

## Advance Home Help & Support Services Limited

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### **Inspection report**

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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

Advance Home Help and Support Services Limited is a domiciliary care agency providing care and support to older people In their own homes. At the time of our inspection there were seven people using the service.

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

The provider did not have a manager registered with the Care Quality Commission. However, a candidate had been identified and the process had been started to apply for registration. People's care had not been negatively impacted upon, the manager applying to register had been in post since the agency started trading. People knew the manager and had no concerns.

People felt safe and protected from avoidable harm because staff knew how to identify and report any concerns relating to the risk of abuse. Risks to people's health, safety and well-being were assessed and support was arranged to remove or reduce the risks. People were supported by staff who had been safely recruited.

People's medicines were managed safely. Staff received training and their competency was checked to help ensure they were properly skilled to safely administer medicines. Staff had received training in infection control practices and personal protective equipment was provided for them. The management team took the right action following any incidents and any learning from accidents or incidents was shared with staff.

Before care delivery started, the management team confirmed they could meet peoples' needs. Staff received training and support to enable them to provide safe and effective care. Staff and management knew people well and quickly identified when people's needs changed, and they sought professional advice appropriately. 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 and relatives praised the kind and caring nature of the staff and management. People received consistent care from a small team of staff who they knew well. People knew about their care plans and decided what care and support they needed. People said they would be confident to raise any concerns with the management team. Everyone we spoke with during this inspection was satisfied with the care and support they received.

The management team was committed to providing a high standard of care to the people they supported as well as the staff team and understood their responsibilities under the Duty of Candour. People, their relatives and staff spoke highly of the management team and said they were always available and supportive.

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

#### Rating at last inspection

This service was registered with us on 18 April 2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the date of registration with CQC.

For more details, please see the full report which is on the CQC 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 reinspection 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 caring?	Good •
The service was caring.	
Details are in our caring findings below.	
Is the service responsive?	Good •
The service was responsive.	
Details are in our responsive findings below	
Is the service well-led?	Good •
The service was not always well-led.	
Details are in our well-Led findings below	



# Advance Home Help and Support Services Limited

**Detailed findings** 

## Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

This inspection was undertaken 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 did not have a manager registered with the Care Quality Commission. This meant the provider was solely legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

Inspection activity started on 01 March 2022 and ended on 07 March 2022. We received feedback from three people who used the service and two relatives about their experience of the care provided. We received feedback from three care staff, and we had a video call with the nominated individual and the manager on 07 March 2022. (The nominated individual is responsible for supervising the management of the service on behalf of the provider) We reviewed a range of records relating to the management of the service, including two care plans and risk assessments, staff training records, evidence of monitoring staff practice and medication competencies.



## Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had robust and effective systems to help protect people from the risk of harm or abuse. Staff received training and were clear about how they would report any concerns both internally to the provider and externally to the safeguarding authorities. A staff member told us, "Management are always available to speak to/advice about any concerns we have for clients or staff and if we feel any referrals need to be made and we are kept up to date regarding this."
- The nominated individual and manager understood their responsibilities to safeguard people from abuse and gave us an example where they had liaised with the local authority safeguarding team in a person's best interests.
- People and their relatives told us staff provided safe care for people. A person told us, "Of course, I feel safe with [staff member], they care for me, they help me to eat, they put me to bed, they worry for me when I am unwell. They are just wonderful."

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were assessed and a care package was developed to remove or reduce the risks. Risk assessments enabled people to stay as independent as possible within the confines of their health needs.
- The management team helped ensure people received support in the event of an emergency. For example, they provided a 24 hour on-call service and provided emergency cover if needed for staff sickness or other such events.
- Relatives were confident staff managed accidents well. A staff member shared an example where they had arrived at a person's home to find them in distress. The staff member said, just one call to the office and help was arranged, family contacted and a member of the management team arrived to support. The staff member said it was such a smooth process and very supportive approach.

