

Advance Health Care Uk Ltd

Advance Healthcare (UK) Limited

Inspection report

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Date of inspection visit: 15 January 2016
Date of publication: 23/02/2016

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?

Requires improvement 

Overall summary

We inspected this service on 15 January 2016. This was an announced inspection and we telephoned the provider 48 hours' prior to our inspection to ensure someone would be at the office and to arrange home visits with people who use the service. Our last inspection was carried out in September 2013 and the provider was meeting the legal requirements at that time.

Advance Health Care UK Limited provides personal care and support to people living in their own homes in Cannock and the surrounding areas. At the time of our visit, 42 people were receiving a service. There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

Improvements were needed to ensure people's care plans were updated promptly when their needs changed.

People and their relatives told us they felt safe with staff. Staff recognised their responsibilities to protect people from abuse and were confident the registered manager would take action if they raised any concerns. People were protected against the risk of abuse, as checks were made to confirm staff were of good character to work with people in their own homes. Sufficient staff were available to meet people's needs.

Staff received effective training and support which enabled them to meet people's individual needs. Staff told us they felt valued and supported by the management. People received their medicine and were supported to apply any creams they needed. Staff supported people to manage their health care needs and

ensured they were referred to health care professionals if their needs changed. People's needs and preferences were met when they were supported with their dietary needs.

Staff sought people's consent before providing people with care and support and understood their responsibilities to support people to make their own decisions. Staff treated people in a caring way, respected their privacy and promoted their independence.

People told us they were involved in planning their care and were happy with how the staff supported them. Most people had a regular team of staff who knew people well and had the skills to meet their needs. People were supported to follow their hobbies and interests.

The registered manager carried out checks to ensure people received a good service. People knew how to raise a complaint and were encouraged to give their feedback on the service. People were satisfied that their concerns were acted on.

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 when they received care. Staff understood their responsibilities to keep people safe from avoidable harm and protect them from abuse. There were sufficient staff available and recruitment procedures were in place to ensure people were suitable to work with people. People were supported to take their medicines and apply creams as required. There were sufficient staff to support people and the provider followed safe recruitment procedures to ensure the staff employed were suitable.

Good



Is the service effective?

The service was effective.

People's needs were met by staff that knew them well and had completed training so they could provide the support people wanted. Staff supported people to make their own decisions and sought their consent before providing care. Where the agreed support included support with meals, people were supported to eat and drink enough to maintain their health. Staff monitored people's health to ensure any changing health needs were referred to a health care professional to support additional health needs.

Good



Is the service caring?

The service was caring.

People told us staff treated them with respect and promoted their dignity. We saw people had good relationships with staff and were comfortable with them being in their home. Staff knew people's preferences and encouraged them to maintain their independence.

Good



Is the service responsive?

The service was responsive.

People told us they were involved in planning their care and received support that met their needs and preferences. People were supported to follow their interests and hobbies. People told us action was taken when they raised concerns about the service

Good



Is the service well-led?

The service was not consistently well led.

Improvements were needed to ensure people's care plans were updated promptly when their needs changed. The registered manager carried out

Requires improvement



Summary of findings

checks to ensure people received a good service. People were happy with the support they received and felt able to comment on the quality of the service and raise any concerns. The manager had an open door policy and staff felt supported to fulfil their role.

Advance Healthcare (UK) 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 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.’

This inspection was carried out by one inspector on 15 January 2016 and was announced. The provider was given 48 hours’ notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office.

We checked the information we held about the service and provider. This included the Provider Information Return (PIR), statutory notifications that the provider had sent to

us about incidents at the service and information we had received from the public. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. A statutory notification is information about important events which the provider is required to send to us by law.

We visited five people and two relatives in their homes. We spoke with the registered manager and four care staff. We reviewed records held at the service’s office, which included four people’s care records to see how their care and treatment was planned and delivered. We reviewed three staff files to see how staff were recruited, trained and supported to deliver care appropriate to meet each person’s needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

People we spoke with told us they felt safe when they were supported by staff. They told us they usually saw the same staff and had no concerns about the way they were treated. One person told us, “I have no problems with feeling safe”. A relative told us “Everything is fine, [Name of person] feels safe with the carers”. Some people had a key safe if they were unable to let the carers into their homes. We saw that staff called out to people to let them know they were coming into their home and made sure the person knew they would lock up again on leaving to ensure their safety was maintained.

