

Advantage Nursing Agency Limited

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Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
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Is the service responsive?	Inspected but not rated
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Is the service well-led?	Inspected but not rated
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Summary of findings

Overall summary

About the service

Advantage Nursing Agency Limited is a domiciliary care agency. At the time of our inspection, it was providing personal care to three people living in their own houses and flats. It provides a service to older adults. Everyone using the service received support with 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.

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

Since our last inspection we found improvements had been made to the service, which meant people received safe care. Risks to people had been reviewed; care plans were updated to reflect people's personalised health needs and detailed guidance was made available to staff with key information about the person's needs.

Other improvements included those of the management oversight of the service, due the introduction of a consistent auditing and quality assurance programme, as well as monitoring of staff training needs.

People told us they felt safe with staff and that staff knew them well.

Feedback from people was sought on how the agency could improve, and people told us they thought the agency was well managed and they felt comfortable raising concerns. Staff told us they felt valued and supported by the provider. The registered manager recognised the shortfalls identified at our last inspection and had worked to improve the service they provided and meet the requirements of their registration. They continued to look at ways to improve to enable them to provide the most appropriate care to people.

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 15 August 2019) and there was a breach of Regulation 17 due to a lack of management oversight and poor record keeping. 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 sufficient improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

Breaches of legal requirements were found when we carried out an announced comprehensive inspection of this service on 07 June 2019. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this targeted inspection to check the provider had followed their action plan and to confirm

they now met legal requirements in relation to safe care and treatment, staffing, and management of the service. This report covers our findings in relation to the key questions of safe and well-led which contain those requirements.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question. We undertook this targeted inspection to follow up on breaches and one recommendation identified at the previous inspection. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Advantage Nursing Agency LTD on our website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service responsive?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Advantage Nursing Agency Limited

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 and looked at the overall quality of the service.

This was a targeted inspection to follow up on breaches identified at the previous inspection published in August 2019.

Inspection team

The inspection was carried out by one inspector.

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 the service 48 hours' notice of the inspection visit because the service is small, and we needed to be sure that the registered manager would be in the office to support the inspection. This also supported the provider and the inspection team to manage any potential risks associated with Covid-19.

What we did before the inspection

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.

During the inspection

We spoke with the registered manager during the office visit. No visitors or staff came to the office due to COVID-19 restrictions.

We reviewed a range of records which included two people's care records, as well as five staff files in relation to supervision and observations of practice. We also reviewed a variety of records relating to the management of the service, including policies and procedures, incidents and accidents, quality audits and governance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and policies. We spoke by telephone with three people who used the service and their relatives, as well as four members of staff.

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 requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of specific concerns we had in relation to person centred care. We will assess all of the key question at the next comprehensive inspection of the service.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we recommended care plans were updated to reflect people's personalised health needs, end of life wishes and background history. The provider had made improvements.

- People had detailed person-centred support plans which had been written and reviewed with them and their families, where people wished them to be involved. People's needs were identified, including those based on people's protected characteristics under the Equality Act.
- Care plans were regularly reviewed. The registered manager told us that more recent reviews were done by telephone in order to reduce the risk of transmitting COVID-19 to the person. We saw records of these telephone reviews in the person's care plan.
- Where a person was diagnosed with a health care need, those support needs were documented for staff to understand and follow.
- For example, one person's care plan included their complex moving and handling needs specific to their condition. This person told us, "I feel so safe with [care worker]; they know how I should be moved. [Care worker] is a very practical person, in fact, [care worker] is exceptional." Care workers we spoke with could tell us in detail how they supported those with complex needs in accordance with their care plan.
- The registered manager regularly assessed care workers' competencies with regards to their understanding of the support needs of a person with diabetes. They observed how the care workers monitored and recorded the person's blood sugar levels and general well-being.
- Care records included a one page profile which included people's social history as well as their individual characteristics. Their family history was recorded, as well as what and who was important to them, how they wanted their support, and their likes and dislikes.
- One person told us, "[Care workers] are quite familiar with everything about me." A care worker told us, "I feel I know all about those I support, but it is useful to have it written down; it often helps to open up a conversation."
- We saw some people had been supported to document their end of life care plan in great detail. The registered manager told us not every person wished to discuss this outside of their family members, and this was noted on their care record.

Improving care quality in response to complaints or concerns

- Since the last inspection, the provider ensured that all complaints were logged in the complaints folder, which was regularly audited. We saw complaints were addressed in a timely manner and in accordance with the provider's complaints policy. The investigation and outcome were documented, as well as how this information was shared with the complainant.
- People knew how to make a complaint. One person said, "I know how to make one, but I'm not the complaining type. I would speak to [registered manager] if I was unhappy. She always listens to me and gets things done." Another said, "I've never made a complaint, but I think it would be dealt with. I trust the agency. I think they certainly would not look away."

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of specific concerns we had in relation to consistent management and leadership which supported the delivery of high-quality, person-centred care. We will assess all of the key question at the next comprehensive inspection of the service.

At our inspection in June 2019 we found there was a lack of robust quality assurance and record keeping which meant people were at risk of receiving poor quality care. Should a decline in standards occur, there was a risk that the provider's systems would not effectively identify issues. 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.

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

- At our last inspection we found that the provider's quality assurance audits did not identify shortfalls in record keeping, including staff training and care plans. Since then, a robust system of audits and quality assurance checks has been introduced.
- There were consistent quality assurance processes in place. The registered manager carried out audits and checks on the quality and safety of the service. We saw actions identified during audits were addressed.
- For example, the registered manager noted the need for a care worker to have updated training in order to best meet the needs of a person they supported. We were able to confirm this training was provided and the care worker told us, "I really enjoyed the training, it gave me greater confidence to know that I was doing the best for the person."
- Mandatory training and competency checks were up to date. This was monitored on a regular basis and we saw how staff were emailed in advance of any training becoming overdue. They also received additional training to enable them to provide safe care to a person with a particular health need; for example diabetes, dementia and catheter care.
- The provider had a COVID-19 pandemic contingency plan in place. This identified actions to mitigate risks which included ensuring care workers formed a 'bubble', supporting the same people. This minimised the risk of spreading the virus to others who received a service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which

achieves good outcomes for people

- The registered manager introduced monthly staff meetings following the previous inspection. Face to face meetings were suspended at the onset of the COVID-19 pandemic. They told us they spoke with each member of staff every week and they were considering reintroducing face to face meetings.
- People told us they felt listened to and had opportunities to share their concerns and make suggestions. One person told us, "The registered manager asks me for my opinion each time we have a review. My carer listens to any worry I might have, and they will take it up with [the registered manager] or do something about it."
- Staff told us there was good communication with the registered manager and senior care coordinator. They were kept informed of any changes and best practice guidance in relation to the pandemic.
- Staff felt valued and said the registered manager was supportive and approachable. They told us, "I'm really happy with this company; if I was not happy I would not continue to work here. There is good contact with the office, which is most important to me."
- The registered manager had a good working relationship with external professionals. Records showed there was contact with external professionals, including GP, district nurses and social workers, to improve people's overall health, safety and well-being.