

Advencare Ltd

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Inspection report

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Date of inspection visit:
02 February 2017
03 February 2017
06 February 2017

Date of publication:
08 March 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 02, 03, 06 and 07 February 2017 and was announced. This meant we gave the provider 48 hours' notice so they would be available to support the inspection process.

Advencare is registered with CQC to provide personal care for people who lived in their own homes. However during the inspection we saw some documentation was in the name of Chelmscare. We are looking into this further with the provider. At the time of our inspection the service was supporting 21 people with various care needs.

There was a registered manager in post for Advencare Ltd. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This was the first inspection since Advencare registered in September 2016. We found that the service required improvements in order to meet the required standards.

People felt safe receiving care and support by staff from the service. Staff knew how to keep people safe and risks were assessed and managed to help keep people safe. There were sufficient numbers of staff available to meet people's needs. Staff had received some induction and on-going training. This was being reviewed at the time of our inspection due to the transfer of a number of employees from another company.

There was a robust recruitment procedure in place and we saw that all pre-employment checks had been completed before staff started working at the service. This helped to ensure that staff employed at the service had the right skills and experience to provide care that was safe and effective. Staff had been trained in the safe administration of medicines which helped ensure that people's medicines were managed safely.

Staff were well supported and all had received one to one supervision from their manager. In addition staff had work based observations where they were shadowed by a manager in people's homes to observe their practice. Staff told us they felt supported. People were supported to eat and drink sufficient amounts to help maintain good health and wellbeing. They were supported to maintain their health through access to a range of health care professionals when required.

People and their relatives were complimentary about the care staff and the management team, and had been involved and consulted about how they would like their care to be provided. Staff were able to describe people's individual requirements and preferences.

The provider had systems in place to receive feedback from people who used the service. People's feedback and comments were listened to and acted upon. The provider had suitable arrangements in place to the overall quality of the care they provided, and were committed to making continual improvements.

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 

This service was safe.

Risks to people's health and well-being were assessed and managed to help keep people safe.

Staff were aware of what constituted abuse and how to recognise and report any concerns.

People's care was provided by an appropriate number of staff who had been recruited appropriately.

People's medicines were managed safely.

Is the service effective?

Requires Improvement 

The service was not consistently effective.

Staff did not always receive an induction before they started working at the service.

Some staff had transferred from another company where they had received training relevant to their roles.

People were supported appropriately with regard to their ability to make decisions, although consent was not always recorded.

Staff were clear of their responsibilities in relation to MCA.

People were cared for by staff who were supported through individual supervision meetings and work based observations.

People were supported to eat and drink sufficient amounts to help maintain good health.

People were supported to maintain a good standard of health through access to a range of healthcare professionals.

Is the service caring?

Good 

The service was caring.

People were treated with kindness and respect, and their privacy was maintained.

Staff had developed positive and caring relationships with people and they were able to demonstrate they knew their needs well.

People were involved in the development and review of their care plans.

Is the service responsive?

Good ●

The service was responsive.

People's care was arranged around their individual needs and kept under regular review to ensure the service was responsive when their needs changed.

People and their relatives felt that any concerns would be listened to and acted upon promptly.

Complaints about the service were investigated appropriately. Compliments were also noted.

Is the service well-led?

Good ●

The service was well led.

During the inspection we saw some documentation was in the name of Chelmscare rather than Advencare.

There were systems in place to monitor, and manage the quality of the service and to drive continual improvements.

People spoke positively about the overall management of the service.

Advencare Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 02, 03, 06 and 07 February 2017 and was announced. We visited the office location on the 02 and 03 February 2017 and contacted people and staff on 06 and 07 February 2017 to obtain feedback.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that relevant people would be at the service to assist us with the inspection process.

The inspection was undertaken by one inspector. We reviewed documents in relation to the various aspects of the service. This included talking to people who used the service, and their relatives. We spoke with staff to get feedback about their experience of working at the service. We reviewed three care plans and risk assessments, three recruitment and training records, and looked at the overall management of the service.

We spoke with the provider who was also the registered manager and we spoke to the head of care. We spoke with four staff members, three people who used the service and two relatives of people who were being supported.

Is the service safe?

Our findings

People and their relatives told us they felt the service they received was safe and met their needs. One person told us, "I do feel safe especially with the regular carers that come to support me". Another person said, "Yes I feel safe once they get here, but sometimes they don't arrive when I expect them and that can cause me some anxiety, but they are mostly very good". A relative confirmed that, "I have no concerns about [relatives] safety and know they are in good hands".

