Care Quality Commission

Care Advance Limited

Care Advance Limited

Inspection report

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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

Overall summary

Care Advanced Limited is a small domiciliary care agency in Colyton, that provides support and personal care for people in their own homes in the surrounding area. This includes older people with physical needs, some of whom are living with dementia. The inspection took place on the 15 and 17 July 2015 and was announced, this was the first inspection since the service registered with the Care Quality Commission in 2013. At the time of our visit, the agency provided around 60 hours of care for seven people and employed one member of staff.

The company has two directors, one of whom manages the service and provides care. At the time of the visit, there was no registered manager at the service, they left in June 2015 and deregistered in July. The current manager was planning to apply to the Care Quality Commission to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission 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.

Staff did not have a full understanding of the requirements of the Mental Capacity Act (MCA) 2005 in relation to consent and had not completed any training on this. Although people's initial assessment included

Summary of findings

asking questions about their memory and cognition, the agency did not undertake a first stage test of mental capacity for people who appeared to lack capacity. This meant it was not clear whether those people had the ability to make decisions and give consent about their care and treatment. Where people lacked capacity, it was unclear from the care records who needed to be consulted and involved in any 'best interest' decisions made about the person.

Following our visit, the provider contacted us to outline the steps being taken to address this, which included the introduction of a mental capacity assessment tool and staff training. Staff sought people's consent for their day to day care, offered people choices and supported them to make day to day decisions for themselves, wherever possible.

Before the service commenced, people were consulted and involved in an initial assessment and discussion about their care needs. Support for people included personal care such as washing and dressing, helping with preparation of meals and prompting to eat and drink, and to take their medicines.

People said they felt safe and trusted the staff who visited them to provide their care. They confirmed the agency were reliable and they had not experienced any missed visits. Staff arrived on time and stayed for the required period. The manager confirmed they had enough staff to support the people they cared for and were in the process of recruiting additional staff before taking on any new people. Risk assessments were undertaken, which identified individual and environmental risks and how to reduce them. Accidents and incidents were reported with actions taken in response, for example by contacting the GP to visit the person.

People were protected because staff had received safeguarding training, knew about the signs of abuse and were confident that any concerns reported would be responded to. The agency had a robust recruitment process and undertook background checks to make sure staff were suitable to work in care.

People were supported to take their prescribed medicines in a safe way. People were protected from cross infection risks due to high standards of cleanliness and hygiene. Staff washed their hands before and after providing care and wore aprons and gloves when providing personal care.

People gave us positive feedback about the skills and knowledge of the care workers who knew how to meet their needs. Staff received induction training when they first came to work in the service and completed a range of training which included medicines management, safeguarding, health and safety and practical moving and handling training. Training was also arranged to support people's individual care needs, for example, in relation to their diabetes. Staff received on-going support through regular supervision and spot checks and said the manager was accessible for advice and support. Staff had annual appraisals during which they received feedback on their performance and identified further training and development needs.

The agency supported people to keep as healthy as possible. Staff worked in partnership with local health and social care professionals who confirmed staff contacted them appropriately and followed their advice. The agency supported some people who were at an increased risk of malnutrition or dehydration, and had detailed care plans about how to support them with eating and drinking.

People described positive caring relationships with the staff that supported them and treated them with dignity and respect. Staff described how they protected people's privacy when providing personal care such as by closing doors and curtains and making sure the person was covered with a towel. Staff knew people they were caring for well, their preferences and how they liked to be supported. They helped each person to maintain their independence by supporting the person to do what they could for themselves and only assisting when needed. People were supported to express their views and be actively involved in decisions about their care. They confirmed staff consulted them, and carried out their wishes and preferences.

Staff knew people well, their circumstances and family history, and about their needs. They demonstrated they understood the principles of individualised, person centred care through talking to us about how they met people's care and support needs. People's care records

Summary of findings

included what aspects of their care people could do for themselves and what they needed staff support with. Care records were regularly updated as people's needs changed.

People knew how to complain and raise concerns, each person had the mobile number of the manager and knew how to contact the agency's office. They said they wouldn't hesitate to speak to the manager if they had any problems.

Written policies and procedures were in place about managing complaints details about how people could contact the ombudsman if they were dissatisfied about how the provider had dealt with their complaint. The agency had not received any complaints since registration.

The provider promoted a positive culture and an individual service tailored to people's needs. Their vision and values were outlined in their customer information booklet and on their website. This included being family oriented, friendly, offering person centred care and making sure people were supported to remain as independent as possible.

