

Advantage Healthcare Limited

# Advantage Healthcare - Suffolk and Essex

## Inspection report

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Date of inspection visit:  
24 April 2023  
27 April 2023  
11 May 2023

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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

Advantage Healthcare - Suffolk and Essex is a domiciliary care agency providing personal care to children and adults, including people living with a learning disability and autistic people living in their own homes. At the time of the inspection 13 people were using the service which included 5 children. The service also provided live in staff support.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

#### Right Support:

People received care and support from an established staff team. Staff were recruited based on their skills and experience and matched to meet the specific needs of people using the service. Staff received relevant and good quality training which gave them the skills to help ensure people received the right care and support. Staff showed a genuine interest in people's well-being and quality of life.

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. Managers worked closely with commissioners, social workers, and families to ensure bespoke packages were agreed. Care packages were tailored to meet people's individual needs and designed to achieve the best quality of life possible.

#### Right Care:

People received person-centred care which promoted their dignity, privacy and human rights. Systems were followed by staff to ensure risks to people were managed safely. Staff worked collaboratively with consultants and health professionals to help ensure people's care was delivered in a way which meet their specific health needs, promoted their wellbeing, and helped them to live healthy lives.

Systems were in place to manage safeguarding concerns promptly, investigate matters and take appropriate action to protect people using the service. Staff knew people's needs well and had developed good relationships with them. Staff knew how to diffuse incidents of distress and anxiety quickly to reduce the risk of harm to people.

People, including those with complex dietary needs received support to eat and drink enough to maintain a balanced diet. Staff had good awareness, skills and understanding of people's individual communication needs and how to promote effective communication. Staff were committed to supporting people to participate in their chosen social and leisure activities and encouraging people to explore new recreational interests.

#### Right Culture:

The registered manager had worked hard to instil a culture of care where staff felt truly valued. There was a transparent, open and honest culture between people, those important to them, staff and managers. The attitudes and behaviours of the registered manager and staff ensured people using the service led inclusive and empowered lives. The views of people, their families, and stakeholders were sought and used to improve the culture, quality and safety of the service.

Staff understood their role in making sure that people were always put first. They understood their responsibilities to respect people's right to privacy, confidentiality and promoted their independence. Relatives spoke positively about the kindness of staff and the continuity of care they provided.

Effective governance arrangements were in place to assess the quality and safety of the service. These were used to identify and drive improvement to deliver high quality care and support. Concerns and complaints were taken seriously, investigated and the outcomes used to improve the service. Systems were in place to apologise to people, and those important to them, when things went wrong.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 20 January 2021, and this is the first inspection. The last rating for the service under the previous provider, Interserve Healthcare Suffolk and Essex was Good, published on 25 March 2020.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 ●

# Advantage Healthcare - Suffolk and Essex

## **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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 1 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

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed

to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 24 April 2023 and ended on 11 May 2023. We visited the location's office on 27 April 2023.

#### What we did before the 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

We spoke with 4 relatives of people using the service and a family carer, plus 3 members of staff. We also spoke with the registered manager, head of paediatrics and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records, including 3 people's care plans, and associated risk assessments, 5 staff recruitment files and a variety of records relating to the management of the service.

# 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

- People were kept safe from harm because staff knew them well and understood how to protect them from abuse. Staff were trained on how to recognise and report abuse to the appropriate authorities.
- Staff worked well with children who used the service, their families, external agencies, and professionals to promote their safety and prevent abuse occurring.
- Systems were in place to manage safeguarding concerns promptly, investigate matters and take appropriate action to protect people using the service. The registered manager worked well with other agencies to do so.

Assessing risk, safety monitoring and management

- The registered manager assessed, monitored and managed safety well. Risk assessments contained detailed guidance for staff to follow to help ensure people were protected from harm. These focused on what the person could do and the support they needed to keep safe.
- Flash cards had been developed providing an overview of symptoms and actions to take in emergency situations, such as choking. These acted as a quick reference guide for staff to follow.
- Staff knew people's needs well and had a good understanding of risks to their wellbeing and how to manage them, including anticipating subtle changes in their behaviour.
- Staff had developed good relationships with people and knew how to diffuse incidents of distress and anxiety quickly to reduce the risk of harm.

