

Advanced Industrial Personnel.com Limited

Advanced Personnel

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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

Advanced Personnel is a domiciliary service supporting people in their homes. The service was supporting four people.

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

People and their relatives spoke positively of the staff and the manager at Advanced Personnel. One person said, "I could not speak more highly of these people [staff and manager] for what they have done for me."

One person's relative said, "I have nothing but praise for them [staff]. They are an extra pair of hands, I couldn't manage without them. They [staff] come on time and often run over, there is no extra charge."

The provider (owner) and the manager had not created strong systems to promote people's safety in terms of the recruitment of suitable staff. The provider had also not created systems to test the quality of care provided. They had asked an employee to manage the service on a temporary basis. The manager had identified shortfalls in the service. But the provider had not put effective systems in place to sustain the improvements the manager was intending to make to support the management of the service in the future.

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; but the policies and systems in the service did not always support this practice.

People said they felt safe with the staff who supported them. People had risk assessments and plans in place to promote their safety. Staff knew what they must do if they had concerns about a person's safety or if they had suspicions of potential abuse.

Staff received inductions which they said prepared them for their roles. The manager completed checks to establish if staff were competent in all areas of their work. Staff had a good knowledge about people's needs and how to promote their health and well-being.

People and relatives spoke well of the support and assistance staff offered to people in providing meals and drinks. The manager had checks in place to ensure staff were promoting people's hydration in order to keep them healthy.

Staff were kind and caring. People felt connected to the staff who supported them. People told us that staff respected their homes and treated them with respect.

People had detailed care assessments to identify their preferences in relation to their daily care. People received care visits at the times they requested, and they saw a regular group of staff. Staff told us that they knew people well, and they had enough time to meet people's needs and spend time with them.

There was a positive culture among the staff team and the day to day management of the service.

You can see what action we have asked the provider to take at the end of this full report.

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

Rating at last inspection

This service was registered with us on 01/05/2018 and this is the first inspection.

Why we inspected

This was planned inspection following the service being registered.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.
Details are in our well-Led findings below.

Requires Improvement ●

Advanced Personnel

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service should have had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There was not a registered manager in place at the time of the inspection. There was an acting manager. We were advised later that a manager had been appointed who intended to apply to become the registered manager.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection. We also needed people's consent to phone them.

What we did before the inspection

The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

We used the information the service had sent us following their registration. We used this information to

plan our inspection.

During the inspection

Most people who used the service were unable to speak with us. We spoke with two people's relatives and one person who used the service. We also spoke with two members of staff and the manager.

We reviewed three people's care plans, assessments, and related documents. Three staff files in relation to recruitment and staff supervision. A person's medication record and other records related to the management of the service.

After the inspection

We sought clarification about end of life care planning. An action plan was sent to us from the manager, which we reviewed. We received further clarification regarding the vacant registered manager's post.

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 for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe. There was a risk that people could be harmed.

Staffing and recruitment

- Recruitment processes were not always safe. For example, one staff member had no current Disclosure and Barring Service (DBS) in place. They had been employed by the manager at a service they used to own. However their DBS was last checked in April 2019, but they were employed at this service in August 2019. They were providing care visits to people whilst the manager was waiting for a current DBS.
- Gaps in staff's employment history were not being explored by the manager.
- The identities of staff were being verified. But one member of staff's record was still awaiting a verification check that their original documents had been seen by the previous manager.
- The provider was not checking their processes were being followed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate staff had always been safely recruited. This placed people at potential risk of harm. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives told us that there was enough staff. Care visits were not late, and people were not rushed.
- Staff said they had enough time to spend with people, respond to changes in their needs, and emergencies.
- There was an electronic system in place for the manager to monitor care visits took place and were on time. They showed us how this worked.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding what potential abuse could look like.
- Staff knew they must report their concerns straight away. They also knew the nominated individuals contact details and the agencies outside the service they could also report their concerns to, such as the local authority.
- However, one member of staff said they would alert a person's relatives of their concerns. This is not safe practice and it could undermine a potential safeguarding investigation.
- People and their relatives said they felt safe with staff. One person's relative said, "I've seen them [staff] they're very good. Oh no concerns regarding safety." Another person's relative told us, "They [staff] always makes sure [name of relative] wears their pendant [community alarm]. The carers from the other agency

were always forgetting."

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

- There was an accident and incident process in place to respond to these types of events. However, following an event which potentially impacted on a person's safety, lessons were not learnt. A new plan was not created to respond to this. Nor was this shared with staff.
- We spoke with the manager about this. Who agreed improved post-accident analysis needed to take place in the future.
- There was a plan in place to enable the service to function in the event of an emergency. This was to offer guidance on how to respond to severe weather events and a sudden reduction of staff. People who were most in need were identified. However, these plans were not held in one place and it was not being shared with senior staff who would need to use it. There was no reviewing of the plan to check if it was up to date and accurate.
- People had risk assessments in place which identified the risks people faced. There were plans in place to promote people's safety.