There were effective systems in place for monitoring staff performance through training, supervision and appraisals. Accidents and incidents were reported and had evidence of action taken to reduce the risk of recurrence.

People and relatives feedback was sought and showed they were very satisfied with the service provided. Latest survey results demonstrated high levels of satisfaction with the service provided.

The agency had a range of other quality monitoring systems in place. This included a computer based rostering system, self-assessment audits of CQC standards, policies and procedures and a staff handbook which sets expectations of staff in their work. Care and staff records were securely stored at the agency's office and were kept up to date.

We identified one breach of the regulations at this inspection. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 safe.

People felt safe and well supported by staff they knew and trusted.

The service was reliable, staff provided care at a time convenient for people and there were no missed visits.

Staff could identify the signs of abuse, had undertaken safeguarding training and knew what to do if they thought someone was at risk of abuse.

People's risks were assessed and action was taken to reduce them.

People received their prescribed medicines on time and in a safe way.

Good

Is the service effective?
The service was not always effective.

Staff offered people choices and supported them with their preferences. However, where people appeared to lack capacity, mental capacity assessments were not undertaken in accordance with the Mental Capacity Act (MCA) 2005.

Staff recognised changes in people's health and sought health advice appropriately.

Staff received regular training and ongoing support through supervision.

Requires improvement

Is the service caring?
The service was caring.

People and relatives gave us very positive feedback about the service and said staff were caring and compassionate.

People were treated with dignity and respect, staff protected people's privacy and supported them sensitively with their personal care needs.

Good

Is the service responsive?
The service was responsive.

People were supported by a small number of staff they knew well and had developed strong relationships with.

People received individualised care and support that met their needs.

People knew how to raise concerns and complaints, and were provided with information about how to do so, although no one had any concerns.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

The provider promoted a positive culture of an individual service tailored to people's needs.

The service used a range of quality monitoring systems to monitor the quality of people's care.

The provider sought feedback from people, relatives and staff and made changes and improvements in response.

Care Advance Limited

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 checked 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 15 and 17 July 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. This was because we needed to arrange to visit some people who used the service and ensure the registered manager was available for our visit. One inspector completed this inspection and all telephone calls.

Before the inspection, we reviewed all information we held about the service such as notifications received, any contact with the provider and feedback received from people. A notification is information about important events which the service is required to tell us about by law. This enabled us to ensure we were addressing any potential areas of concern.

We spoke with six people and four relatives, we undertook home visits and telephone calls. We spoke with both directors and a care worker. We looked at seven people's care records, at three staff records and at quality monitoring information at the agency's office such as survey findings. We contacted commissioners, and health and social care practitioners and received feedback from four of them.

Good

Is the service safe?

Our findings

People felt safe and trusted the staff who visited them to provide their care. One person said, “I feel safe with them” and another said, “I’m happy to see them coming”. People and relatives appreciated that new staff were always introduced to them by another member of staff before they visited alone to provide care.

The agency provided about 60 hours of care each week. Two staff had recently left the agency and the manager was in the process of recruiting replacement staff. This meant one member of staff and the manager were providing all of the care. The manager confirmed they had enough staff to manage people's care needs currently and would not be accepting any new clients until they had recruited more staff.

People confirmed the agency were reliable and said they had not experienced any missed visits. The agency used an electronic system to calculate the staffing hours needed to support each person’s needs, which included calculating travel time. The staff member confirmed the time allocated was sufficient to provide the care each person needed and said they often stayed a bit longer.

People were pleased to have only two staff that visited them, whom they had got to know and felt safe with. They were happy with the timing of their visits, no-one felt rushed and people said staff stayed for the full amount of time. The agency calculated travel time between visits to ensure staff always arrived within 15 minutes of the time agreed. Where there were any difficulties or a person was unwell, staff contacted the next person to let them know if they were any delays.

People were protected because staff had received safeguarding training, knew about the signs of abuse and were confident that any concerns reported would be responded to. The agency had policies and procedures for staff about how to report safeguarding concerns which included contact details for the local authority safeguarding team. Staff were aware of how to report safeguarding concerns appropriately to the local authority and the Care Quality Commission, although none had been identified since registration. Where agency staff handled people’s money, detailed records and receipts of all expenditure were kept which reduced the risks of financial abuse.

Risks assessments were undertaken, which identified individual and environmental risks and how to reduce them. These included people at risk of falling, skin damage, and any risks related to the person’s home such as uneven surfaces or trip hazards. Where any hazards were identified, staff worked with the person/relatives to reduce risks for the person and staff. For example, arranging for one person to have fire alarms fitted and checking they remembered to turn off the gas at each visit. Care records included details about mobility aids such as walking frames and the location of grab rails to reduce moving and handling risks.

