Advance Home Care Ltd

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Inspection report

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Date of inspection visit:
25 January 2019

Date of publication:
26 February 2019

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

This inspection took place on 25 January 2019 and was announced. We told the provider 48 hours before our visit that we would be coming, to ensure that the people we needed to speak with would be available.

Advance Home Care Limited provides domiciliary care and support to 35 people living in Kingston, Merton and the surrounding area. Advance Home Care Limited is part of the Carewatch franchise and is known as Advance Home Care Ltd T/A Carewatch Kingston & Merton.

The service delivers care to people in their own homes, including personal care such as assistance with bathing, dressing, eating and medicines; home help covering all aspects of day-to-day housework, shopping, meal preparation and household duties. We only looked at the service for people receiving personal care during this inspection as this is the service that is registered with the Care Quality Commission.

At our previous inspection in June 2016 we rated the service good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People told us they felt safe with the support they received from staff. There were arrangements in place to help safeguard people from the risk of abuse. The provider had appropriate policies and procedures in place to inform people who used the service and staff how to report potential or suspected abuse. Staff we spoke with understood what constituted abuse and were aware of the steps to take to protect people.

There were sufficient numbers of skilled and trained staff working at the service. Staff's suitability to work with vulnerable adults at the service had been checked prior to employment. For instance, previous employer references had been sought and a criminal conviction check undertaken.

People received their medicines as required, from trained and competent staff. Staff ensured people were protected from the risk of acquiring an infection during the provision of their care.

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

Care records contained information to identify people's requirements and preferences in relation to their care and there was evidence to show that they had been consulted about decisions. The provider had maintained arrangements to monitor and assess the safety and quality of the service.

People and staff were asked for their views about how the service could be improved. If people were unhappy and wished to make a complaint, the provider had arrangements in place to deal with their

concerns appropriately.

There was an open and transparent approach to the management of the service which included team meetings, supervision and competency assessments of staff, which included on-site observations and quality checks by telephoning people. The registered manager and regional manager from the Carewatch franchise acknowledged that regular, formal individual supervision meetings with staff had in previous months been sporadic and had acted to remedy this.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

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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 took place on 25 January 2019 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and the registered manager is sometimes out of the office supporting care workers or visiting people who use the service. We needed to be sure that the registered manager would be available to speak with us on the day of our inspection.

The inspection was carried out by one inspector and an expert by experience who spoke with people by telephone. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Before the inspection we reviewed information about the service such as notifications they are required to submit to CQC. Notifications outline any significant events that occur within the service. The provider had provided a Provider Information Return (PIR). The PIR is a form which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make

During the inspection we spoke with the registered manager, the care co-ordinator, a field supervisor, regional manager for Carewatch (Kingston and Merton) and other office staff.

We reviewed the care records of four people who used the service, and looked at the records of three care staff and other records relating to the management of the service.

We spoke with seven people who used the service or their relatives and four care staff.

Good

Is the service safe?

Our findings

People continued to receive a service that provided care in a safe way, and people told us that they felt safe with the service they received. Comments included "The trust is there – I have no qualms", "She's trustworthy and honest with money", "They are very patient" and "They do what I request. She's very thoughtful and she'll ask if there's anything else I want before she goes."

There were systems in place designed to protect people from abuse. People received support from staff trained to recognise and report abuse. Staff told us, and records confirmed, that staff had received training in providing care that was safe, including training in safeguarding, infection control, moving and handling and administration of medicines. People confirmed that staff wore appropriate identification when they arrived at their home.

Staff described how they would recognise any signs of potential abuse and how they would respond if it arose. Staff knew who to report any concerns to. The service had policies and procedures in place to respond appropriately to any concerns regarding protecting people from possible abuse and these were readily available for staff to read. The registered manager was aware of procedures to follow in relation to making referrals to the local authority that had the statutory responsibility to investigate any safeguarding alerts.

Suitable arrangements were in place to manage risks appropriately. Risk assessments were in place and information recorded within people's support plans identified risks associated with individuals care and support needs. These related to people's manual handling needs and more specific risks.