Staff we spoke with told us they had received training in safeguarding and understood their responsibilities to keep people safe and protect them from abuse. Staff told us about the signs they looked for that might mean a person was at risk of abuse and that they knew how to report their concerns. One member of staff told us, “We look for physical signs such as bruising but also for changes in people’s behaviour and report our concerns to the office straight away”. Staff told us they were confident that their concerns would be taken seriously and acted on by the management. Discussions with the registered manager confirmed they knew how to refer people to the local safeguarding team. Staff were aware of the whistleblowing policy and knew they could contact external agencies such as CQC if they needed to. Whistleblowing is a way in which staff can report misconduct or concerns about wrong doing in their workplace. One member of staff told us, “They are very hot on things here, I know I would be supported if I raised anything”.

Risk assessments were in place regarding people’s home environment and their moving and handling needs. One person’s assessment stated that they needed the support of two carers to move them safely using equipment. The person told us and daily records confirmed that there were two staff present at each visit when required. Staff told us when there are changes to people’s needs, the manager informed them by text to their mobile phone or if there were major changes, they were asked to come into the office to be updated. This meant people were supported safely as their needs changed.

There were enough staff to meet people’s needs. People told us the carers usually came at the set time and had enough time to deliver care. One person told us, “Staff stick to the times mostly but traffic sometimes holds them up. I know the routine and staff don’t rush me”. Another person said, “They don’t ever let me down, they always come on time”. Relatives we spoke with had no concerns about staffing levels. One told us, “The carers are very good, they are usually on time and stay the length of time they should”. Staff told us they thought there were enough staff to meet people’s needs. We saw that call times were monitored and reviewed by the management to ensure people’s needs were being met safely. When concerns were identified, the provider discussed them with the commissioners who were responsible for arranging people’s care. People told us there was consistency in the care they received. One person told us, “There are a regular group of about six carers and if they are training a new one, the agency usually let us know and always send them with one of the regular carers”. Staff recorded their time of arrival and departure in the daily log. Records we looked at showed that people had a regular set of care staff.

The provider checked staff’s suitability to deliver personal care before they started work. Staff told us they were unable to start work until all of the required checks had been completed. Records we looked at had all the required documentation in place which meant the provider followed the necessary procedures to demonstrate staff were suitable to work in a caring environment, including a criminal records check. The Disclosure and Barring Service is a national agency that keeps records of criminal convictions.

The provider had procedures in place to ensure people were supported to receive their medicines as prescribed, and in the way they preferred. Staff told us they had undertaken medicine training and had their competence checked to ensure they supported people safely. They told us the provider carried out spot checks by observing their practice and monitoring the medicines administration records (MAR). We saw these are completed by staff to record when medicine has been given, or if not given the reason why.

Is the service effective?

Our findings

People and their relatives told us the staff knew their needs and had the right skills to provide their care. One person told us, “The staff have the right training and it’s updated annually”. Another said, “I can’t fault them”. People told us that new staff accompanied established staff before they worked with them independently. One person said, “They send them in to shadow for at least two shifts and an experienced member of staff always takes the lead. I’m happy with that”. Staff told us there was an induction programme in place to support new staff, which comprised two days training followed by shadowing more experienced staff. One member of staff said, “I’d been in care before but it was good training. We came into the office and were shown how to use the We also had a go in it, which makes you realise why people can be apprehensive about it”. Staff told us they had been observed by their team leader to check they were competent in key skills before they were signed off as competent. These arrangements ensured staff received the information and support they needed to care for people effectively.

Staff told us they were provided with training that was specific to the needs of people they supported. For example, we saw staff were trained to support people who received their food and medicines through a percutaneous endoscopic (PEG) tube. The provider had a plan in place to ensure staff received updates in training that was relevant to the people they supported. Staff told us their team leader and the management carried out spot checks at least once every three months to check their practice. One member of staff told us, “We have regular spot checks and if there is anything wrong, you are asked to come in for further training. My last check was October 2015”. Staff told us they received supervision every three to four months but could ask for a meeting with the manager at any time if they had any concerns. This showed the staff were supported to carry out their roles effectively.

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.