#### Staffing and recruitment

- People's relatives felt there were enough staff available to meet people's care needs. They told us there had not been any missed care calls and all feedback indicated staff provided people's care within agreed timeframes. A staff member told us, ""I have found it enjoyable working for Advance Home Help, the management listen to concerns and we have a good team of carers (staff) who work as a team to keep things running smoothly."
- The provider operated effective recruitment procedures; 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 all staff before they worked with people independently.
- Newly recruited staff were personally introduced to people who used the service by the management

team. A staff member told us, "I shadowed my manager when I carried out the first (Care and support) visits for people and my work was also checked and observed." A relative told us, "Advance have a small team and if they have to introduce anyone new, they always check I am happy, and the member of staff will shadow visits to get to know [person]."

#### Using medicines safely

- Staff received the training necessary to support them to safely administer people's medicines. The management team undertook competency assessments once staff had completed their training to ensure safe practice.
- Staff supported some people with administering their medicines and just prompted others to take theirs as needed. A relative shared with us, "I am happy that they provide safe care because, for example, the carers (staff) have quickly spotted errors in the medication blister packs."

#### Preventing and controlling infection

- Staff were provided with training and personal protective equipment (PPE) such as gloves and aprons to help promote effective infection control. Practice in this area was monitored by the management team. A staff member said they felt the management team had dealt with the pandemic very professionally despite the difficult time it presented for all.
- People and their relatives told us care staff promoted good hygiene practices.

#### Learning lessons when things go wrong

• The provider took appropriate actions in response to any concerns and learning was shared with staff by a variety of means including updates, face to face meetings, group supervisions and team meetings.



## 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.

This is the first inspection for this newly registered service. This key question has been rated 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. Assessments included people's support needs and their individual preferences. These assessments formed the basis of people's care plans and risk assessments.
- People's relatives praised the staff team for the effective care and support they delivered.
- The staff team told us the time allocated for the care visits was appropriate to meet people's needs. One staff member said, "I always have sufficient time to carry out my duties safely. Staff always inform the office if the time is short or long therefore the time of the visit adjusted accordingly."

Staff support: induction, training, skills and experience

- Staff received training in areas including safeguarding, moving and handling, advanced dementia, fire safety and the Mental Capacity Act. Staff had a good understanding of these topics. A staff member told us, "We have to do the mandatory training, but we are also asked to do other training related to our work such as Parkinson's, diabetes, dementia etc."
- Staff received supervision and competency observations to help ensure they had the knowledge to perform their job roles. Staff told us they enjoyed good support from the management team. A staff member told us, "We have supervisions, if we feel we need training in certain areas management are willing to provide this for us."
- Inductions for new staff were thorough and their knowledge was tested by the management team during shadow shifts prior to the staff member working with people unsupervised.
- People and their relatives praised the staff team for their skills, knowledge and compassion

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

- People and their relatives said, where people needed assistance to eat, staff supported them in a safe and effective manner.
- People's dietary needs and requirements were identified in their care plans and staff had a good understanding how to support people with these.

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

• The management and staff team worked well with external professionals for the benefit of people who used the service. A person told us, "A couple of times the staff member has picked things up for me to talk with the GP about, it is nice to know there is someone helping to keep me well." A relative said, "They (staff) will also bring to my attention and the GP, any concerns with [person's] health. Over the pandemic, they

(management) were able to provide continuing care for [person], despite staffing challenges."

- Information was shared with other agencies if people needed to access other services such as hospitals.
- The management team told us they changed the times people received their support so they could support them to health appointments if this was the person's choice. A person told us, "If I had a health appointment or something, they will change my appointment, I may need to have a different staff member if mine wasn't available but that is only to be expected."

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 MCA 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.

- People and relatives told us staff always asked for consent when supporting them. People had been asked for their consent to be supported in line with their individual care plans and risk assessments.
- Staff received training in the Mental Capacity Act and had a good understanding of how to put this in to practice.



## 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- The management team were passionate about providing people with the care they needed, how they needed it, and in the best possible way for the individual.
- Staff had a good understanding of the people they supported. Staff took time to get to know people's individual likes and dislikes, their pasts and interests and incorporated these into their care.
- People and their relatives praised the staff team for the care and support they provided. A relative told us, "I would definitely recommend Advance to others. My experience with Advance has been a very positive one. They really take a weight off my shoulders."
- People told us they had felt safe even during the recent troubling times because they were kept up to date by the management team. We saw updates for people clearly told people, in simple everyday terms, what the changes in government guidance meant for them and their support.

