

Advent Care Team Limited

Main Office

Inspection report

The Old Cider Barn
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25 October 2019
27 October 2019
28 October 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Main Office (Advent Care) provides personal care to people living in their own homes. 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. At the time of our visit, they were providing personal care to 22 people.

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

People continued to be well cared for and treated with respect and kindness. People's privacy, dignity and independence was promoted and encouraged. Everyone we spoke with were very happy with the compassion and care of the staff looking after them and were satisfied with the service. People told us they felt safe with the staff that came to support them. One person said, "Oh yes. I feel safe – they're lovely people."

Potential risks posed to people had been assessed and action taken to reduce the risk. People's safety within their home had been recorded, and referrals were made to the appropriate healthcare professionals to promote people's safety. People received the support they needed to take their medicines.

People were supported by enough staff to keep them safe and meet their needs. People told us staff had enough time to provide care without rushing them. Safe recruitment practices were followed to reduce the risk of unsafe staff working with people. Staff received continuous support, supervision and guidance from the provider and had the skills and knowledge to meet people's needs.

Staff included people in decisions about their care and respected people's rights. 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.

People received personal care that was tailored to meet their individual needs and wishes. Care plans provided information about how people wished to receive care and support. Whilst some care plans were detailed and person-centred, others would benefit from more information. We made a recommendation about this.

People were encouraged to make decisions about the care and support they received and had their choices respected. People were confident that if they raised any issues, concerns or complaints these would be dealt with effectively by the provider.

The provider had effective systems in place to monitor the quality of care provided and to drive improvements in care. Learning from accidents, incidents and complaints was identified and shared with staff to prevent any reoccurrence. People told us the provider was approachable and responsive, and staff

felt supported. People were able to feedback their views of the service.

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

Rating at last inspection

The last rating for this service was good (published 6 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Main Office

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.

The inspection team

This inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Main office, known to people using the service as Advent Care, is a domiciliary care agency. 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.

The service had a manager, who was also the provider, registered with CQC. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was announced. We gave the service 48 hours' notice of the inspection visit because we wanted to speak with people using the service and the registered manager. We needed the registered manager to contact people to ask their permission for us to speak with them.

Inspection site visit activity started on 25 October 2019 and ended on 29 October 2019. We visited the office location on 25 October 2019 to see the registered manager and staff; and to review care and management records. We spoke with people about the quality of their care and support on 28 October 2019 and visited some people in their homes on 29 October 2019.

What we did before inspection

We reviewed information we had received about the service since registration and we sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, human resources manager, and support workers.

We reviewed a range of records. This included five people's care records and medication records. We looked at three staff files in relation to recruitment, staff supervision and training. 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 good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be cared for safely. People told us they felt safe with the staff that came to support them. One person said, "Oh yes. I feel safe – they're lovely people."
- People were protected from the risk of abuse and avoidable harm. Staff attended training in safeguarding adults. Staff were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. They were aware of their responsibility to report any concerns in order to protect people.
- Appropriate safeguarding referrals were made to the local safeguarding authorities, as required, to help keep people safe.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were identified and risk management plans put in place. Where people needed support to use equipment to move safely, moving and handling plans were in place to guide staff in the correct use of equipment and procedures to follow to keep people safe. However, for one person living with diabetes, more information was required to support staff to understand the risks involved and what signs to monitor in case the person required emergency assistance. We discussed this with the registered manager who took immediate action to implement a detailed diabetes risk assessment.
- Environmental risks in people's homes had been assessed to reduce the risk of harm. This included checking on external and internal risk factors. For instance, outside and inside lighting, car parking facilities, electrical safety and if there were any risks associated with people's pets.

Staffing and recruitment

- People were supported by enough staff to keep them safe and meet their needs. People told us staff had enough time to provide care without rushing them. One person said, "They have time for me." People confirmed staff arrived on time and stayed for their allocated time. One person said, "They always call me if they're going to be a few minutes late."
- Staff were arranged in locality teams to promote consistency of support for people and people told us they knew the staff team supporting them.
- Safe recruitment procedures were in place. New staff underwent relevant employment checks before starting work which included a police check to make sure they were of suitable character. This showed the provider only employed those staff who were deemed suitable to work with people using the service.

