

Advantage Healthcare Limited

Advantage Healthcare - North West & Yorkshire

Inspection report

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18 August 2023

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30 August 2023

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

Advantage Healthcare - North West & Yorkshire is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to adults and children with complex needs. At the time of this inspection 41 people were using the service.

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.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right Support:

Staff knew and understood people extremely well. People received care and support from a consistent team of dedicated staff. 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. Care plans were detailed and person-centred. The care plans provided guidance for staff about how best to support people's needs and preferences, and the outcomes to be achieved. People and relatives were involved in the care planning and regular reviews.

Right Care:

People received kind and compassionate care. People who provided feedback to us praised the service. People received person-centred care of a high standard. Staff were caring, kind and understanding and treated people with respect and dignity. Staff understood and responded to people's individual needs. People were protected from the risks of abuse and staff were trusted to keep them safe. Staff had received training in how to safeguard people. Medicines were managed safely. People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk.

Right Culture:

Staff placed people's wishes, needs and rights at the heart of everything they did. The culture of the service was friendly, open and transparent. People, relatives and staff were listened to, and their feedback used to inform improvement and development. Auditing systems were in place that enabled the registered managers to have effective oversight of the service and identify and respond to any improvements needed. People told us they felt safe and knew how to raise concerns.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was good (published 13 December 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Advantage Healthcare - North West & Yorkshire

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 carried out by 1 inspector.

Service and service type

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

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 a short period notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 10 August 2023 and ended on 18 August 2023. We visited the location's office

on 10 August 2023.

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. We used all this information to plan our inspection.

Due to technical problems, the provider was not able to complete a Provider Information Return (PIR). 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.

During the inspection

We spoke with 2 people who used the service and 3 relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, deputy manager, head of nursing, chief nurse, nurses, care workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at records in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and staff were trusted to keep them safe. People told us, "I feel safe" and "Everything is fine, I am happy [with the care]."
- Staff had received training in how to safeguard people. Staff we spoke with were confident to report concerns and satisfied that action would be taken to investigate them. A staff member told us, "I have had training in safeguarding. I would report any concerns straight to the case manager, or I would ring on-call if nobody was in the office."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff assessed risks to people's health, safety and wellbeing.
- People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. People's ongoing risk assessments were reviewed on a regular basis and when needs changed. Professionals from multi-disciplinary teams were involved in care planning as needed.
- Accidents and incidents were recorded and monitored. Staff managed accidents and incidents safely; first aid support was provided where needed, medical support and advice was sought, and management were kept updated. Systems were in place for recording and analysing any trends.
- The service had systems in place to learn from incidents and used this learning to drive improvement and reduce future risks. The provider implemented a programme known as 'Take 5' which involved sharing learning with staff and reminding staff of good practice following findings.

Staffing and recruitment

- Recruitment checks were robust to ensure staff were suitable to work with vulnerable people. Appropriate staff were recruited and matched to meet people's needs. Staff had the necessary safety checks in place before starting work.
- People had consistency in their care staff as each person had a small staff team to support their day to day needs. A person told us, "I get the same carers." A relative added, "[Relative] has a group of carers that are regular. We wanted regular carers and they [service] have provided [a regular team]. [Relative] gets upset with new faces, a regular also team puts us at peace."
- The provider had systems in place to monitor staffing levels and ensure people received their visits. An electronic system was used to determine staffing levels, issue staff rotas and deploy staff to people's care visits. Staff told us, "There is enough of us, we are over staffed at the minute" and, "Staff sickness is always covered."

Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed. A relative told us, "They [staff] administer [relative's] medication. There have been no issues."
- Staff had to undertake training before they could administer medicines and received competency checks to ensure they administered medicines safely. One staff member told us, "I have recently come back to this company. I have re-done my [medication] training and someone from the office will come out and do my medication observation next week [before I start my shifts]."
- Medicine records were used daily and complete. Monthly auditing systems were in place for Medication Administration Records (MARs) and any follow up action required was completed.