Staff had received training in infection control and knew their responsibilities. Staff confirmed that personal protective equipment, such as gloves, was always readily available.

The provider had arrangements in place to deal with emergency situations to help ensure continuity of service. Staff and people had an out of hours phone number they could call which linked them to on call staff if they needed help or advice.

There were sufficient numbers of staff available to keep people safe. People and relatives verified that they or their family member received a reliable service. Where possible the service tried to send staff to people who were familiar with them. One person told us, "They always turn up and do what they should." Another said, "We seem very lucky with the continuity. It's never someone we don't know."

We checked recruitment records to make sure staff had all the appropriate checks prior to starting work with the service. We saw this included a completed application form, employment references, proof of identity and criminal record checks. This helped to ensure that only people deemed to be suitable by the agency were employed to work within the service.

The service had systems in place for the investigation and monitoring of incidents and accidents. If an

incident or accident occurred staff would contact the office or manager as soon as possible. If required, an investigation was carried out and an action plan developed. This helped to keep people safe and avoid a reoccurrence of the incident.

Care staff supported people with medicines in a safe way. Medicines administration records (MAR) were completed and MAR sheets were retained at the office, where they were audited for any errors. Staff encouraged people to be as independent as possible with the administration of their own medicines and people told us they were happy with the support they received.

Good

Is the service effective?

Our findings

People continued to be cared for by staff who had appropriate support and training to do their job. Comments included, "My [relative] feels psychologically much better since she's had the care", "She's very calm and answers [my relative's] questions and responds to [my relative] really well", "What they do, they do well. They seem to know what they're doing."

An induction programme was in place to support new staff. This included training in key areas appropriate to the needs of the people they supported and an introduction to the organisation. In addition to this staff were given the opportunity to shadow a more experienced member of staff depending on their level of experience and competence. Furthermore, staff were required to undertake and complete the Skills for Care 'Care Certificate' or an equivalent robust induction programme. The Care Certificate identifies a set of care standards and introductory skills that health and social care workers should consistently adhere to.

Staff told us they felt well supported by the registered manager and office staff and had appropriate training to carry out their roles. The staff and people using the service were divided into geographical "patches", each of which had a field care supervisor. The field care supervisor arranged unannounced spot checks to people's homes, supervision with staff and telephone quality checks with people.

Staff told us they had the opportunity to talk with their supervisor or manager either in person or over the phone at any time. However, we saw that regular personal supervision sessions had been sporadic over the past 12 months. The recommended guidance that each staff member receives at least 6 opportunities per year for face to face discussions with their manager had not always happened for every member of staff.

The registered manager acknowledged this and explained that several new senior staff had been recruited recently which meant that systems and people were now in place to recommence regular face to face supervisions.

People, relatives and staff confirmed that they were actively involved in making decisions about their care and support needs. One person told us, "I speak to them every other week. I make sure my care is alright." Another person said, "In May social services came for a review and I was part of the conversation."

Records we saw showed people were involved in making decisions about their care and support and their consent was sought and documented.

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.

All staff were provided with a basic understanding of the MCA. They were aware that the MCA existed and

how this protected the rights of people who lacked capacity to make decisions about their care and welfare.

Staff explained how they gained people's consent to personal care when they arrived for each visit. Staff confirmed they read through people's care records before any care practices were carried out.

If people needed assistance with meal or drink preparation the level of support they needed would be identified during the assessment process. The specific tasks required was recorded in people's care plans.

The service supported people to meet their health needs. Staff would assist people to contact their GP or other healthcare professionals as necessary. One person told us, "The carer rings me to discuss issues and resolves them. My discomfort is kept to a minimum and the carer nags me if she feels a doctor should be called."

Staff were aware of the need to contact the emergency services when necessary and inform the relatives of the person and the office.

Good

Is the service caring?

