff who had the required recruitment checks to prevent anyone who may be unsuitable to provide care and support. We looked at the recruitment records for three staff members. We saw that all the checks required by law had been completed before they were employed to work at the service. These included checking they had no criminal convictions and obtaining references to check their good character.

People were supported by staff to manage their own medicines. These were usually provided in a monitored dosage system for medicines. The system supported people to manage their medicines more easily because each dose of medicine was pre-dispensed by the pharmacist in a sealed tray. Where required staff supported people to take their medication. Staff had received training in managing and dispensing medication, any changes made to medication staff let the office know so that people's records could be updated. Where required staff supported people in collecting prescription's and ensuring people had enough medication supplied.

Is the service effective?

Our findings

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. Comments from people included, "They [staff] are well trained and they will do anything you ask" and "All staff are exceptional at their job."

Staff told us they had to complete a range of training before they worked in people's homes. New staff completed an induction when they started their employment that consisted of a mixture of training and working alongside more experienced staff. One staff member said, "Yes the induction gave me enough information about how to care for clients and the shadowing part was really valuable. It was all relevant to the clients."

Staff told us they felt well trained. One member of staff said, "The training is really good. It's fully comprehensive and I felt confident to go out and do the job." There was a programme of on-going training for all care staff to complete and update after specified periods of time. The service maintained an electronic training record for each member of staff. Examples of training included moving and handling, health & safety, food hygiene, fire safety, safeguarding and infection control. Staff were encouraged and given the opportunity to undertake advanced social care qualifications whilst working for the service.

The registered manager and the training and recruitment manager had a clear view of the training needs of the care staff and ensured these were met. Should there be any specific training needs identified, these would be addressed through extra training. For example, one person required to have their nutritional needs met through a feeding tube directly into their stomach. An external trainer was brought in to teach the care staff how to manage this to ensure all care staff were competent to provide care for this person.

Staff were supported through formal and informal supervision and yearly appraisals and we saw records of these on staff files. All staff we spoke with confirmed they received regular supervision. One care staff said, "I have supervisions and I find them useful." Supervisions provide an opportunity for management to meet with staff, provide feedback on their performance, identify any concerns, offer support and identify learning opportunities to help them develop.

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 manager was aware of the Mental Capacity Act 2005 and was aware of how to protect people's rights.

All of the people who used the service had capacity to make their own decisions and choices about the care they received. Staff were aware that people had to give their consent to care and had the right to make their own decisions. Staff respected people's right to refuse care. They told us that if a person did not want care, they would encourage them to have it by leaving them a while and then asking again. If the person still

declined, they would record this in the person's daily notes.

Where people receive support in their own home, applications to deprive a person of their liberty must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. No one being supported by Main Office were having their liberty restricted at the time of the inspection but the registered manager understood the process required

Where required, people were supported with their dietary needs. Staff assisted people with their meals by preparing food for them or by helping them with shopping for food. People told us they were offered choice in the meals staff prepared for them. People told us staff always asked them which meal they would like prepared or if they needed a hot drink. One person described how staff always knew which drink to prepare for them. Staff also understood which people had dietary needs. Between visits staff ensure that people have everything they needed such as drinks and snacks. For example, one person lived with diabetes and told us staff would always leave a snack for later, if they did not want a meal immediately.

Relatives told us about how staff support their loved ones health needs. One relative said, "I think they are very good. They are very quick to spot any issues and phone the GP or District Nurses if they need to." One community nurse commented, "If I phone them they are always responsive to what I request. They are very helpful and obliging." People were registered with their own local GP. Staff may support them to make appointments and arrange for repeat prescriptions as part of their care package. Where health and social care professionals were involved in the person's community support, the care staff worked alongside them to make sure people were well looked after. Staff told us they would call them to attend to people if they felt they required this. We saw referrals were recorded in people's care records.

Is the service caring?

Our findings

People were very complimentary of the support they received from staff and how caring the staff were. People valued their relationships with the staff team and felt they would help them in any way they could. People told us "Staff are lovely", "Staff are kind and caring", "Nothing is too much trouble." "They couldn't do anything better" and "They are marvellous. I don't know what I would do without them." People especially valued regular staff who they got to know well, "I am very lucky with the girls I've got."

Staff talked positively about their work. One staff member told us, "I just love being a carer, the people are so lovely." Another staff member said, "I really feel I can make a difference. We sit down, have a chat with them and take an interest in their lives. I can go away and know that they have been cared for well".

When we visited people's homes, we observed staff providing kind and considerate support, appropriate to each person's care and support needs. Staff were friendly, patient and discreet when providing care for people. Staff knew how individuals communicated their wishes and gave people the time they needed to make choices about their support. People told us staff did not rush them and staff always stayed longer than the booked visit if they needed extra time. One person said, "They stay for the full half hour and they don't rush me and they never say quick, quick hurry up".

Care plans contained enough detailed information so staff were able to understand people's needs, likes and dislikes. Staff had a good knowledge and understanding of people, respected their wishes and provided care and support in line with those wishes. This included supporting people to maintain their independence. People told us staff encouraged them to do what they could for themselves. One person told us, "They have helped me get my independence back following my accident, I needed more help then."