We checked whether the provider was working within the principles of the MCA. Staff knew about people’s individual capacity to make decisions and understood their responsibilities to support people to make their own decisions. One member of staff told us about how they supported a person living with dementia to decide what they wanted to buy when they were out shopping. They said, “We look at all the brands and they tell me what they want to buy”. We observed that staff explained to people what they wanted to do and sought their consent before providing personal care. Staff told us they would speak to the registered manager if they had any concerns that people were losing the capacity to make their own decisions. The registered manager confirmed this and told us a review would be arranged, involving people and professionals who knew the person well, to ensure any decisions would be made in their best interest. This showed the staff and manager understood their responsibilities to comply with the Act.

People who received support with mealtime visits told us staff offered them choice and encouraged them to eat and drink enough to maintain good health. One person told us, “My relative cooks and freezes a selection of meals for me. I tell staff which meal I want and they get it out and cook it for me”. Care records showed that people’s dietary needs were assessed and monitored to ensure they were met. For example, where people were assessed to be at risk of weight loss and dehydration, we saw staff recorded the food and drink people had taken, to ensure their dietary needs were met. Staff told us that if there were any concerns, they would report it to the seniors who would arrange for professionals such as the dietician to visit. A relative told us, “The dietician comes regularly and any problems are reported to the office and acted on”.

People told us staff supported them with their health care needs. One person told us, “The staff put cream on after the shower to keep my skin healthy. I can’t do it myself”. When people’s needs changed, the staff took prompt action to ensure they were referred to relevant health services. One person told us, “All the staff understand me and know when I’m off colour and will call the doctor if needs be”. Staff told us if they had any concerns about a

Is the service effective?

person they would telephone the office for advice. One member of staff told us, “There is always somebody on the end of the phone. We need to get to our next call so they

make the call to the doctor or district nurse and let people’s families know”. This showed people were supported to access the support of other health professionals to maintain good health.

Is the service caring?

Our findings

People told us the carers treated them with respect and promoted their privacy and dignity. One person told us, “Staff help me into the bath and then leave me to wash myself and always shout to me to check I’m ready for them to come in again”. We saw staff respected people’s privacy by ensuring curtains and doors were closed when providing people with personal care. One member of staff told us, “I always give people privacy when they are using the toilet or commode. I make sure they are safe first and then leave them alone for a while”. People told us they got on well with the staff and we saw people were comfortable with them being in their home. Staff told us they tried to identify common interests with people to build relationships with them. One member of staff told us, “I love to knit and find it’s a good ice breaker and gets people talking. It’s important that people feel comfortable with us being in their home”. We saw that staff took an interest in people and chatted with them about everyday things as they provided support.

People told us the staff kept in contact with their families when their needs changed. One person told us, “The staff

know my relatives well and keep them informed about how I am”. One member of staff told us, “If a person is unwell and needs to see the doctor, I will arrange that or I will speak to the office but we always let the family know what’s happening”. This showed staff involved people’s families in their care.

People told us staff respected their daily routine and involved them in decisions about their care. One person told us they had built a good relationship with staff and the management and felt their views were listened to. They told us, “I have the freedom to set my routine and if I want to change something, the agency listen to my views and take action”. Their relative told us, “The staff act in accordance with [Name of person’s] wishes, they are like ‘their hands’”.

People were encouraged to be as independent as they wanted to be. One person told us, “Staff encourage me to do things for myself and that suits me but if I need help, I just have to say and they soon help me”. A member of staff told us, “I believe if someone can do something for themselves, it’s our job to encourage them. For example, we encourage people to wash their upper half themselves if they can and we do the lower half.

Is the service responsive?

Our findings

People told us they were happy with the support they received and confirmed it met their individual needs. One person said, “I’m happy with the care I’m getting, I can’t fault the carers”. Another person said, “I have a routine for personal care and know what’s coming next but the staff always ask me, do you need this doing”. Relatives confirmed the support people received was responsive to ensure people’s needs were met and their wellbeing enhanced. A relative told us, “The agency know not to send staff if they have a cold as it has a big impact on [Name of person] and the regular carers are all aware of this and let the agency know so they can arrange cover”. Staff told us they worked well as a team to ensure people were supported according to their needs and preferences. One member of staff told us, “Communication and interaction between the team is good. If we have to cover for another member of staff, we check with each other to find out if there are any issues, or they will call us”. Another said, “We are a team here, I love that”.