Risks were assessed and where potential risks to people's health and safety were identified, actions were put in place to reduce the risk where possible to help ensure people were kept as safe as possible. Staff told us that any changes were recorded in the documentation in people's homes so that staff were aware of changes in a timely way. The risk assessments were person centred and contained an explanatory note to help inform staff about why a certain task should be done. For example in the case of one person the risk assessment stated, "Make sure [person] has their glasses on to reduce the risk of falling". This helped ensure the risk was minimised as much as possible.

We saw that environmental risk assessments were completed so that staff were working and providing support to people in a safe environment.

Staff told us they had received training about safeguarding people from potential harm. Staff were able to demonstrate how to identify any signs of abuse. They knew how to raise concerns, both within the organisation and externally if required. Staff we spoke with told us, "I would not hesitate to report any concerns with senior staff." Another member of staff said, "We are in regular contact with the office staff and our managers come to observe us while we are supporting people to ensure we maintain safe and good practice." Another staff member told us, "I know our managers would take any concerns seriously and take appropriate action".

Safe and effective recruitment practices were followed to help make sure that staff were of good character and suitable to work in a caring role. All pre-employment checks were completed including taking up of a minimum of two references a criminal records check and proof of identity and address.

We saw, and people confirmed that there were enough suitably experienced, skilled and qualified staff available at all times to meet people's individual needs. Both the registered manager and head of care supported people in the community and were available to advise and mentor staff where required. In most cases people had been assigned regular staff to provide continuity of care. A small team of staff supported people so that when regular staff were off duty a replacement worker was already known to the person.

People were supported to take their medicines safely by staff who had been trained in the safe administration of medicines. Staff had their competency checked by senior staff who also completed spot checks in the community. Part of the spot check visit was to observe safe working practices.

Accidents and incidents were monitored and records kept so that staff could learn from these to help ensure

the risk of reoccurring incidents were minimised.

Is the service effective?

Our findings

People who used the service were positive about the staff that provided their care and support. People told us they mostly had regular care staff that knew them well and that they provided effective care and support that met their needs and requirements.

During our inspection of the office the provider was unable to provide us with evidence that all staff had completed an induction before they commenced work at the service. The provider told us staff had attended an induction and they would provide evidence. When we spoke to staff about their induction two staff members who had transferred from another organisation told us they had undertaken induction training at the previous company.

One staff member told us they worked in another organisation and that all their training was kept up to date through that organisation. We spoke to the provider who told us that sometimes it was difficult to arrange staff inductions as staff were employed at different times. They also went on to say that sometimes staff were employed to live in and were in post for four weeks and then completed their induction. However this may have put people at risk as staff had not been assessed as having the right skills and experience to provide care to people.

One relative told us, "I am really confident in the skills experience and abilities of the staff". In particular they were very complimentary of the head of care who they had found to be very experienced and helpful on a number of occasions.

We saw that staff had certificates in their files which detailed other training that they had completed. These included training in topics such as safeguarding, moving and handling, medicines, health and safety and food hygiene. Annual refresher and updates were also completed when required.

Staff were required to work alongside more experienced colleagues and were not permitted to work unsupervised until they were competent in their duties. However this was not always the case with live in staff due to various times that their assignments commenced. Staff told us they felt the training was relevant to their roles and provided them with the knowledge they required to provide care and support that was effective.

Staff had one to one supervision meetings with their line manager and told us they had the opportunity to review and discuss their performance, people they supported and any training needs. One staff member told us, "We speak regularly with the office staff, and they regularly come to observe us when we are working in people's homes."

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. At the time of our inspection we found that the provider was working within the principles of the MCA where necessary and appropriate to the needs of the people they supported.

Staff told us they obtained people`s consent before they offered any support. However we noted that consent had not been signed in people's care plans. The provider told us this was because the documentation was in the process of being updated. We asked if evidence could be provided but this had not been provided at the time of writing this report.

People were supported and encouraged people to eat a healthy diet that met their needs. If staff had any concerns about people's food or hydration these were elevated to a member of the management team who would make an appropriate referral to a relevant professional.

People were supported to keep healthy and had access to arrange of health care professionals. Staff informed managers if there were any changes to people's health and or wellbeing to enable them to make referrals if required. This included making GP appointments. Staff would assist with making appointments with opticians for example.

Is the service caring?

Our findings

People who used the service told us that the staff were kind and caring and provided support in a compassionate way. One person told us, "They are very good; they really do their best for you". Another person said, "On several occasions I have had a problem with [relative]. I contacted the office on a Saturday and they were with me in a few minutes, I did not expect that, and it's not the first time they have been available to support me".

People told us they mostly had regular care from a consistent staff team. One person told us, "I look forward to them coming we have a chat and get along well". One person said they did not always know who was coming but it was usually someone who had been before. We saw from rotas that care staff were assigned to people regularly where possible.