Staff understood what it meant to promote dignity and respect. Staff gave us practical day-to-day examples such as closing curtains when supporting people with personal care. Staff also gave examples that were specific to people and their circumstances. For example, staff understood which people were more independent and preferred to do certain tasks for themselves. Staff understood this was important to people in retaining their dignity and privacy.

People told us staff always checked if they needed any other help before they left. For people who had limited ability to mobilise around their home, staff ensured they had everything they needed within reach before they left. For example, drinks and snacks, telephones and alarms to call for assistance in an emergency.

People told us they knew about their care plans and the registered manager regularly asked them about their views on the service provided. Care plans detailed how people wished to be addressed and people told us staff spoke to them by their preferred name. For example, some people were happy for staff to call them by their first name and other people preferred to be addressed by their title and surname.

Is the service responsive?

Our findings

People received care that was individual to them and personalised to their needs.

People told us they were involved in planning and adapting their care to meet their needs. People were asked a number of questions before their care began, so that the most appropriate care for them could be organised. We saw people's care plans were amended as their needs changed. We saw as peoples need increased or decreased, their care was changed to respond to their needs. One person told us they had reduced the number of calls they needed because they now needed less help and this had been arranged.

We looked at care plans and saw these were 'person centred', detailed and gave staff information about people's backgrounds, routines and preferences, so staff could support them in the ways they preferred. For example, one person's record stated they liked white tea with 2 sweeteners, a glass of water, porridge and 5 prunes for breakfast each day. Care plans were written in a respectful and positive way. They included information about the tasks people could carry out independently as well as the care they required. Staff understood each person's individual care needs and could describe them to us. People we spoke with confirmed staff supported them in line with their own preferences.

Daily care records, kept in the folders in people's homes, were completed by staff at the end of each care visit. These recorded details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the persons care needs and any advice provided by professionals. We saw staff had completed charts for one person who had not eaten or drunk much that day. This made sure the next care worker would be aware of this in case the person was unwell. This showed people were receiving the on-going support they required to ensure their personal care needs were met.

Care was divided into geographical areas and was arranged so that staff did not have to travel far between visits. Care visits were matched to people's preferred times where possible. If care staff were late for a visit, they would let the office know to inform the next person of the delay. We looked at people's care records and saw people were allocated visits based on their preferred times.

People were confident that the registered manager would take their concerns seriously and felt confident to raise any complaints. One person said, "If I have any concerns I just phone the office and it gets sorted." Another person told us they did not get on well with one particular member of staff. They called the office and the member of staff did not attend any more of their calls. There was a complaints procedure in place, and when complaints had been received there was a clear response to the person making the complaint informing them of what action had been taken.

The registered manager completed spot checks and visited people whilst staff were supporting them. These visits had a dual purpose, they were able to assess staffs work performance, the interaction with the person and assess the person's view on how the service was performing. The registered manager also contacted people on a weekly basis via telephone to see if people had anything they were concerned about or wanted to change with their current care package; this allowed them to gather regular feedback from people using

the service and address issues in a timely manner. The service also sends out annual questionnaires to people and their relatives. These measures ensured people were able to feedback their views about the service they received and make any suggestions.

Is the service well-led?

Our findings

People were very complimentary of the registered manager and the service. People and relatives all described the management of the service as open and approachable. One person told us, "[manager's name] is nice person and knows what she is doing." Another person told us, "[manager's name] is very helpful."

The service promoted an inclusive and person-centred culture. People benefited from a staff team that worked well together. Staff told us, "We are a lovely team we all work well together and support each other." Staff shared the same vision of the service, to support people in their own home, to promote their independence and enable them to live a fulfilled life.

Staff were very complimentary of the manager saying that they were always available to give them support. One member of staff told us, "It's such a team spirit. It's all about the clients. We help each other, I think that comes from [manager's name] working alongside us." Another member of staff told us, "You can always ask the manager anything."

Staff had a good understanding of their roles and responsibilities. Staff felt supported through regular staff meetings. Staff said they could discuss anything at these meetings and they found them helpful to discuss people's care needs. Staff were encouraged to challenge and question practice and were supported to make improvements to the service. Staff felt that their opinions were listened to, one said, "I spoke to the management team about staff moving people from A to B using the stand-aid, as I wasn't sure it was safe. This was looked into and this brought about a change in practice." This demonstrated that people were being cared for by staff who were well supported in performing their role.

People were actively involved in improving the service they received. The registered manager gathered people's views on the service through direct feedback, telephone calls and by using questionnaires. The responses and feedback from the surveys were all positive. This showed that the management listened to people's views and responded accordingly, to improve their experience at the service.

The registered manager had a number of quality monitoring processes in place, these included carrying out spot checks on people's care and monitoring the support they received from staff. The manager also reviewed people's care records and written notes every month. The registered manager was very keen to deliver a high standard of care to people and they used the quality monitoring processes to keep the service under review and to drive improvements. All policies and procedures were kept under review by the registered manager and updated where necessary.

We had not received any notifications since our last inspection. The registered manager was aware when notifications had to be sent in to CQC. These notifications would tell us about any events that had happened in the service. We use this information to monitor the service and to check how any events had been handled.