Some people told us they received a copy of their care rota each week which detailed the staff who would be providing their care. One person told us, “The agency email it to me on a Friday so that I know who is coming on the Monday and I can see if there are any changes. I can then discuss it with the manager if needs be”. Other people told us they usually saw the same carers and if there were any changes, the carers let them know. One person said, “[Name of carer] is on my rota”.

People told us the staff supported them to follow their interests and hobbies. One person told us staff supported them to go shopping, to the cinema and to attend a regular

exercise class. They told us, “It’s difficult to be spontaneous as we need to plan things at least two weeks in advance but the carers sometimes suggest other activities they know I would enjoy and we plan for them”.

People told us they were involved in developing their care plan so that it reflected how they would like to receive their care and support. One person told us, “The agency match the carers to ensure they have similar interests to me. I have a regular group of carers who are more like friends”. They told us the agency had listened when they had asked that staff wear casual clothes rather than a uniform, “Staff will sometimes bring clothes to change into if they have been on another call. They are in our home and it makes us feel more comfortable”. This demonstrated the provider understood people’s individual preferences and supported them to have as much choice and control as possible.

People and their relatives knew how to raise concerns and complaints and were satisfied that they were responded to in good time. One person told us, “I complained to the manager because my calls were getting earlier and earlier. They monitored my calls and now staff stick to the times”. People and their relatives told us they knew how to contact the provider’s office. There was an out of hours on call service that was available for people using the service and for staff. A relative told us, “I sent in a formal complaint which was resolved and I’m happy with the action taken. You can always ring up, there’s usually a manager to speak to or if not, they call you back”. Staff told us they reported any complaints to the office and were confident they were investigated fully. One member of staff told us, “Complaints are always taken seriously”. We saw people had a copy of the complaints procedure with their guide to the service. Records showed that complaints were investigated and responded to in line with this.

Is the service well-led?

Our findings

We found that care plans did not always have the information staff needed to support people. For example, where people had been identified to be at high risk of falls, a risk management plan was not always in place to ensure staff knew how to minimise any risks. The registered manager told us they had recognised that improvements were needed and had introduced a new moving and handling plan which detailed the steps that should be taken to minimise any identified risks. We found that some care plans had not been updated in a timely manner when people's needs changed. One person told us staff applied a pain relief cream when they needed it. We saw staff recorded the application on the medicines administration chart but there was no record of the cream being prescribed in the person's care plan. Another person was at risk of developing some skin damage and had been provided with a pressure cushion by the district nurse. Staff told us they had not received any information on how this should be used but discussions showed they understood the person's needs and we saw they checked to see the cushion was being used. The registered manager was not aware that the district nurse had recommended the cushion. They told us they would contact them and ensure the person's care plan was reviewed and updated accordingly.

The registered manager carried out a range of checks to ensure people received a good service. We saw they carried out audits on the administration of medicines and where improvements were required, we saw an action plan was put in place and discussed with staff as required. Accidents

and incidents were recorded and monitored to identify any patterns and trends to ensure improvements could be made. The registered manager monitored the daily records to ensure people received their support as planned and a contingency plan was in place to ensure people received support in the event of an emergency.

The provider sought people's opinion of the service at care reviews and through an annual satisfaction survey. One person told us, "They come every so often to check that I'm happy or to spot check the care, I've no complaints". A relative told us, "The person in charge came to see us and asked us what we thought of the service. We told them we are happy with things". The analysis of the annual satisfaction survey showed that people were positive about the support they received. Comments included, 'I have no complaints whatsoever', 'all carers are excellent', and 'nothing is too much trouble'. People and their relatives told us they felt the service was well managed. One person told us, "I know who's in charge and they manage things well". Another said, "Yes, it's well run, communication is good".

We saw the manager had an 'open door' policy. Staff told us they could contact the office or on call service if they had any concerns. One member of staff said, "You always feel you have support". Staff told us they felt valued and supported by senior staff and management and had regular staff meetings where they felt able to raise any concerns. One member of staff said, "Everyone is brilliant, we work together with management, they will always 'muck in' if needed". Another said, "They are always there for you, no matter what. I can't fault them at all". A third said, "It's a nice place to work".