

Advance Health Care UK Ltd

# Advance Healthcare (Bushfield Court)

## Inspection report

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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

### About the service

Bushfield Court is a Domiciliary Care Service providing personal care to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection the service was supporting 71 people with personal care.

### People's experience of using this service and what we found

People felt safe when receiving care and support. Staff knew how to raise concerns for people's safety and there were systems in place to report concerns to the local authority safeguarding team. People's risks were assessed and staff understood how to support people safely. There were enough safely recruited staff to support people.

People's needs had been assessed and their preferences recorded so staff could provide care that met their needs. Staff received training relevant to their role and were supported by the management team. People received support with food and drink where required and staff worked in partnership with healthcare professionals to meet people's health needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received support from staff who were friendly and kind. Staff worked with people to encourage them to maintain their independence. People's privacy and dignity was respected by staff who supported them.

Staff provided care that met people's changing needs. People's communication needs were considered and staff provided support in accordance with their individual needs. People knew how to raise concerns if they were unhappy about their care. There was a system in place to review concerns and take action to improve people's experiences.

People, relatives and staff spoke positively about the service. People had been invited to share their feedback about the care they received. Staff were supported through 1:1 and group meetings to share their views and contribute to the development of the service. There were systems in place to monitor the quality of care provided and make improvements where concerns were identified.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for the service under the previous provider was good, published on 20 May 2019.

#### Why we inspected

The inspection was prompted in part due to concerns received about staff not responding to people's changing health needs. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and effective sections of this full report.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Advance Healthcare (Bushfield Court)

## **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 checked 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was conducted by 1 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

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 7 people and 3 family members about their experience of the care provided. We spoke with 3 staff members, the care team leader and the registered manager. We also spoke with the area manager. We reviewed a range of records, these included 4 people's care records, medicines administration records, as well as governance and quality assurance records. We also looked at 2 staff recruitment files.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when receiving support from staff. One person said, "I am quite pleased with the carers, I feel safe with all of them when they are moving me." Another person commented, "The staff are very responsive when I press my lifeline or pull cord. That reassures me that I am safe here. I have not had to do this very often, but it is good to know how quickly they respond."
- Staff had received training in safeguarding and knew how to identify signs of abuse and what to do if they had any concerns. There were systems in place to record concerns, and where incidents had taken place, the registered manager had notified CQC, as required by law.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing had been assessed. Guidance was in place for staff to follow, to help them support people safely.
- Staff demonstrated a clear understanding of the risks associated with people's care and were able to tell us how they support people to manage those risks. For example, support associated with people's mobility, skin integrity and their mental health needs.
- Where people's needs changed their risk assessments were reviewed to ensure staff could continue to provide safe support which met their current needs.

Staffing and recruitment

- People received support in line with their assessed needs. This ranged from 1 to several calls per day, as well as nighttime support if required. One person told us, "I only have one carer, morning to midday, if I am not in my room the carer will come and find me. Which is really good."
- People and their family members valued the presence of staff in the building and told us this adding to their feelings of safety. One person commented, "I think they are very responsive here. If I don't go out of my room for a day, someone will always come and check that I am OK. You can't want better than that."
- Staff had been safely recruited. The provider had carried out pre-employment checks, including DBS checks, to ensure staff were safe to work with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines as prescribed. A relative told us, "The carers are looking after Mum brilliantly. They never fail to turn up and give her the medication she needs."
- Procedures for the safe management of medicines were effective, and systems to ensure safe

administration were in place. Where people required time specific medicines to manage health conditions, such as Parkinsons, this was clearly detailed in their care plan so staff were aware of the required parameters.

- Guidance was in place for the use of 'as required' medicines, such as creams or pain relief. Staff we spoke with were aware of how to support people with these medicines and were aware of the guidance.

#### Preventing and controlling infection

- People were supported in line with infection control policies, which reduced the risk of cross infection. Staff wore gloves and aprons when supporting them with personal care. Personal Protective equipment (PPE) was accessible to staff.

#### Learning lessons when things go wrong

- The registered manager and care team leader shared with us examples of learning from incidents and events.
- The provider had systems in place which ensured incidents were reviewed by senior staff to offer additional oversight and accountability where things had gone wrong.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 were assessed prior to them receiving care and support. Care plans contained information about people's needs and also their likes and dislikes in relation to their care and support needs.
- Assessments were individualised and contained details of people's cultural or religious needs and the impact of these on their care. Staff we spoke with knew people well and understood how their life histories or experiences, as well as culture needs, should be considered when providing support.

Staff support: induction, training, skills and experience

- People spoke positively about the skills of the staff who provided their care. One person said, "I have carers 7 days a week and they treat me gently, never rush me and are good to me. The carers do vary but they are all good. I think they are all excellent and I have not had any problems with any of them."
- There was an induction process in place for new staff members who completed training before providing care. They worked alongside experienced staff members, learning about people's care needs and professional working practices before working alone. Staff told us their induction process had equipped them well for their role.
- Staff received on-going training and support relevant to their role. 1 to 1 meetings were held as a way of supporting staff and also assessing their knowledge and training needs. This enabled the management team to identify any gaps in understanding and also offer additional training if required.