Risk issues and other key information was written in red in each person’s care record to ensure staff were aware of these to support and reduce risks to a minimum. For example, how one person who lived alone wears a safety pendant so they can summon help in an emergency and the importance of checking the person was wearing it before staff left each day.

In each person‘s home, any accidents or incidents were recorded in observation notes. For example, any minor accidents, cuts or bruises were noticed and the appropriate action taken such as contacting the GP or district nurse. Any bruises or cuts were also documented on a body map so staff were prompted to check and monitor them. This showed staff were proactive and tried to reduce risks for people as much as possible.

The agency supported a number of people with their prescribed medicines by prompting them to take their tablets and applying skin creams. They also assisted some people by collecting their monthly supplies of medicines from the local pharmacy for them. Staff had undertaken training to administer medicines and completed competency assessments to test their skills and knowledge. Medicine Administration Records (MARS) were well completed and staff at the local pharmacy confirmed staff from the agency worked closely with them. For example, they always collected additional MAR sheets to record any extra medicines prescribed such as antibiotics.

Medication risk assessments were completed and where any risks were identified these were reduced. For example, staff had recently identified medicine risks for one person. The person had become more forgetful about their medicines, when they were due and whether they had already taken them. They took appropriate action by

Good

Is the service safe?

storing the person's medicines securely in a locked box in their home. These measures had been discussed and agreed with the person and their relatives to help reduce risks.

People were positive about the standards of cleanliness and hygiene, they confirmed staff wore gloves and aprons and washed their hands before and after providing care to reduce cross infection risks. They also confirmed staff tidied up and disposed of any waste appropriately.

People were protected because the provider had robust recruitment procedures to assure them about the fitness of applicants. We looked at the recruitment of two staff. Staff files showed those were interviewed, appropriate references were sought and background checks undertaken to ensure those staff were suitable to work with people. These are known as Disclosure and Barring Service (DBS) checks. These checks help employers make safer recruitment decisions and should help prevent unsuitable people from working with people who use care and support services.

Requires improvement

Is the service effective?

Our findings

Staff did not have a full understanding of the requirements of the Mental Capacity Act (MCA) 2005 in relation to consent. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

The agency's policies and procedures for obtaining consent reflected current legislation and guidance. They had a training pack on the Mental Capacity Act 2015 although the two staff working in the service had not yet completed this training. Although people's initial assessment included asking questions about their memory and cognition, the agency had not undertaken a first stage test of mental capacity for people who appeared to lack capacity. This meant it was not clear whether those people had the ability to make decisions and give consent about their care and treatment. Where people lacked capacity, it was unclear from the care records who needed to be consulted and involved in any 'best interest' decisions made about the person. For example, on one occasion staff followed a relative's instructions about the person's medicines, although the person had not been assessed as lacking capacity to make their own decision about their medicines. Their relative was not legally authorised to make those decisions on behalf of the person.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our feedback, the provider contacted the person's GP to discuss this person's medicines and obtain further instructions in the persons 'best interest'. They also told us both staff had commenced their MCA training and the agency had obtained a mental capacity assessment tool they planned to use.

Staff sought people's consent for their day to day care, offered people choices and supported them to make day to day decisions for themselves, wherever possible. One relative said, "They support her with the decision making, rather than making the decision for her."

People gave us positive feedback about the skills and knowledge of the care workers visiting them who knew how to meet their needs. Staff received induction training when they first came to work in the service. A staff member described a range of training they completed when they first joined the agency. This included medicines management, safeguarding, health and safety and practical moving and handling training. They worked with a more experienced member of staff to begin with who introduced them to people. They confirmed they had the opportunity to read people's care plans before caring for them to find out about their care and support needs. The manager said the agency's training materials had recently been updated to incorporate the national skills for care, care certificate, which new staff would be undertaking if required.

The agency had a range of training materials available for staff. On completion of each training course, an assessment was undertaken by an external company to check learning before the staff member was awarded their training certificate. Staff felt well supported and had opportunities for further development such as undertaking qualifications in care. The manager was an accredited 'train the trainer' for moving and handling. They provided regular updates for staff as well as updating people's moving and handling support plans as their needs changed. The manager told us about other examples of training staff had undertaken in the past to meet people's individual needs, for example, from the district nursing team in relation to one person's diabetes. Other training included dementia awareness and managing challenging behaviour.