Using medicines safely

- People and their relatives told us that there had not been any issues with staff supporting people with their medicines.
- Staff had detailed medicine administration competency checks in place. As part of this the manager checked staff were monitoring the stock of medicines in case the person was getting low on their medication stock.
- The manager had checked and recorded who supported individuals to order their medicines. They had also obtained the pharmacy's contact details in case this was needed.

Preventing and controlling infection

- People and their relatives told us staff promoted good hygiene. One person said, "Oh God yes, [staff] always wearing gloves and aprons."
- Staff told us they had received training in infection control and explained how they promoted people's safety in this area. One member of staff said, "I always wear aprons and gloves and shoe protectors when I assist [name of person] to have a shower."

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 Requires Improvement. This meant there were elements of the effectiveness of people's care, treatment and support where improvements were needed.

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 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.

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, we found there were some shortfalls in the promotion of people's rights in this area.

- People had signed consent to receive care. However, one person's relative had signed this agreement, but this person had capacity to agree to care themselves. The manager told us that the person preferred their relative to sign documents for them. But this was not documented. Nor was it recorded this person had given verbal consent.
- The service had asked people's permission to share their information with health professionals. But they had not asked people if they could share their information or concerns with the local authority. The manager agreed the service would report concerns to social services if they needed to.
- When people had given certain legal powers to named individuals proof of this had not been seen by the management of the service. In one case, the person's plan regarding this was not being followed.
- People's capacity to make certain decisions was not being assessed and recorded by the manager.
- We spoke with the manager about these issues who told us what actions they would take to correct these shortfalls.
- People and their relatives told us staff gave them choices. This was also promoted in people's care plans.
- Staff told us how they offered choices to people about the clothes they wanted to wear or what they wanted to eat.

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

- The manager and the previous manager had completed holistic assessments of people's needs, exploring

people's health and care needs. This included their preferences of how they wanted to receive care.

Staff support: induction, training, skills and experience

- Staff told us that their inductions prepared them for their job. One member of staff said, "Yes, the training in key areas was helpful in giving you that basic knowledge."
- Staff shadowed more experienced staff to learn what it was expected from them. Most staff had worked with the people the service supported at a different care agency, so they told us that they knew people and their needs.
- Staff received a check before their induction ended. One member of staff said, "I got a spot check out of the blue, I got good feedback."
- Staff received competency checks. Although these checks did not always evidence how the manager had reached their decisions that staff were competent.
- Training was up to date. Staff had just recently started to receive supervisions, this had not happened on a routine basis before.

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

- People and their relatives said they were supported well with food and drinks. One person's relative said, "They [staff] are good [regarding food and drinks], they [staff] called me last week, concerned [name of relative] had not drunk much that day." Another person's relative said, "Oh no problems with food."
- One person said, "They [staff] are skilled with meals and drinks."
- In people's care records we saw recorded what people liked to eat and drink. Staff were directed in detail about how to encourage and promote good fluid intake.
- We saw it was recorded on the services electronic system when drinks were given and left for people. These records were completed in a consistent and detailed way.

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

- People and their relatives told us how staff supported them when they were unwell. One person's relative said, "Carers [staff] monitor [name of relative's] health, [relative] has a good little team."
- Staff could tell us the signs that individuals were unwell. One member of staff told us what action they had taken when they believed the person had the start of a urine infection. This was appropriate action and as the person's care plan directed.
- We saw recorded when staff had called emergency services on a person's behalf. Staff told us that in these cases they stayed with the person, to monitor their health needs and offer support.

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 and their relatives spoke positively about staff. Saying they were kind and caring. One person said, "Can I just say, I wouldn't be alive if it wasn't for those carers [staff]. I love them [present staff] to bits." A person's relative said, "[Name of relative] loves them [staff]. I couldn't praise them [staff] enough." Another person's relative said, "They [staff] go the extra mile." They told us how staff water their relative's plants, "Because it's important to [name of relative]."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us how staff respected them. One person said, "They [staff] talk to me as a human being. They make sure I am okay."
- We were told that staff treated people's home with respect. One person said, "Oh these people do, they [staff] have not broken anything."
- One person's relative told us how their relative was not happy that staff did not always wipe their feet when they came into their home. They said, "[Relative] spoke with the manager and [manager] spoke with staff." They told us it hasn't happened again.
- We saw recorded in people's assessments clear direction for staff to promote people's independence with elements of their personal care routines.
- Staff told us that they were mindful of encouraging and assisting people to complete some tasks themselves.
- People's information was stored securely in the office and in an electronic system. When staff communicated to one another via 'WhatsApp' they only used people's initials.

