

Advanced Industrial Personnel.com Limited

Advanced Personnel

Inspection report

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Date of inspection visit:
10 May 2021
21 May 2021

Date of publication:
10 June 2021

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Advanced Personnel Limited is a domiciliary care service providing personal care to people in their own homes. 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. At the time of the inspection the service was supporting three people, all of whom received personal care.

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

Relatives told us that staff cared for people safely and knew their needs and preferences well. Systems and processes were in place to ensure people were protected from avoidable harm, and staff understood what signs to look for that harm may be occurring and how to report their concerns.

Risks to people's health and wellbeing were assessed and guidance was in place for staff about how to support people safely.

Measures were in place to manage the risks of COVID-19 including policies and risk assessments. Staff told us they had access to sufficient PPE and had received training on how to keep themselves and others safe from the risks of COVID-19.

Where people were supported to take their medicines, processes were in place to ensure this was done safely. Staff were trained and had their competency checked before administering medicines.

Improvements to recruitment practices had been made and appropriate checks were made to ensure, as far as possible, only suitable staff were employed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Relatives told us that staff appeared to be well trained and had the skills and knowledge to provide effective care. Staff confirmed they received training of a good quality and felt supported by the registered manager and the provider.

The service worked well with other health and social care providers to ensure people received appropriate care.

The registered manager and the provider had made improvements and there was now strong systems in place to monitor the quality of the service and identify areas for improvement.

The registered manager sought the views of people who used the service, their relatives and staff and took

action to address any concerns that arose. There was an open culture at the service which encouraged learning and continuous improvement.

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 03 September 2019) and there were two breaches of regulations. 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.

Why we inspected

We carried out an announced comprehensive inspection of this service on 14 August 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements, and Effective which was previously rated Requires Improvement. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. 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 Advanced Personnel on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below

Advanced Personnel

Detailed findings

Background to this 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

This inspection was carried out by two inspectors

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 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.

Notice of inspection

We gave a short period of notice for the inspection site visit. This was 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 10 May 2021 and concluded on 21 May 2021. We visited the office location on 13 May 2021.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed the last inspection report and all the information we had received about the service since the last inspection. We used all of this information to plan our inspection.

During the inspection

We spoke with the relatives of two people who had used the service about their experience of the care provided. We spoke with three members of care staff and the registered manager. We reviewed a range of records. This included two people's care records and one person's medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to carry out robust recruitment checks to ensure as far as possible that only suitable staff were employed to care for people. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 19.

- The registered manager ensured that appropriate checks were undertaken to help ensure staff were suitable to work at the service. Criminal record checks and satisfactory references had been obtained for staff before they worked with people independently.
- There were enough staff to support people safely.
- People's relatives told us staff normally arrived for care visit on time and stayed for the agreed duration and sometimes longer if necessary. If staff were running late, relatives confirmed the registered manager contacted them to let them know.
- Staff told us they did not feel rushed and were able to chat with people and support them at the person's pace.
- The provider had an electronic system to monitor care visits and there was evidence to show that the registered manager effectively monitored visits and ensured action was taken swiftly to address any issues, should they arise.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training about the signs of abuse and what to look out for and how to report any concerns they had.
- Staff demonstrated a strong commitment to safe and compassionate care. They were aware of whistleblowing processes and all said they would not hesitate to report poor practice if they witnessed it.
- Staff were confident that any concerns they raised to the registered manager or provider would be treated seriously and that action would be taken to keep people safe.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were assessed, and measures were put in place to reduce the risks as far as possible.
- These assessments supported people to stay as independent as possible, were reviewed regularly and

updated where people's needs changed.

- Environmental assessments of people's homes had also been carried out to identify and minimise any hazards that could put them or staff at risk when care was provided.
- Staff confirmed they had enough time to read people's risk assessments and understood how to keep people safe.

Using medicines safely

- Not everyone using the service required support to take their medicines. Where they did, their relatives told us staff did this well.
- Staff undertook training to ensure they had the skills to administer medicines safely and their competency was checked regularly to ensure they understood how to do this.

Preventing and controlling infection

- People were protected from the risk of infection because staff had been trained in infection control and followed the current national infection prevention and control guidance.
- Relatives told us that care staff wore personal protective equipment (PPE) such as face masks, aprons and gloves during each care visit.
- Staff told us they were supplied with personal protective equipment (PPE) to help prevent the spread of infections and were clear on their responsibilities with regards to infection prevention and control. The provider held sufficient stocks of all PPE to ensure staff did not run out.
- Staff had received additional training in infection control to help them and people stay safe in relation to the COVID-19 pandemic. Staff also undertook mandatory weekly testing and followed self - isolation guidance where necessary.