Preventing and controlling infection

- Staff received training in infection prevention and control and told us personal protective equipment [PPE] was readily available to them. A person told us, "They [staff] wear aprons and gloves [when they visit]."

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 our last inspection we rated this key question good. The rating for this key question has remained 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;
Supporting people to eat and drink enough to maintain a balanced diet

- People's needs were assessed prior to starting with the service and care plans were developed according to people's needs. Care plans reflected a good understanding of people's needs.
- Care plans included relevant health and personal information. Staff monitored people's healthcare needs and worked in partnership with the nursing team employed and other relevant healthcare professionals, as required. A nursing staff member told us, "I support complex care packages, facilitating people with complex care conditions to live a normal life as possible. We advise the branch nurses on what is needed, and we contribute to the care plans which are written by the branch nurses."
- People and relatives were involved in the care planning, which was reviewed regularly or when people's needs changed. A person told us, "I have a copy of my care plan and I have meetings about my care. They [managers] were here yesterday [to review my care needs]." A relative added, "We are involved in reviews and attend meetings."
- Where people required support with their food, the level of support was agreed and documented in their care plan. Staff were provided appropriate related training to manage people's complex diet and nutritional needs.

Staff support: induction, training, skills and experience

- Staff had received an induction when they first started working at the service, and training relevant to their roles and the person they supported had been provided. A staff member told us, "I had an induction [when I first started] and I have received training. The induction was really good, informative and easy to follow. I had to complete shadow shifts [observing experienced members of staff], it was all detailed and enough. I have also had specific training to meet my client's needs."
- Staff had regular training and opportunities for supervision [one to one support sessions with their line manager]. A staff member commented, "I have supervisions regularly, every 3 months or so. They are helpful. I also get annual appraisals."

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

- People's records included detailed information about each person's health needs and guidance for staff to show how these were met. People had access to healthcare professionals who provided guidance and support to ensure people lived as healthy a life as they could.
- Information was available to other agencies if people needed to access other services such as GPs, health services and social services. Health passports (documentation that details people's health needs and

contains other useful information) were used.

- Timely care was provided. The provider operated an electronic call monitoring system which allowed managers to monitor if staff were on time for people's visits, and generated alerts for managers to action when staff were running late for visits.

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 received training in MCA. Staff understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. One staff member told us, "I have had the training [in MCA]. It is about seeing if people can make their own decisions, such as decisions with their health and keeping safe."
- Mental capacity assessments and best interest decisions were considered. People's care plan contained information about people's cognition and decision making skills. Capacity assessments and best interest decisions were in place where required.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- Staff had received training in equality and diversity and they were committed to ensuring people were treated well.
- Staff knew people's history and preferences and used this knowledge to support them in the way they wanted. A person told us, "They [staff] are kind and caring." Relatives added, "The carers are very kind and caring. [Relative] has a good relationship with them" and, "The carers are lovely."
- People received good quality care and treatment, supporting their wellbeing. People we spoke with during the inspection process gave positive feedback about the service.

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

- People's views and decisions about care were incorporated within their care packages. This helped staff to support people in a way that allowed people to have control over their lives and make day to day decisions. A person told us, "They [staff] always listen to me, I have quite a lot of chats with them."
- Care plans included relevant information about people's diverse cultural, spiritual or other requirements. A relative told us, "[Relative] has an interaction folder. [Relative] likes rhymes and staff members sing regularly."
- People were involved in making decisions about their day to day care. A staff member commented, "I ask them [people] what they want [to do, to eat], I do not decide for them."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, privacy and respect. A person told us, "They [staff] treat me with dignity and respect."
- People's independency was encouraged where possible. A relative told us, "They [staff] encourage [relative] to do things for themselves." A staff member added, "I encourage them [people] to do most things for themselves and help where needed."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- Care plans were detailed and person-centred. The care plans provided guidance for staff about how best to support people's needs and preferences. Staff completed daily care records for people, which showed staff were meeting people's individual needs as recorded in their care plans.
- People and relatives were involved in reviews and care plans were accessible electronically with live updates.
- People and relatives were involved in the care planning and regular reviews. A relative told us, "I am involved in the care and we have meetings in relation."