People and their relatives told us they had developed positive and meaningful relationships with their care workers. Staff told us they were aware of how people liked to be supported and knew about their likes and dislikes. One person said, "I have built good relationships; it's almost like having extended family." Another person said, "I feel the staff listen to me and do things the way I want them to". A relative of a person said, "[Relative] has looked better in recent weeks and seems happier, I can only think this is down to the care they are receiving".

People we spoke with told us that they felt the staff were respectful and treated them with dignity. People also said that staff tried as much as possible to promote their independence which enabled them to continue living in their own homes. One person told us, "My care worker always chats with me when they are helping me; it makes me feel more comfortable because I feel they really care about me". Another person said, "I am happy with my care, and get on well with all the staff". A relative said, "Staff do a good job and they are all very caring, especially the head of care."

People who received a service, and where appropriate their relatives, were involved in the planning and reviews of the care and support they received. One person told us, "The manager came recently and we discussed my support". Another person told us they could not remember if they had been involved but did not have any concerns about the care they were receiving and confirmed the care provided was meeting their needs.

Staff we spoke with knew people well and were able to tell us about people's individual wishes and knew how to support people in a personalised way. We saw that care plans contained relevant information for staff about the support people required. People told us, "They are caring and respectful and provide care in the way that I want them to."

Staff were able to demonstrate they understood the importance of keeping information confidential. One staff member told us, "We are always mindful of people's information being kept confidential even when we discuss people's care needs; we make sure that there is no one within earshot and that included peoples relatives and family members".

Records were stored securely in the office and staff and people told us the files in people's homes contained an up to date risk assessment and copy of their care plan which people could access as it contained their personal information.

Is the service responsive?

Our findings

People told us they felt the service did respond appropriately when their needs changed. One person told us, "They are really helpful and not just within office hours, they have helped me several times when I have contacted them."

People who used the service had a range of support needs and told us the service was able to meet all those needs. This demonstrated a holistic approach to both the needs of people who used the service as well as support for the family and or relatives.

The provider and staff told us they had assisted a person who experienced mobility problems. They had made a referral and sought appropriate intervention to get the person a piece of equipment to support them with their mobility. In the case of another person they were supported by staff and managers to secure a move to a more appropriate accommodation. Staff also supported with the practical aspects in supporting the person with their move. One person told us that, "The staff were able to support them to live their lives to the best they could be".

We saw that the care plans contained individual and detailed support plans for each person which included their assessed needs. The information contained specific detail such as the days and times of the visits, the person's likes and dislikes, people who were important to them, and involved in their lives.

Staff were able to demonstrate that they knew how people wished to be supported. For example a staff member told us that a person liked to be assisted with household tasks but liked to do as much as they could themselves and they were supported to do this. Staff were able to demonstrate that they knew about people's preferences, what they enjoyed doing, and about their hobbies and interests.

People were supported by staff who knew them well. Staff had taken the time to get to know people well and where possible people were supported by a small group of care staff so they always had staff that they knew and who knew them.

We saw that there was a complaints policy and procedure in place and people were made aware of this when they started to receive support from the service. There had been just one complaint which had been investigated appropriately. The registered manager told us that they welcomed comments and feedback as a means to improving the service. By addressing feedback and comments early on it prevented concerns from elevating to a formal stage one complaint.

People who used the service told us they were confident that if they had any issues and raised them with the registered manager that they would be addressed without delay.

Is the service well-led?

Our findings

During the inspection we saw some documentation was in the name of Chelmscare and not Advencare. We are looking into this further with the provider. People, their relatives and staff were complimentary about the management team. Staff told us they felt valued and supported by the managers and had clear roles and responsibilities. People who used the service spoke positively about all aspects of the service. One person said, "This agency is far better than ones we have had previously."

Another person said, "They really do care and are as helpful as they can be". There was a robust out of hour's service and staff were supported evenings and weekends and whenever the office was closed.

Staff told us they were supported in their roles and that the registered manager was approachable and gave clear and consistent leadership. Staff told us they were able to speak to managers at any time. One staff member told us, "We all speak practically on a daily basis, we are all involved".

The registered manager was knowledgeable about the people the service supported. Staff told us the provider ensured that staff had the tools, and resources necessary to meet people's needs.

We found that people's views, experiences and feedback were sought. Most of the people we spoke were positive about how the service was managed and run.

We saw that regular spot checks were undertaken by senior staff who worked in the community. This helped to ensure staff maintained the quality of the service.

Quality assurance systems and processes were in place to monitor all aspects of the service. We saw regular audits were completed in relation to care plans and reviews, risk assessments and quality monitoring.

Accidents and incidents were recorded to enable managers to identify possible trends and put any required remedial actions in place.