

Advantage Healthcare Limited

Advantage Healthcare - South Coast

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Advantage Healthcare - Southcoast is a domiciliary care service providing the regulated activities of personal care and nursing care to people in their own homes. The service supported children, young people and adults of all ages who required support with a range of care and health needs. Some people were supported with 24-hour care provision. At the time of our inspection there were 10 people receiving personal care or nursing care.

Not everyone who used the service received 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 have made a recommendation about the recording of medicine management. We have made a recommendation about the recording of mental capacity assessments and best interest decision making.

Audits of care records did not always identify areas for improvement or gaps. A new online care record system was being introduced to give managers improved processes to review and audit records.

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 did not always support this practice. We found mental capacity assessments and best interest decision making was not robustly documented.

Staff were safely recruited to their roles. There were safeguarding policies and processes which staff followed to keep people safe and report any concerns. Staff were trained to manage infection prevention and control and had access to the personal protective equipment (PPE) they needed.

People's nutritional and health needs were managed effectively with them. Professional advice and guidance was followed when people required healthcare and nursing support. People's needs were regularly reviewed, and referrals were made to health professionals when required.

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.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 31 December 2019).

The provider completed an action plan after the last inspection to show what they would do, and by when, to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations, however, the service remains rated requires improvement.

Previous recommendations

At our last inspection we recommended the provider made checks to ensure all staff completed training required by the provider. At this inspection we found staff training had been completed and was monitored appropriately.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions of safe, effective and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Advantage Healthcare – Southcoast on our website at www.cqc.org.uk.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Advantage Healthcare - South Coast

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 homes.

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 of notice for the inspection because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 26 January 2023 and ended on 10 February 2023. We visited the location's office on 26 January 2023 and 27 January 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed the information received from and about the service. We used all this information to plan our inspection.

During the inspection

We visited the office and spoke with the registered manager and the clinical nurse lead. We reviewed records, including 5 people's care plans, risk assessments and medicine records. We reviewed staff training records, 4 staff recruitment files and a variety of records relating to the management of the service, including quality monitoring systems and audits.

Following our visit to the office, we spoke with 3 care staff. We spoke with the relatives of 3 people who used the service. We received feedback from 3 health and social care professionals who had contact with the service. We spoke with 2 senior managers to get feedback about the governance and auditing systems the provider had in place. We continued to review the information sent to us by the provider.

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 requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection the provider had failed to ensure they had contingencies in place for unplanned staff absence and for flexible rotas. People had been left without care at short notice. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2004 regarding Staffing.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Appropriate staffing numbers had been identified to meet people's needs. Vacancies were actively recruited to. We received mixed feedback from people's relatives and staff about the consistency of staffing numbers to meet people's needs. We were given examples of some gaps in service when staff were not available. Overall, people mainly received care from a team of care staff or at least 1 regular carer.
- Staff rotas were planned in advance to create stability of the times that people received the same carers, for example the same carers for day or night routines.
- Staff were safely recruited to their roles. Recruitment records showed staff were subject to appropriate checks for suitability, including Disclosure and Barring Service (DBS) checks. These 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 were not always supported by staff who followed safe recording systems. Body maps were not always used effectively to show where topical creams should be applied. Records did not clearly show how risks related to emollient creams should be mitigated. Relatives and staff we spoke with were confident the correct processes were known verbally.
- PRN 'when required' medicine protocols were in place but did not always provide enough details about the order of use for similar prescribed products such as for inhalers and for topical creams. Staff we spoke with knew people's skin care and health regimes well and knew general risk management for use of emollients. Relatives also told us that staff knew people's needs well and worked effectively with them to deliver agreed care. The provider assured us records would be reviewed and updated with necessary details.

We recommend the registered manager ensures audits of medicine management are reviewed to ensure the

use of body maps, emollient cream risk assessments and PRN protocols are included.

- Medicine policies were in place and staff were assessed for competency before undertaking medicine administration with people. Training for people's individual medicine and health needs was overseen by the clinical lead.
- People were encouraged to self-manage their medicine as much as they were able to. Where medicine administration support was provided to children and young people, staff worked alongside parents and relatives to ensure safe handovers and to communicate any changing needs or concerns.

Assessing risk, safety monitoring and management

- People's risks had been identified across a variety of needs including mobility, skin health, nutrition and medicine management. However, some risk assessments were focused on organisational or generic risks, rather than those experienced by the individual person. Risk management plans therefore sometimes lacked detail relevant to the person they were about. We raised this to managers who will be reviewing and updating all care records being moved to the online system being brought in.
- The clinical lead reviewed people's risk assessments and liaised with relatives and health professionals as required.
- Care staff undertook handovers of care tasks and people's needs to carers and family members involved in supporting people or involved in people's care provision.
- Equipment people required for mobility, fall prevention or health interventions was identified within people's risk assessments.
- Care staff received specific training to meet the equipment and health needs of the people they supported.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibility to raise any safeguarding concerns about children and vulnerable adults. Safeguarding policies and training were in place to ensure staff understood how to recognise potential safeguarding concerns.
- People's relatives told us they had confidence in staff and managers to respond appropriately to any allegations or signs of abuse, to keep people safe.
- The registered manager understood their responsibility to report allegations or potential instances of abuse to the local authority.