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.

- People's communication needs were met. The service was aware of the AIS and each person's specific communication needs were detailed in their care records.
- Staff had a good understanding of people's communication needs. A staff member told us, "[Person] is non-verbal, we use eye contact and monitor their body language to know how they are feeling. For example, if they are having a bad day their chin goes down."
- Information was available in accessible format, on request.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans contained a range of person-centred information, including detailed key background information, what was important to each person and how best to support them.
- Staff supported and encouraged people to attend college, access the community, take part in activities and maintain social relationships to promote their wellbeing. A person told us, "I like watching football and talking to them [staff]. They [staff] take me out so can I have meetings with my friends and watch football."

Improving care quality in response to complaints or concerns

- Complaints had been responded to in line with the provider's complaints policy. There was an up to date complaint policy in place and the provider ensured the quality of care could be assessed, monitored and

improved upon.

- People and relatives felt able to raise concerns and were confident these would be addressed. Relatives told us, "I have no concerns" and, "I raise concerns as needed and they [managers] do address them."

End of life care and support

- End of life care was not routinely provided. Staff had access to end of life training and end of life care could be facilitated alongside community healthcare professionals if required.
- Care plans included people's end of life wishes.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- Person-centred care was promoted. The registered manager and staff demonstrated a commitment to people, and they displayed person-centred values. People's choices were respected, and staff supported them to achieve good outcomes. A person told us, "Everything is good. I would recommend them [service]. They are the best care company I have had."
- The culture was open and inclusive. Staff said they enjoyed their roles and the relationships between staff and people was positive. A staff member told us, "We have a good relationship with the team and with the clients. Every team member is really nice, we have never had a bad egg on a team. I have been with the company for years. They have got better and better over the years."
- The staff had clear values which included a passion for providing a high standard of care to people. These values were embedded into the service and staff members we spoke with.
- Staff felt empowered and valued in their roles. The management team were keen to praise staff for individual contributions. A relative told us, "We always provide feedback and the carers get a thank you card."

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; Working in partnership with others

- The service understood their responsibility to let people and their relatives know if something went wrong under their duty of candour.
- The service worked in partnership with other health and social care organisations and the community to achieve better outcomes for people using the service. There was a good working relationship with commissioners. For example, the service built relationships with local community organisations and worked closely with professionals. Learning and success stories were shared with the team.

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

- People and their relatives' views had been sought through regular contact, provider surveys and quality monitoring. The provider conducted a survey in 2022 and drove improvements via a 'you said, we did' initiative.
- Staff views were sought through regular meetings, supervisions and surveys. Feedback from staff was positive.
- The provider had implemented initiatives such as care worker of the month to recognise good practice

and staff were awarded with certificates and vouchers.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider was passionate about driving improvements. The provider implemented a change improvement programme which involved fortnightly quality reviews of different aspects of the service and driving changes to improve the quality of care.
- Governance systems were in place to monitor the standard of care people received. Staff had regular contact with people and completed regular reviews, meetings and quality checks, which also reviewed the quality of care people received.
- Various auditing systems were in place and timely action was taken if follow up work was required. Regular audits of people's care plans, medicine records and daily records took place.
- The provider operated an on-call system to ensure staff had access to management support during out of hours. A staff member told us, "They [on-call staff] are helpful and supportive. I have always valued our on-call, it is the same people manage the on-call and we have a good relationship with the on-call staff."
- Staff praised the registered managers and wider management team, they felt supported in their roles. Staff told us, "[Registered manager] is nice, approachable and helpful", "The case manager is good, we get on, they resolve any issue raised" and, "I have a good relationship with my manager. It is a good company and a good employer. I would definitely recommend this company."