The staff member said they felt well supported and could contact the manager at any time for advice and support and to report any concerns. Staff records showed staff received regular one to one supervision during which they had opportunities to discuss their work and gain support. Staff supervision also included some "spot checks", where senior staff observed staff practice in people's homes and provided them with feedback. Staff also received an annual appraisal during which they received feedback and any training and development needs were identified. This showed the agency supported staff to update their knowledge and skills.

Staff established good relationships and worked with local nurses, and GP's. Health social care professionals confirmed staff contacted them appropriately and followed their advice. One health professional said, "Contact from the care agency has always been appropriate". Another said, " The care provided was of very high quality".

Requires improvement

Is the service effective?

Staff supported people with health care needs to keep healthy and avoid admission to hospital. Where a person was unwell when they visited, they arranged for the person's GP to visit. Another person's care plan showed their skin was very fragile and they were at risk of developing pressure sores. Staff followed the district nursing team's instructions about regular skin care for the person, including applying prescribed skin cream each day. Where there were any concerns about the person's skin, this was documented and staff contacted the district nursing team appropriately for advice. They also prompted the person to drink regularly to keep hydrated and checked the person's pressure relieving mattress at each visit to make sure it was in good working order. This helped to ensure the person was supported to keep well and prevent skin breakdown.

The agency supported some people who were at increased risk of malnutrition or dehydration, and had detailed care plans about how to support them with eating and drinking. For example, how one person was at risk of dehydration and staff needed to prompt the person to have a drink during their visit and leave a jug of water beside them when they left. Detailed records were kept of what the person had eaten/drunk during their visit. This meant people were supported to eat and drink enough to maintain their health.

Good

Is the service caring?

Our findings

People described positive caring relationships with the staff that supported them and treated them with dignity and respect. One person said, “They are very caring” and another described staff as “Polite and courteous.” A relative said, “They are clearly anxious to make sure mum is looked after.”

Staff were very respectful and always knocked and let the person know they had arrived, even when they were letting themselves in. Also, relatives said they appreciated how staff were courteous to them and included them by having a chat with them each day when they visited. Relatives appreciated that staff let them know when the person had run out of things that needed replacing such as toiletries.

Staff described how they protected people’s privacy when providing personal care by closing doors and curtains and making sure the person was covered with a towel. They helped each person to maintain their independence by supporting the person to do what they could for themselves and only assisting when needed. For example, by offering one person a warm flannel to wash and just helping the person to wash areas they couldn't manage.

Staff knew people they were caring for well, their preferences and how they liked to be supported. This included details of how the person wished to be addressed and their preferences for hot drinks such as whether they took sugar or not. One relative appreciated how staff made sure the person’s hair was tied back in the way they liked. The agency also sent each person a birthday card to celebrate their birthday. One person described how a member of staff went “Above and beyond” for them one day. This was because they arrived one evening to bring the person’s clothes in from the washing line, although they were not due to visit, as they noticed it had started raining.

People were supported to express their views and be actively involved in decisions about their care. They confirmed staff consulted them, and carried out their wishes and preferences. A relative described how staff took time to explain things to the person who was living with dementia, didn’t rush them and gave them time to formulate a response. This showed staff understood the person’s communication needs and gave them time to process information.

Good

Is the service responsive?

Our findings

Before the service commenced, people were consulted and involved in an initial assessment and discussion about their care needs. Support for people included personal care such as washing and dressing, helping with preparation of meals, prompting people to eat and drink, and take their medicines. Two weeks after the service had commenced, the manager visited again to check whether people were happy and make any changes needed to their care records.

People confirmed their care records were accurate about their needs, although they had not been asked to sign them to confirm this. When we looked at people's records in their homes, we could not tell when records were re last updated, as they were not dated. However, when we followed this up at the agency's office, the electronic records showed they were updated regularly and whenever a person's care needs changed. The manager said in future, they would add the date to the printed record.

Staff knew people well, their circumstances and family history, about their needs and preferences for care. They demonstrated they understood the principles of individualised, personalised care through talking to us about how they met people's care and support needs. People and relatives appreciated the individualised care provided by staff. For example, how they wished staff to address them and important details such as how they like their drinks made. The agency used the Alzheimers society "This is me" assessment tool to encourage people to tell staff about themselves, their history, details of family, about their hobbies and interests. One relative said, "They know her as a person". And another said, "They are like one of the family now." People and relatives said they appreciated the companionship offered by the staff who visited them. One person said, "We have a chat before we start" and another person said, "We have a laugh."

People's care records included what aspects of their care people could do for themselves and what they needed staff support with. For example, how one person needed help to wash their back and another needed help to get into the shower and to put on their shoes and stockings.