Staffing and recruitment

- Staffing numbers were agreed as part of the initial assessment of each person's care package. The registered manager told us no care packages commenced until the correct number of staff had been recruited to provide the care and support required.
- Records showed the numbers and skills of staff matched the needs of people using the service. One relative told us, "We have 3 live in carers for my [family member]. They are all very good, always the same ones and [family member] gets on really well with them all".
- Staff told us, there was enough staff available to meet people's needs. One member of staff commented, "I do a week on and week off. There are 2 of us that alternate and cover each other's holidays. We also have a relief member of staff to provide cover, and a couple of staff that have shadowed so could provide support if needed."
- Systems ensured the right staff were recruited to support people to stay safe. This included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Using medicines safely

- Staff followed systems and processes to administer, record and store medicines safely. One relative commented, "There are never any issues with my [family member] receiving their medicines. The nurse does spot checks on the carers, there has never been any negative feedback."
- Staff confirmed they had received training and had their competency to administer medicines assessed on a regular basis.
- New computer systems were in the process of being introduced designed to make the daily recording, reporting and analysis of people's care and medicines easy, straightforward, and efficient to manage.
- Staff accessed people's medicine records via a tablet (a portable computer with a touchscreen). One member of staff commented, "The new tablets make information easily accessible, everything we need to access is on the tablet, including step by step guidance about people's medicines."
- Office based nurses had access to medicines records remotely and were able to check people were receiving their medicines, as prescribed.

### Preventing and controlling infection

- Effective infection, prevention and control measures were in place to keep people safe.
- Staff used personal protective equipment (PPE) effectively and safely.
- The provider was promoting safety through effective hygiene practices. Staff confirmed they had completed infection prevention and control (IP&C) training, which included using PPE correctly and effective hand washing,
- The provider's infection prevention and control policy was up to date. This included guidance for staff on how to prevent or manage infection outbreaks and details of other agencies to alert if concerns were identified about people's health and wellbeing.

### Learning lessons when things go wrong

- The provider had good processes in place to investigate incidents and share lessons learned. The outcome of investigations were communicated widely across the company to prevent recurrence of incidents and drive improvement.
- Staff recognised incidents and reported them appropriately, which helped to keep people safe.



# 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

- The registered manager was aware of current legislation. They were able to demonstrate how care and support was provided in alignment with current standards and national best practice to support good outcomes for people.
- Before using the service, a comprehensive assessment of each person's physical and mental health was carried out to ensure the service was able to meet their specific needs.
- Care records and feedback from relatives confirmed people's physical, sensory and communication needs were being met in line with current best practice guidance.

Staff support: induction, training, skills and experience

- Staff confirmed they had been provided with relevant and good quality training, which gave them the knowledge and skills to meet people's specific needs.
- Training was delivered via a mix of the providers own trainers, computer-based learning or where required by external healthcare professionals. Staff could describe how their training related to the people they supported. One relative commented, "Staff have had all the training to use the hoist, and they are assessed by a nurse who checks their work and signs their competencies and training."
- A mixture of annual competency assessments and clinical supervisions were carried out to ensure staff understood and applied training and best practice. One member of staff commented, ""We have our competency assessed, quite frequently, every 1-2 months. The nurses come to assess us, they inform the person they are coming but will use the opportunity to spring a spot check on us, whilst there."
- The service had clear procedures for team working and peer support, including inducting new staff which promoted good quality care and support. A member of staff commented, "I was introduced to [Person] and shadowed an experienced carer when I started supporting them. I met [Person] at a day care facility, before my first shift. I spent 3 hours on the first shift just getting to know them, and the carer shared their knowledge about them with me."
- Staff received support in the form of continual supervision, appraisal, and recognition of good practice.

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

- People received support to eat and drink enough to maintain a balanced diet. Where people had been identified at risk because of poor nutrition, dehydration, swallowing problems, or other medical conditions affecting their ability to eat and drink, risk assessments had been completed. These contained good guidance for staff to follow to ensure people's dietary needs were met.
- Regular monitoring and review of people's dietary needs were carried out with the person, their families, and relevant professionals to ensure their nutritional needs continued to be met.

- Staff told us, where possible people were involved in preparing and cooking their own meals. One member of staff commented, "[Person] who I support needs guidance, they can make their own snacks, and own packed lunch, I just prompt and help them to make choices."