Learning lessons when things go wrong

- The registered manager had rigorous systems in place to record and respond to incidents, accidents and complaints.
- Any learning from such events was shared through team meetings, supervision meetings and a secure social media group used to keep communication with the team continuous.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started to use the service. These detailed assessments were personalised and included people's support needs and preferences and were used to develop their care plans and risk assessments.

Staff support: induction, training, and experience

- Relatives told us staff knew their family member's needs well and had the skills to provide them with effective, good quality care.
- Inductions for new staff were thorough and included knowledge checks and shadow shifts with experienced staff before working unsupervised.
- Staff told us they had enough training to support them to do their jobs well. They received training in areas including safeguarding, medicines administration, moving and handling, fire safety, and dementia awareness.
- Staff received regular supervision and competency observations to help ensure they had the knowledge to perform their job roles. Staff told us they received good support from the registered manager.

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

- People's dietary requirements and preferences were clearly identified in their care plans and staff had a good understanding of how to support people with eating and drinking enough.
- Where there was a risk that one person did not drink enough, the support plan highlighted this and gave clear instruction to staff about how to encourage the person.
- Relatives said that staff supported people well in relation to eating and drinking.

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

- Staff understood to report any concerns about people's health and wellbeing, and (with the person's consent) to refer to other health and social care professionals where necessary.
- There was good evidence of the service working well with other professionals to ensure people received appropriate care and changes in their needs were addressed swiftly.
- Relatives told us and records showed that the registered manager made regular contact with them when people were in hospital. This was to check on the person's wellbeing, offer any support needed and to ensure care would resume as soon as needed upon their discharge.

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.

- At the time of the inspection all people using the service were deemed to have the capacity to make their own decisions.
- People had signed their care plans to confirm their consent to the contents. Where one person had preferred to give verbal consent, this was also documented.
- Where people had given legal power of attorney to a named third party, copies of the necessary documentation were held within the persons records. This enables the named party to act on the person's behalf if they no longer have capacity to make certain decisions in the future.
- Although staff did not have a strong knowledge of the MCA, they had a good understanding of issues relating to consent to care, people's right to make decisions about how their care is provided and their right to refuse care. The registered manager confirmed they would work with staff to improve their understanding of this legislation.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to carry out robust audits and monitoring to check on the quality of the service and identify action required to make improvements. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- The registered manager used comprehensive auditing and monitoring systems, covering all aspects of the service. This included areas such as care planning, medicines administration, staff training, competency checks and supervision, complaints and compliments, and care call times and duration.
- Documentation showed that the registered manager used these systems effectively to support their continuous oversight of the service. This enabled them to address issues swiftly as they arose and to identify where improvements to the service were necessary.
- The provider also carried out a robust annual quality audit which was used to identify areas for improvement and actions needed.
- All of these systems fed into the provider's service improvement plan (SIP) to help both the registered manager and the provider to plan and shape the direction of the service.
- Staff had good understanding of their roles and showed personal commitment to continuous learning and the provision of good quality care.
- The registered manager had good understanding of their regulatory responsibilities. They knew when they would be expected to notify us of certain events, such as safeguarding concerns or serious injuries.

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 registered manager and the provider had a clear vision for the service and a plan for how this would be achieved. Person-centred care was definitely promoted and staff understood this was the ethos of the care they were aiming to provide.
- Relatives of people who used the service spoke highly of the registered manager. There was good evidence to show they were in regular contact with people who use the service and their relatives, seeking

their views and responding appropriately to any concerns they may have.

- Surveys had been carried out to check whether people were happy with their care. The results of the survey were analysed and action identified to address any shortfalls raised.
- Staff told us the registered manager was very approachable and was quick to respond to any requests for support or advice. They kept staff informed of important information or changes through on-line meetings, telephone calls and through a secure social media group.

Continuous learning and improving care; 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 registered manager was open and honest in their approach and was familiar with the duty of candour.
- The registered manager was receptive and open to all feedback provided as part of this inspection.
- The provider and the registered manager had created a learning culture, where feedback both negative and positive was used to develop and make improvements to the service. This was supported by their organisational values and demonstrated in their proactive use of monitoring systems, surveys and communication tools to support positive developments in the service.

Working in partnership with others

- There was good evidence that the service worked well with other health and social care providers to ensure good outcomes for people using the service. For example, they worked closely with other professionals to secure additional support hours for one person when they needed this.