Our findings

The service continued to provide support to people in a caring way. People told us they were happy with the staff who supported them. One relative told us, "They have a cuddle before she goes. Her manner is kind. She picks up conversation from the day before." Another relative said, "One lunchtime the carer rang me when my relative was distressed so he could speak to me."

We saw that people's care plans included information about the person's background which was written from the point of view of the person receiving care.

The provider recognised the importance of providing the same staff consistently over time so they knew the people they cared for well. Records showed both the care staff and the people who received a service came from a diverse and multi-cultural background. The service enquired about people's spiritual and cultural needs and these were included when developing care plans and allocating appropriate staff.

People or relatives we spoke with felt that their privacy and dignity were maintained by staff when personal care was being given. Staff described what they would do to ensure a person's privacy and dignity were maintained at all times. They told us they did this by closing doors when giving personal care, asking the person what they would like and listening to their reply and talking to them while assisting them.

Good

Is the service responsive?

Our findings

The service continued to provide support to people in a person-centred manner. People and their relatives told us that staff were responsive to their needs. One relative told us, "They were very good at recording [my relative's] needs. They asked lots of questions in depth and took notes." Another relative said, "The care worker respects [my relative] the way he is."

People's needs had been assessed and information from these assessments had been used to plan the support they received. Each person had a person-centred plan in place, identifying their likes and dislikes, which included a descriptive "This is me" profile written from the person's perspective which contained guidelines for providing care to them in an individual way.

People had their individual cultural, religious and other needs met, in line with the Equalities Act 2010. The Equalities Act provides a legal framework to protect the rights of individuals and advance equality of opportunity for all. One person told us, "The staff respect me in terms of my faith."

People were involved in the development and review of their care plans and these were reviewed every six months or more often if needed. This process helped people to express their views of the support they received and identify where any changes they thought were needed.

The service made use of technology to help provide care in a responsive way. This included telephone log-in system for staff when they arrived at and left someone's home.

The registered provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

We saw information was provided in a variety of formats for people. For example, quality questionnaires were available in an easy read format for people to complete and staff such as field care supervisors explained information about people's care personally with the individuals concerned to ensure they understood.

People and relatives told us they knew what to do if they were unhappy about something and they felt able to talk with staff or management about anything. We were shown the provider's complaints policy and procedure. People who had made complaints told us they were satisfied with the outcome. One person told us, "I did phone about a complaint, but it was a misunderstanding. It got sorted out and dealt with very quickly." Another said, "Not long after the care started, their times were a bit off. They were 45 minutes late, and apologised. Now it's settled down."

Good

Is the service well-led?

Our findings

The service continued to be managed in an open and transparent manner which ensured that staff were supported and people had accessible contact with the registered manager. One relative told us, "Things are picked up quite quickly and responded to quite quickly." Another person said, "It's easy. Just phone them, they answer the phone."

Staff were positive in their attitude and they said they were committed to the support and care of the people. One care staff told us, "I always get help from the office if I need it, and [the registered manager] is happy to speak to you if there's an issue."

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered 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.

The registered manager told us they encouraged a positive and open culture by being supportive to staff and by making themselves approachable. Care staff told us that there was good team working and that the organisation was a good one to work for.

Systems were in place to monitor and improve the quality of the service. An annual survey was sent to people and relatives and we saw the feedback for the 2018 survey which was positive. One person told us, "I would recommend them because of the carers themselves. They're nice people. They're very kind and supportive of me." A relative said, "Yes, literally the care he's had is to be recommended."

The registered manager kept up to date with changes in legislation, policies and trends with support from the Carewatch franchise and by attending a local provider's forum.

The registered manager had a good understanding of their management role and responsibilities and the provider's legal obligations with regard to CQC including the requirements for submission of notifications of relevant events and changes.

The provider had quality assurance systems in place to monitor the agencies processes. Local audits of systems and processes were carried out as well as regular checks by an external manager of Carewatch. Field care supervisors made regular calls to people to check on the quality of care they received and to address any issues. Unannounced spot checks were carried out to observe and check the practice of care staff and any issues were addressed through discussion or updated training.