Preventing and controlling infection

- People were protected from the risk of infection. Staff had access to the correct personal protective equipment (PPE) when required.
- Staff received training about safe infection prevention and control practices when working in people's homes. Staff gave us examples of how they ensured they kept people safe when providing support with personal care and meal provision.
- The provider had an up-to-date policy to manage infection prevention and control.

Learning lessons when things go wrong

- There were systems in place to record and audits any incidents and accidents experienced by people.
- When incidents happened, these were reviewed and analysed to ensure lessons could be learned and steps taken to reduce recurrence.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

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 requires improvement. At this inspection the question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection we recommended the provider made checks to ensure all staff completed training required by the provider. The provider had made improvements.

- Staff received specific training to meet the equipment care and health needs of the people they supported. There were shadowing processes and training facilities in place for staff to learn how to operate equipment and routines safely. Staff told us they felt well trained to provide specific care to the people they supported. Despite this we had mixed feedback from people's relatives about the preparedness of new staff to carry out some lifting and practical tasks.
- People's relatives felt care staff were knowledgeable about people's care needs. Overall relatives told us carers knew their role and worked well with families to provide a caring and competent service.
- Staff who held a professional registration, such as for nursing, received supervision from a qualified person to support their practice to meet required professional standards.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law;

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.

- The service did not always robustly record assessment of mental capacity and how decisions were made

in people's best interests. The registered manager had established when people lacked mental capacity and had worked with people's representatives and professionals, but had not always recorded their assessments effectively. We spoke with the registered manager and senior managers about their approach. They agreed to review their records and ensure relevant mental capacity assessments and best interest decisions carried out by the service were accurately recorded.

- Where people had mental capacity to give consent this was sought by staff before providing care and support.
- Staff understood that people who did not have mental capacity to give consent could choose to accept or decline support. One staff member told us, "People do not have to accept their medicine if they don't want to. We record on their record when they decline and would raise a concern if this happened." Another member of staff said, "No-one is forced to accept care, we all work with the person we support to help them feel comfortable with us. [the person] doesn't understand what would happen if they kept declining care so we are very careful as a team to be gentle and relaxed so they are happy."
- People's care needs were reviewed regularly. People's relatives told us care plans were updated when relevant and that improvements or changes were identified. Relatives told us they contributed to reviews and could request these if required.

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

- People who required their nutritional intake monitoring received support from trained staff who understood their needs. Records were kept showing how much people consumed to ensure changes were identified promptly.
- People preferences for food and drink were recorded in their care plans. Where staff prepared people's meals, they knew what people liked and the portion sizes they preferred, these preferences were accommodated.
- Specific needs for food and drink consistency was recorded and supported. People had been referred to the Speech and Language Therapy (SALT) Team when swallowing difficulties had been identified.

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

- Where people had complex health needs, staff worked closely with specialist health teams and professionals to ensure good communication and clinical support.
- Registered nurses and care staff were trained in the clinical procedures they carried out, such as managing catheter equipment, PEG (Percutaneous Endoscopic Gastrostomy), airways suction and breathing equipment.
- Manager and staff communicated all relevant information to other professionals. Health and social care professionals we spoke with had confidence staff followed their recommendations.

We could not improve the rating for effective from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

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 requires improvement. At this inspection the rating has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Some care and medicine records lacked detail about the care provided to people. Audits and reviews of care records were carried out at the branch but had not identified gaps in the detail of medicine records, risk assessments and mental capacity records.
- Provider governance was not always effective in identifying areas for improvement. The provider had a range of governance and audit processes which monitored branch performance, feedback surveys and system developments. However, these did not identify improvements required in care records.
- We spoke with the registered manager and senior managers about the shortfalls we found in how some information was recorded in care records. We saw the provider had policies and processes in place to ensure records were full and accurate, but these needed more robust audit processes. New online record systems were being put in place which were planned to ensure immediate and remote access to care records and information for managers to audit. There were clear plans in place to ensure improved governance of record keeping.
- Care staff we spoke with were confident about their roles and tasks, they spoke positively about how they supported people, their relatives, and professionals to deliver care.
- The registered manager understood their responsibility to notify CQC about certain incidents and events. Required notifications had been sent to CQC. There were processes in place which ensured incidents and accidents were recorded, reviewed, and acted on to prevent recurrence.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sent regular communications to staff to update them about good practice and current issues in social care. Staff worked in small teams of regular carers working with each person. Staff told us the communication was good within these small teams.
- Staff were proud of building trusted relationships with people and their relatives and understood the position of trust they had when working with people in their homes.
- Feedback was sought from people and their relatives about their experience of care and support. Relatives told us they had received feedback surveys and were part of annual reviews where people were not able to represent themselves.

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 provider had a policy and process to fulfil their duty of candour if things went wrong. Managers understood their responsibility to investigate and communicate effectively if this happened.
- Staff understood their responsibility to report any concerns to managers and to work in an open and honest way with people.

Working in partnership with others

- The management team spoke with us about a strong commitment to tailored care and working with people's social care and health professionals, and relatives.
- Social care and health professionals we spoke with experienced timely and proactive communication from staff and managers. Professionals reported that any concerns were escalated quickly, and referral made appropriately.

We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.