People said staff were very flexible, which they appreciated. One person said, "If we need to change the time, they work with us". Another person told us how staff altered their visit times to fit in with their other commitments. A relative told us how staff at the agency came at another time to make up the hours their relative missed because of a planned health appointment, which they appreciated.

People knew how to complain and raise concerns, each person had the mobile telephone number of the manager and knew how to contact the agency's office. Two people said, "I can't fault them." Before the service commenced, each person received a customer information pack, which included details of the complaints procedure.

People knew the name of the manager and said they wouldn't hesitate to speak to them with any problems. One relative said they had contacted them on one occasion about the person's medicines and it was quickly sorted. None of the people or relatives had any complaints about the service.

Written policies and procedures were in place about managing complaints, including details about how people could contact the ombudsman if they were dissatisfied about how the provider had dealt with their complaint. The agency had not received any complaints since registration.

Good

Is the service well-led?

Our findings

The provider promoted a positive culture and an individual service tailored to people's needs. Their vision and values for the service were outlined in their customer information booklet and on their website. This included being family oriented, friendly and offering person centred care and making sure people were supported to remain as independent as possible. The provider also tried to ensure each person had continuity of care.

People were positive about the service they received and they appreciated having care from reliable, experienced and skilled care workers. They said communication with the agency was good. Although the office was only manned two days a week, they had the mobile number of the manager and said they always came back to them very quickly. They received rotas regularly so knew the times of visits and who was visiting. Several people described the manager as "Very efficient."

The provider notified us about the departure of the registered manager and the arrangements in place for the day to day running of the agency. A director is in day to day charge of the agency and plans to apply to the Care Quality Commission to become the registered manager. They have commenced a management qualification in preparation for this.

When asked to identify any areas for further improvement at the agency, people could not think of any. One person said, "We're very pleased" and another said, "I can't praise them enough" and a third person said, "They are very nice, they couldn't be any better." One relative said, "We have been impressed with them so far", and another described what the agency did best, "They care for the elderly and their needs." One health professional said, said "I've have had positive feedback for the good care provided and the 'hands on' approach". A second care professional described a person's care as "very high quality," and a third said, "Staff always act professionally."

People and relatives feedback was sought and showed they were very satisfied with the service provided. Once a care package had been running a few weeks, the manager visited to check the person was satisfied with it and whether any changes were needed. The agency also used a questionnaire to get detailed feedback from people. This used a scoring system of between 1(lowest) and 6 (highest) to get people to rate the service. Latest survey results showed, on average, scores of 5.96 which demonstrated high levels of satisfaction with the service provided. One person said, "Communication is good with the agency, both care and management". Another person said, "We would recommend you to anyone because of your reliability, sensitivity, encouraging independence and you really have patience and expertise."

Accident/ Incident reports were monitored to identify any trends and showed that actions were taken to reduce risks. At the agency office, records of any accidents and incidents were reported and reviewed which showed that actions were taken to reduce the risk of recurrence. For example, the accident/incident log showed where a person had fallen, this was reported and a falls risk assessment requested from a health professional. The person's support plan was then updated to include their recommendations to further reduce risks. This showed trends were monitored and actions taken in response.

In October 2014, the previous registered manager undertook a self-assessment audit of the agency's compliance with the previous regulations. The manager was aware of the recent regulatory changes and received CQC's newsletter each month. They had already identified the need for improvements in relation to the Mental Capacity Act 2005 and have since contacted us to outline the improvements underway in relation to this.

There were effective systems in place for monitoring staff performance through training, supervision and appraisals. The staff member said they met regularly with the manager and felt involved and consulted about the running of the agency. Previously, there had been regular staff meetings to communicate information and discuss people's care and practice. The agency had a comprehensive staff handbook which set expectations for staff practice. The agency also had a range of policies and procedures in place to support staff in their work. This included a whistleblowing policy whereby staff could raise concerns in confidence.

People and staff records were securely stored at the agency's office in locked filing cabinets. There were policies in place to guide staff about the how long records needed to be kept and about the destruction of confidential records in accordance with the legislation.

The provider used an electronic rostering system to produce rotas for people and staff, which people and

Good

Is the service well-led?

relatives could access online, if they wished. The agency had recently invested in additional staff training materials which showed they were committed to continuous improvement.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent How the regulation was not being met: Where people appeared to lack capacity, mental capacity assessments were not undertaken. This meant it was not clear whether the person had the ability to make decisions, or give consent. This is a breach of regulation 11 (1) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.