Using medicines safely

- People received the support they needed with their medicines.
- Some people required staff to prompt them to take their medicines and this was recorded in their care plans. Records also included individual medication profiles which gave details of medicines, allergies and how the person wished to be supported with their medicines.
- Where people required medicines to be taken at specific times of the day, care visits were scheduled to accommodate this.
- Medication Administration Records (MAR) were completed by staff, to confirm that people had taken their prescribed medicines.
- Staff had been trained to administer medicines safely and their ongoing competency was checked.

Preventing and controlling infection

- The provider had policies and procedures regarding the prevention and control of infection. Staff were aware of their responsibilities regarding infection control and prevention such as by proper hand washing.
- Staff were provided with personal protective equipment (PPE) such as gloves and aprons to protect the spread of infection. One person told us, "They all wear uniforms and gloves and aprons are disposed of properly. They are very particular."
- People said staff left their homes clean and tidy after delivering their care.

Learning lessons when things go wrong

- Accidents were reported on a live computer system and reviewed by the registered manager as soon as they were reported. This allowed the registered manager to take immediate action to rectify any issues or refer onto appropriate healthcare professionals.
- The registered manager further audited accidents and incidents monthly to identify themes and trends for which action could be taken to minimise the risk of reoccurrence and aid learning.

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 good. At this inspection this key question has remained the same. 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 continued to receive effective care based on current legislation and standards.
- People's needs were assessed by the service to ensure the service could meet their needs and have staff available at their preferred times.
- Staff worked closely with families and health care professionals to ensure staff provided care in line with current practice and adhered to people's wishes and desired outcomes.

Staff support: induction, training, skills and experience

- Staff received an induction when they first started working at the service then updates as needed. Where appropriate, staff completed the Care Certificate as part of their induction. The Care Certificate is a national set of standards which aims to help standardise and improve the induction of staff within the health and social care sector.
- Training was provided to make sure staff had the skills they needed to carry out their roles. Records confirmed staff received regular training in areas such as medicines, safeguarding adults, infection control, health and safety and other specialist training such as epilepsy awareness and diabetes. All staff we spoke with told us they had received training and updates when they needed them.
- Staff received regular supervision from the registered manager and they told us they could speak to them when they had questions about their role or needed extra support.
- People gave positive feedback about the quality of the staff and their knowledge in looking after them. One person said, "They seem well trained and I sometimes see the experienced carers shadowing new staff." Another person simply said, "They know what they're doing."

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

- Information was included in people's care plans as to people's preferences, dietary and support needs in relation to eating and drinking. Monitoring of food and fluid intake was carried out when required to ensure people had enough to eat and drink.
- Concerns regarding people's nutritional needs were escalated to healthcare professionals as required.

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

- Staff worked in partnership with health and social care professionals to maintain people's health. This

included GPs, district nurses, occupational therapists and physiotherapists.

- Staff were proactive and, where they identified people's health had deteriorated, they would contact the office. Where people needed to see their local GP, staff would arrange for health appointments to be made so people could access support promptly.
- Records contained communication with health professionals and proposed treatment for people which confirmed the service was involved in seeking positive outcomes for people in relation to their health.

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.

- Staff included people in decisions about their care and respected people's rights. People told us staff would always seek consent before providing support. One person told us, "They ask if they can go ahead."
- Staff demonstrated they understood the principles of the MCA and had an awareness of how this legislation impacted on their role. A staff member told us, "People definitely have a choice and if they say no we respect that, we don't make decisions for them."
- People's care plans contained information about people's insight and understanding about their care needs, and ability to make decisions about their care.
- People were supported in the least restrictive way possible.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 continued to be well cared for and treated with respect and kindness. Everyone we spoke with were very happy with the compassion and care of the staff looking after them and were satisfied with the service. Comments included, "My regular carer is wonderful, so caring and compassionate", "Marvellous, the whole lot of them" and "They're lovely and very nice. I can't complain. They treat you well."
- People were being supported by a staff team who really enjoyed the work they were doing. One staff member told us, "I have really enjoyed working for this company. It's by far the best job I've had. The way we look after the clients. We have time to meet people's needs and spend time with them and have a chat."
- Staff completed equality and diversity training and the individuality and diversity of people and staff was recognised and respected.