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

- People's care plans showed they were consulted about changes to their care and these were documented. Regular reviews of people's support involving people, their relatives and other professionals took place.
- People and their relatives told us they were always involved in any decisions about their care.

Respecting and promoting people's privacy, dignity and independence

• People and their relatives said staff promoted people's privacy, dignity and independence. People described how they were supported to have their personal hygiene delivered whilst still feeling 'in control' and respected as a human being. A relative had recently posted a comment on an external review site stating, 'I am very happy with the care [family members] received. They are treated with dignity and the carer is very helpful in their independence.'



## Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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 received care to meet their individual needs and preferences.
- People's care was adapted to meet their changing needs. For example, where people began to regain some of their mobility the support was amended to help maximise independence.
- Care plans were detailed with regards to people's preferences, likes and dislikes. This meant staff had the information available to help ensure people received consistent care that met their individual needs.

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says people should get the support they need in relation to communication.

• The provider had not had the need to make any information available in different formats yet but said they would do so should the need arise. We were given an example where a person with partial sight was supported by having all their correspondence in large and bold print. This included the schedule detailing which staff would be supporting the person and when.

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

• Staff supported people to maintain contact with their friends and families during periods where COVID-19 restrictions meant they could not freely see people. For example, offering to dial phone numbers for people with limited dexterity in their hands. The provider gave staff an additional payment to buy extra data for their mobile phones. This meant staff could support people with video calls with their relatives. People told us this really helped them to feel less isolated.

Improving care quality in response to complaints or concerns

• The provider had a complaints and compliments policy, people and their relatives told us they had a copy of the policy in their homes to access if needed. People and their relatives told us they had not had the need to raise any complaints, but all said they would be confident to do so if the need arose. A person said, "Never made a complaint since I have been with this company, they have been wonderful."

End of life care and support

• The staff team supported people at the end of their life according to their wishes and preferences. People

were supported to stay in their own home if they chose to do so and extra support was provided as needed from specialist services such as Hospice nurses. Staff knew how to support people at the end of their life.

• A staff member told us of how they had supported a person at end of life and then supported the person's grieving partner afterwards.



### 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 is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider did not have a registered manager in post at this time, however, a candidate had been identified and the process had been started to apply for registration with CQC. The absence of a registered manager limits the rating in the Well-led section, however, people's care has not been negatively impacted upon.
- The management team had a clear understanding about the duty of candour and told us they encouraged staff to be open and honest in their feedback. Throughout this inspection process we found both the nominated individual and the manager to be very honest and open in their approach.
- The management team and staff understood their roles and respected the impact that their roles had for people.

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

- The management team had a good understanding of their responsibilities towards the people they supported and demonstrated a strong passion for delivering person-centred care.
- People and relatives told us they found the management team warm and professional. A relative said, "[Person] relies on me for everything and I can rely on Advance to cover many of the things I would find difficult, such as managing [person's] medication, their personal care and even making appointments with the GP. It's almost like having family to help."
- Staff said they felt proud to work for Advance Home Help Support Limited. For example, one staff member told us: "I would recommend this company to people needing care and for people looking for employment as I know we all supply good quality care."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives gave positive feedback about the service and how it operated. A person told us, "I would most definitely recommend Advance Home Help and Support Services to others looking for care and support their own home and I have done so many times.
- Staff feedback was sought via satisfaction surveys and face to face meetings with the management team.
- Staff were positive about working for the company. One staff member said, "When I initially started work, I could see that [manager] and [nominated individual] take great pride in their work and go over and beyond

for all the clients. They are both very respectful and caring and professional at the same time I have learnt a lot from them both which has helped me be good at the job I do."

• Regular feedback about the quality of the service provided was gathered from people and their relatives. The satisfaction scores were high and written feedback included confirmed people were very happy with the care and support they received from Advance Home Help Support Services Ltd.

Continuous learning and improving care; Working in partnership with others

- Learning was taken from incidents to improve people's experience of care.
- The management team often worked with other professionals to achieve good outcomes for people. For example, social working teams, community nurses, occupational therapists, wheelchair services, GPs and dentists.