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

- People were supported to access joined-up care and support to manage their health and wellbeing. This included access to screening and primary care services. One relative told us, "The carer supports my [family member] to access the doctor and dentist via taxi, and the chiropodist comes to the house."
- People's care plans contained up to date information about their health, including appointments with health professionals, such as the GP.
- People were referred to other health care professionals, including occupational therapists, paediatricians, and physiotherapists, as needed to support their wellbeing and help them to live healthy lives.
- Health passports had been developed for each person, designed to assist health and social care professionals to support people in the way they needed, including how they communicated.

Adapting service, design, decoration to meet people's needs

- Environmental risk assessments had been completed in people's homes, instructing staff on how to keep the person and themselves safe.
- Personal emergency evacuation plans (PEEPS) had been developed instructing staff how to safely evacuate the person in the event of a fire. These contained relevant information, alerting staff to the risks associated with petroleum-based creams and emollients, oxygen and air pressure mattresses.
- Where people had specialist or adaptive equipment records showed staff made routine checks to ensure equipment was in good working order. Staff had been assessed as competent to use equipment safely.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff demonstrated best practice around assessing mental capacity and supporting decision making. They had a good understanding of the requirements of MCA and empowered people to make their own decisions about their care.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means, and this was well documented. Where people had been assessed as lacking mental capacity for certain decisions, staff clearly recorded details about decisions made in their best interests.

# 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

- People's relatives told us they received a consistent and reliable service and were positive about the kindness of staff and the continuity they provided.
- Relatives told us staff treated their loved ones with dignity, respect, and kindness. One relative commented, "I have had Advantage coming to look after [family member] for 5-6 years at night and after school. My [family members] carer is amazing, they know them fully, and all their quirks."
- People were well matched with staff and as a result, people's relatives told us they were at ease, happy, engaged and stimulated. One relative told us, "My [family member] has had the same carer for 4-5 years, they are quiet, gentle and have a lovely attitude. [Family member] always responds to their voice."
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. One relative commented, "We have an amazing carer, they know [family member] like the back of their hand, they are also very proactive, they find things to do with them, if I have not left anything ready. They do not hesitate to say if something is not right, and quick to identify if there is a problem, like an infection."

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

- Staff had an in-depth awareness of people's needs and the level of support they needed to make decisions and experience real choice and control over their day to day lives.
- As staff were allocated to specific care packages, they told us they had time to get to know people well, understand their care and support needs, wishes, choices and any associated risks.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics, such as cultural or religious preferences.
- People, and those important to them, took part in making decisions and planning of their care to ensure a bespoke package was agreed, tailored to meet the individuals social and clinical needs.

Respecting and promoting people's privacy, dignity and independence

- Staff understood their responsibilities to respect people's right to privacy, and confidentiality.
- Staff knew when people needed their space and privacy and respected this. One relative told us, "The carer does not stay in the room with [family member] at night, they have a monitor, and can hear if there are problems, they treat my [family member] with such dignity."
- Staff promoted people's independence involving them in routine daily activities. One member of staff told us, "The person I support needs assistance with their personal care, they are a very proud person who likes to do as much for themselves as possible, we are there to support where they can't manage."

# 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

- The service worked closely with commissioners, social workers, and families to ensure people's care and support was designed to achieve the best quality of life possible.
- People's care plans set out their assessed needs with a focus on their whole life. This included, the persons specific needs, goals, skills, abilities, how they preferred their health to be managed and promoted strategies to enhance their independence.
- Paper copies of care plans were in the process of being uploaded to electronic versions. Staff confirmed they had access to people's care records via a tablet. They told us, information was easy to access and step by step instructions helped them provide people with the support they needed.
- Staff told us the electronic care plan and input on the tablet enabled them to complete accurate, legible and up-to-date high quality clinical and care records, which were stored securely.

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 that people should get the support they need in relation to communication.

- Staff were mindful of people's individual sensory needs and communication difficulties. One member of staff commented, "[Person] can't manage sentences, but can use 3 words to indicate what they want, and their choices. I have learnt their language, for example, swimming, go out, big day."
- People had individual communication plans, grab sheets and hospital passports which detailed their preferred methods of communication.
- Staff had good awareness, skills and understanding of people's individual communication needs. They knew how to facilitate communication and when people were trying to tell them something.
- Information about the service, including how to complain had been developed in easy read versions. The registered manager told us these could be adapted to suit people's individual needs.