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

- People and relatives told us they were involved in making decisions about their care and support.
- Care plans clearly set out how people preferred to receive their care and detailed their regular routines. People's preferences were known and likes, and dislikes recorded.
- Care plans were regularly updated and were completed alongside people and their families, taking into consideration their personal wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity and supported people to maintain their privacy. One person said, "They definitely respect my dignity and my privacy."
- People's independence was promoted. Staff followed people's requests and preferences. One person told us, "We enjoy some banter and we have a laugh." Another person told us, "I feel safe with them, they give me confidence."
- Care plans promoted people's dignity, respect and independence and included important details for carers to follow. For example, "Prompt [name] to do as much as she is able to do for herself to promote her independence and wellbeing."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 continued to receive responsive care and support that met their individual needs.
- Care plans provided information about how people wished to receive care and support. These identified key areas of needs, such as personal care, daily living activities, personal hygiene, meal preparation, health issues, and dressing. Care plans reflected people's individual needs. However, whilst some care plans were detailed and person-centred, others would benefit from more information to ensure people's needs and preferences were met. For example, what they would like staff to prepare them for breakfast or what they liked to drink.

We recommend the provider seek advice and guidance from a reputable source in developing care and support plans that are person-centred.

- People's care and support plans were kept under review and updated when their needs changed. One person told us, "The boss comes around and reviews my care plan."
- Staff knew people well and explained how they got to know people and were led by their wishes and preferences. For example, one member of staff told us, "I know it's very important that everything I do for them is what they want and how they want it. I make sure they have the care they want."
- Staff were responsive to people's changing needs. One member of staff gave an example, where they noticed a person was unwell when they visited them. The staff member, with the person's permission, contacted the person's GP for them to arrange for a home visit.

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.

- People's care plans included information about their communication needs. People's sensory needs, such as sight and hearing needs were included in their care and support plans, so that staff communicated with people, using ways best suited to their individual needs.
- The registered manager told us all their documents were available to people in large print and they used pictorial rota's for people with literacy difficulties. The service worked closely with other agencies regarding sensory loss and impairment, providing advocates and interpreters where necessary.

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

- A relative told us they and their family member looked forward to seeing staff. They said they had limited visitors so visits from staff were important and a highlight of the day.
- Although people didn't always have activities as part of their care package, staff said they made time to do things with people that they enjoyed. Staff told us they had time to sit and talk with people. In some cases, they supported people to take part in their interests and hobbies, as well as helping people with their shopping and daily activities

Improving care quality in response to complaints or concerns

- The service had a robust complaints policy and procedure.
- Complaints received were analysed by the service and responded to effectively.
- People told us they would share any concerns they had with staff or management, but everyone we spoke with was happy with the service and did not have any concerns. One person said, "I have no complaints whatsoever."

End of life care and support

- At the time of the inspection the service was not supporting anyone at the end of their life.
- The registered manager told us the service would continue to support people at the end of their lives. They told us staff would liaise closely with people's relatives, and healthcare professionals to ensure each person received the care and support they needed and wanted at the end of their life.
- Staff received training on how to support people at the end of their lives.

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 meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People told us they were provided with an individualised person-centred service that met their needs.
- The registered manager demonstrated an open and transparent approach and was passionate about promoting a person centred, inclusive and empowering culture.
- Everyone we spoke with said they would recommend the service. Comments included, "They're a marvellous firm", "The work is excellent, 100% good" and "I do think it's well managed."
- People told us they had regular contact with the registered manager and any worries or concerns were dealt with immediately. One person told us, "The boss often visits and helps the carers. She gets involved."
- Staff told us the registered manager was supportive and regularly worked alongside them. They were confident the registered manager would always act in people's best interests and any issues they raised would be dealt with.

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 demonstrated they knew their responsibilities under duty of candour and notified the CQC of incidents that they were legally obliged to.
- Staff were able to demonstrate they understood the importance of their roles and responsibilities and the reporting process when things went wrong.

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

- The management and staff team were aware of their role and responsibilities to provide people with a high-quality service. Good communication between staff and management ensured there was a shared understanding of any quality performance issues or risks to people.
- The management team completed regular quality assurance checks. This enabled them to collate information to show how the service was performing. Systems and process were in place to oversee the service and governance systems drove improvements in the quality of the service.
- Spot checks and competency monitoring of staff and working alongside staff enabled the registered manager to review staff performance first hand.

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

- The management team engaged effectively with people, their relatives and staff who confirmed they felt involved in the service provided. Feedback was sought through regular questionnaires and review meetings.
- The service maintained links with the local community and supported people to access and become part of their community.
- The service worked collaboratively with the community health and social care professionals involved in people's care, to the benefit of the people who used the service. Professional advice was sought to enhance people's care and promote independence.