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

- We saw recorded people had been asked or their relatives had been, about their preferred routines. These were detailed and personal to individuals.
- People told us that staff involved them in planning their support when they visited them. People's relatives felt confident staff would do this.

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 had detailed and person-centred care assessments and plans. These gave clear and step by step guidance for staff to follow to meet people's preferences, wants, and needs.
- It was evident from reading these assessments that time had been spent with the person and in some cases their relatives to identify how people wanted to receive support from staff. These were personalised documents and different for each person who the service supported.
- The manager believed that these assessments could be improved upon to explore the person's backgrounds and their interests to promote staff to give more person-centred care. This work had already started.
- When we spoke with staff they were fully aware of people's needs.
- People had not routinely had reviews of their care. However, the manager was aware of this and was planning to correct this. We saw one person's review which had been completed some time ago. The previous manager had visited the person and spent time obtaining their views of the care provided. This was detailed and well evidenced.

End of life care and support

- People had end of life plans in place. However, these lacked details about people's wishes and needs for this time of their lives. The manager was aware of this shortfall and told us they were intending on making plans to correct this issue.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- In people's care assessments there was detailed information about how staff were to promote people's communication needs when they supported them.
- There was information telling staff how to encourage people to wear their hearing aids. Where to stand and how to talk to some people, to help them understand better.

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

- People and their relatives told us that staff engaged with them and people felt connected to the staff who visited them. One person said, "They [staff] make sure I am ok, they ask about my [pet] which is important to

me."

- One relative said, "[Relative] thinks of them [staff] as relatives, there is no them and us. Oh yes they have a good chat together."
- Staff told us that they spent time talking with people while they supported them and before or after the care tasks had been completed. One member of staff said, "I feel I have got to know people, I always ask initially how the person wants things done. [Name of person] said they liked that."
- Staff could tell us about people's lives, their experiences and what was important to them. One member of staff told us, "We talked about the war last week, I'm always learning."

Improving care quality in response to complaints or concerns

- There was a complaints process in place which listed the various agencies and their contact details the complainant could go to, if they were not satisfied with the outcome of the complaint.
- The service had not had any formal complaints. One issue relating to a staff practice matter had been raised by a person. We were told what action was taken to quickly respond to this.

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 Requires Improvement. This meant the service management and leadership was inconsistent. Leaders did not always support the delivery of high-quality care.

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

- The provider and nominated individual (who is responsible for supervising the management of the service on behalf of the provider), were not completing any quality assurance checks on the service. They were not monitoring or testing the quality of care or how the service was being managed.
- There were no other firm systems in place to enable the manager to monitor the quality of the service.
- The provider and nominated individual were relying on the manager to make improvements, without checking their work or creating systems to enable the standard of care they were setting to be carried forward, when they stopped managing the service.
- These provider failings could have a negative impact on people, especially if the service grew, which we were told was the providers intention.
- There was no registered manager in place. There had been no recruitment plan made to ensure the right candidate was selected at the time of the inspection.
- We had requested a Provider Information Return and we had not received a response.
- When we raised these issues the manager and nominated individual sent us an action plan outlining the improvements they planned to make.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 manager had a process in place to respond to accidents, incidents, and complaints.
- However, the provider was not assessing if they were meeting their duty of candour or legal requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- No work had been completed to try and engage with the community and other agencies or organisations relevant to people's needs. The manager was aware work was needed in this area.
- People did not have regular reviews. Staff had not been having regular supervisions. People and staff

were not being involved in the development of the service.

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

- There was a positive culture at the service. The manager did not believe the service was in a place to increase the amount of people they were providing care to. They had agreed with the nominated individual not to accept new people until the management of the service had stabilised and improvements had been made.
- The manager had a clear understanding of what good domiciliary care looked like. People received care visits at times they were happy with. Care visits were not late or shortened.
- Staff had time to spend with people. Staff said they were not under any pressure to rush and people confirmed this. Staff also told us that they had enough time to travel to people. One member of staff said, "I've run over on a care visit a few times. Never had any push back [from the manager] about this."
- People and their relatives had a firm view that they received a good service. People and their relatives felt valued and important. One person said, "These people [staff and manager] have standards."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA 2008 (RA) Regulations 2014: Well Led. There was a lack of effective systems to ensure quality care was always provided. Regulation 17 (1) and (2) (a) (b)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Regulation 19 HSCA 2008 (RA) Regulations 2014: Fit and proper persons employed. There was a lack of checks regarding persons employed at the service. Regulation 19 (1) and (2) (a) (3) (a)