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

- People were supported to participate in their chosen social and leisure interests on a regular basis and try new things to develop their skills. One member of staff commented, "The person I support has a busy life, they like going out. I support them to go out in their own car to the cinema, swimming etc."

- Staff ensured adjustments were made so that people could participate in activities they wanted to. A member of staff commented, "The person I support had COVID -19 recently, and couldn't go to their day care, so we went for walk along an old railway so they could get out. They like to be out, and I try to support them to achieve this."
- Staff were committed to encouraging people to explore new social, leisure and recreational interests. One member of staff commented, "[Person] is quite independent, and attends, various day centres during the week, and enjoys respite on a farm at weekends."

#### Improving care quality in response to complaints or concerns

- The service had systems in place to respond to and investigate complaints. There had been no complaints made about the service since registration in January 2021. The registered manager told us all concerns and complaints would be taken seriously, investigated, and learned lessons from to improve the service.
- People's relatives told us they could raise concerns and complaints easily and felt they would be supported to do so. One relative told us, "If I had any concerns, I would ring the office."

#### End of life care and support

- Systems were in place to ensure people were supported to make decisions about their preferences for end of life care. Advanced care planning was discussed at the initial assessment to ensure people's wishes are respected and acted upon, including any personal, religious, and cultural needs.
- The service worked with people, their families, advocates, and those who hold power of attorney to ensure they were actively involved in developing the person's advanced plan of care. These plans were reviewed on a regular basis, as the service recognised people can change their mind.
- All staff completed end of life training in line with national good practice guidance and professional guidelines. End of life cards had been produced as an aid for staff to support people with advanced, progressive, incurable illness to live as well as possible until they died.
- The service worked with healthcare professionals, including palliative care specialists and others, to provide a dignified and pain-free death.

# 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.

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

- The provider and registered manager had worked hard to instil a culture in which staff felt valued and enabled them to develop. A member of staff commented. "Advantage is a very good company to work for, they offer good training which helps to develop my skills and knowledge,"
- The registered manager was visible in the service, approachable and took a genuine interest in what people, their families, staff, and other professionals had to say. Staff told us they felt respected, supported and valued by the registered manager which supported a positive culture.
- Staff felt able to raise concerns with managers. Comments included, "We have a good manager; they are easy to approach. If I have any issues, I contact them, and they will get back to me and sort it," and "Management are very approachable and supportive."
- Staff were providing care in line with the values of the company enabling people to live as independently as possible through tailored care packages. One member of staff commented, "It's about putting the person first, we build a team around the person."

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

- The provider was in the process of implementing new digital technology, including care planning and governance systems to support the delivery of high quality care and support.
- These systems demonstrated effective governance arrangements were in place to assess quality and safety, including a range of audits which identified what was working well, where there were gaps, and actions needed to make the required improvements. Where improvements had been identified this fed into the providers service improvement plan, which was being monitored by senior managers.
- The registered manager had systems in place to apologise to people, and those important to them, when things went wrong. Outcomes of investigations were shared at board level, and across regions, with a strong focus on learning from incidents, at all levels of the organisation.
- Staff understood their roles and responsibilities, were motivated, and had confidence in the registered manager. Staff surveys contained the following comments, "I feel respected and valued by my line manager", and "I feel valued for the work I do".

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

## characteristics

- Relatives told us communication from the office could be improved, especially in relation to staff rotas. Comments included, "Communication varies, we used to have a rota, but it has dwindled in the last few months," and "Communication is not the best, we used to get a rota, I've requested 1 twice, but not received it." The registered manager told us they would discuss this issue with office staff, to ensure relatives were kept up to date with information.
- In contrast, staff told us communication across the company was good. Comments included, "Communication is good, I get emails and telephone calls, from company and locally managers," and "Communication is good, the provider sends out emails about what is happening in the company, any changes taking place."
- The views of relatives, external partners and other stakeholders had been sought and used to improve the service. Review of feedback and engagement surveys completed by relatives, staff, and health professionals in 2022, showed a good response rate with positive feedback about the service.

## Working in partnership with others

- People's records showed managers and staff worked well with health professionals, and stakeholders. Feedback obtained in a health professional survey praised the service for managing complex situations and the professionalism of staff.
- Managers, staff and health and social care professionals worked well together as part of multi-disciplinary approach, including the person and their family representatives to ensure people received joined-up care and support.