Supporting people to eat and drink enough to maintain a balanced diet

- Some people received support with meals, including preparation and support to eat. Care plans reflected people's preferences and staff shared examples with us of how they offered choices according to people's individual tastes.
- Where people's dietary needs had changed, for example, if people developed swallowing difficulties, relevant health care professionals were contacted by the staff team to request an assessment of the person's needs.

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

- People told us they received support to manage their health. People and their relatives shared examples with us of recent healthcare appointments which included opticians, chiropodists, staff from their GP practice, and community nursing teams.
- We reviewed actions taken by the management team when people's needs had changed or their health had deteriorated. We found appropriate referrals to healthcare professionals had been made.

- A visiting healthcare professional told us they thought the staff team were responsive to people's changing needs and asked for advice when people became unwell.

#### 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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff had received training in the MCA and shared examples with us of how they gained people's consent before providing care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 spoke positively about the staff who supported them and described them as friendly and caring. One person told us, "I feel that they (staff) respect me, and they are all gentle with me."
- Relatives expressed similar views. A relative said, "We have got the best carers here. They are very respectful towards [person], always asking "can we look" etc. They take their time with [person], have a laugh with them. They are really so helpful. They go over and above what I was expecting."

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

Respecting and promoting people's privacy, dignity and independence

- Staff spoke with fondness about the people they supported and had a good knowledge of their characters and personalities. They shared examples with us of how they involved people in decision making and prompted people to make their own choices.
- Care plans offered guidance to staff about how to support people to make choices, such as what to wear, and where to spend their time. Care plans also included information about how staff should support people's independence.
- Staff shared examples with us of how they maintained people's dignity and independence when providing care. This included encouraging people to wash themselves, and only offering support when the person was unable to do this without assistance.
- Staff respected people's privacy and knocked on doors before entering to provide care. Relatives spoke positively about the staff team. One relative commented, "They don't just look after [person], they also look after me. They are always asking if I am ok which is lovely."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's care was tailored to their individual needs. Care plans contained information about people's preferences and offered staff guidance on how to involve people in their care. People's likes and dislikes were also recorded so staff could provide care in line with people's wishes.
- Some people's care plans lacked detail about their life histories and experiences, however staff we spoke with knew people and their families well. The care team leader told us care plans would be reviewed to ensure any relevant information was included.
- Changes to people's care needs were added to care plans and risk management information to ensure care met people's current needs. This included changes in health or mobility needs, as well as any dietary changes.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information about people's communication needs was included in their care plans. One person's care plan explained that staff should allow the person time to speak and repeat back to them to check their understanding.
- Staff we spoke with understood people's communication needs. They shared with us examples of how they adapted their approach to communication according to who they were supporting.

Improving care quality in response to complaints or concerns

- People told us they would speak to the management team if they had any concerns about the care they received. One person told us, "If I have any concerns or issues, I am confident in talking to the management who are really approachable, as are the carers."
- There was a system in place for the management of complaints and this was overseen by the registered manager and area manager. Complaints were reviewed, responded to and then reviewed to see if any learning could be taken to improve the delivery of the service and people's experience of care.

End of life care and support

- Although there was no-one in receipt of end of life care at the time of the inspection, there were plans in place to support people in a dignified way. The staff team worked alongside local specialised healthcare

professionals who provided additional support to both people and their family members.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives spoke positively about the service. One relative said, "The time that [person's name] has been here has been amazing. Everyone is so helpful and friendly. [Person] is now starting to feel that they are looked after and valued."
- Staff were also positive about the service and the management team. One staff member told us, "Fantastic staff team, I would be happy for my parents to live here. Everyone is well looked after, as they should be. Dignity is kept and everyone is respected."
- Relatives told us they were confident their family members were well cared for. A relative told us, "If there is a problem that they cannot deal with then they get professional help and tell me not to worry. I know that [person] is in safe hands, everyone throughout this building keeps an eye on them, I can now breathe and relax."

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 aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

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

- The registered manager understood their regulatory responsibilities and was supported by a wider management team to monitor and improve the service. Systems were established to monitor quality and regular audits took place to review the care people received.
- Incidents and events, medicines, health and safety, care plans and staffing were all regularly reviewed and where shortfalls were noted and action plan was developed to address any concerns.

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

- People, relatives and staff had been invited to share their views on the service. We reviewed recent feedback from people and their families and found the majority was positive, with a few points of improvement noted.

- Staff told us they felt able to share their views about the service and the care they provided in group and 1 to 1 meetings. One staff member said, "People I'm working with have had a big impact on me. It's a welcoming place. You feel like you can ask staff, the managers as well. If I've needed anything, other staff have helped."

Continuous learning and improving care; Working in partnership with others

- There were established systems in place to ensure learning took place when information was received, or concerns raised. As well as learning from incidents and complaints, the management team worked towards an action plan to raise the standard of care provided.
- The registered manager and staff team worked alongside external professionals to ensure people's needs were met. This included staff from the GP surgery, community nursing teams, social workers, and occupational therapists.
- We spoke with a visiting healthcare professional who told us in their experience staff escalated concerns for people's health appropriately, and reported any changes to them.