

Advance Health Care UK Ltd

Advance Healthcare (UK) Limited

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

About the service

Advance Healthcare (UK) Ltd provides personal care and support to people living in their own home. The agency provides care and support for older people, adults with disabilities and people who live with dementia. At the time of our inspection visit, services were being delivered to 146 people.

Not everyone who used the service received 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

People told us the management team and staff were kind and caring and very good at their jobs. They said they felt safe with their care staff and trusted them. People and relatives were consistently complimentary about the kindness of the staff and the reliability of the service they received. We were told of occasions where staff had gone above and beyond what was expected of them.

The management team were passionate about supporting people who lived in their own home. The leadership and culture of the service was to provide a high-quality personalised support to people. All the care staff we spoke with were caring, kind and enthusiastic about their role.

Staff had been recruited safely, well trained and supported to provide the best possible care to people. Staff were committed to delivering inclusive personalised care and strongly focused on supporting people's needs and preferences. Staff spoke passionately about how they provided people with high quality, person-centred care. Staff turnover was low and people told us they were supported by staff who knew and consistently met their needs. The service liaised well with health and social care professionals.

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's care and support was planned with them. They told us they felt consulted and listened to about how their care was delivered. They said staff were respectful, friendly and reliable. People were happy they received care and support from staff that they had got to know. People told us they had never had a missed call and staff attended the calls at the appropriate time and stayed for the full duration of the call.

The management team continued to be passionate about supporting people who lived in their own home. They used a variety of methods to check the quality of the service and develop good practice. The leadership and culture of the service was to provide a high-quality, personalised support to people. Staff had a clear vision of what was required of them and were focused on doing so.

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

Rating at last inspection

The last rating for this service was good (published 23 February 2016). Since this rating was awarded the registered provider of the service has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our safe findings below.

Good ●

Advance Healthcare (UK) 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. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team comprised of one inspector to conduct the site and home visits and three inspectors to make telephone calls to people who used the service, relatives and staff.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

This service also provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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 72 hours' notice of the inspection. This was because it is a large service and we wanted to arrange some home visits to people and we needed to be sure the management team and care staff

would be available to support the inspection.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We met with two people and three relatives, we spoke with another two people who used the service and seven relatives about their experience of the care provided. We spoke with 12 members of care staff, the registered manager and the nominated individual.

We reviewed a range of records. This included ten people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff that supported them. A relative told us, "[Person] feels safe, they send regular carers and they know [person], they know what [person] needs."
- Staff were trained and knew how to recognise and report incidents, accidents or suspected abuse. One staff member told us, " People are safe (with Advance Healthcare) because the agency cares for the people they look after and any issues are dealt with immediately."
- The provider had safeguarding systems in place and staff had received appropriate safeguarding training. Staff were aware of their responsibilities to report any concerns and explained to us how they would ensure people were protected from the risk of harm or abuse.

Assessing risk, safety monitoring and management

- Risk assessments were completed and were person centred. Staff knew people well and knew the appropriate steps to take to keep people safe from avoidable harm. For example, people living with diabetes had clear protocols in place to explain to staff the prompt action they needed to take to keep the person safe if they were to become unwell.
- We saw from care records we looked at, when changes had occurred in people's needs they were referred to the appropriate healthcare professionals to ensure their support needs continued to be met.
- The provider had procedures in place for staff to follow should there be an emergency. In addition, on call support was always available to assist and advise staff as required.
- At the initial care needs assessment, before joining the service, environmental checks were completed in and around the property location. This ensured staff members personal safety and wellbeing whilst carrying out their role.

Staffing and recruitment

- People and relatives we spoke with told us there were enough staff to provide care at the times agreed.
- Staff we spoke with told us there was enough staff to meet people's needs and they had ample time to support people, without rushing and there was time to travel between calls.
- The provider had a recruitment process to prevent unsuitable staff working with people. This included pre-employment checks and checks with the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions.
- There was low staff turnover. Staff were positive about the management team and their role. A staff member told us, "Because we see the same people, we get to know them really well and know when they might be feeling unwell, we can see it."

Using medicines safely

- People felt staff knew how to support them with their medicines. One relative told us, "I have no concerns about the way staff support [person] with their medication."
- We looked at a sample of medicines records and audits. Some people were prescribed medicines to be given at similar times each day. The records and timesheets we looked at showed these medicines were given as prescribed.
- Staff told us they received medicines training and had regular checks to ensure they had the skills and knowledge to give medicines safely.

Preventing and controlling infection

- Staff had access to protective clothing and equipment (PPE) to reduce risk of cross contamination and infection.
- We saw staff used PPE when providing support.

Learning lessons when things go wrong

- The management team reviewed accidents and incidents, so lessons could be learnt and reduce the risk of similar incidents from reoccurring through staff meetings, supervision and staff newsletters.
- The registered manager was aware of their responsibility to report any concerns to the relevant external agencies.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 by the provider prior to joining the service. The assessments considered the protected characteristics under the Equalities Act 2010 for example, people's needs in relation to their gender, age, culture, religion, ethnicity and disability. The pre-admission process was person-centred, fully involving the person and their family members to make sure the service could meet the person's needs.
- People's care and support was planned in partnership with them. They told us they felt involved in their care and listened to about how their care was delivered. One person told us, "They [care staff] always involve me and ask me what I need."
- The service had conducted reviews of people's needs to ensure the service continued to meet their individual requirements.
- Staff we spoke with were knowledgeable about people's day-to-day support needs.

Staff support: induction, training, skills and experience

- Staff told us they received training which they felt met people's needs. One staff member said, "We receive on-going training and can ask for training in an area we are not sure of." Feedback from people and relatives was positive regarding staff skills to support them. One relative told us, "They (staff) do everything well for [person]."
- New staff received induction training when joining the service. One staff member said, "The induction was pretty good. Three days training, quite intense. They (trainer) covered everything including first aid training and safeguarding."
- The provider had training records in place to demonstrate what training staff had received.
- Staff told us they had received support through supervision and spot checks were carried out on their working practices.

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

- Where staff provided support to people to maintain their diet, we found people's specific cultural and dietary needs were assessed. One relative said, "They (staff) always leave a snack and drinks before they leave, there are plenty of snacks and [person] chooses what they fancy."
- Staff knew people's specific dietary requirements and records were kept detailing the support provided at meal time. A staff member told us, "There are clear guidelines for people who have problems eating and drinking, risk assessments are in the care plan, for thickener or pureed diets, SALT (speech and language therapist) assessment and regular reviews of people care."

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

- The provider completed risk assessments of the person's home environment to make sure everyone was safe.
- Referrals were made to health care professionals for advice and support on equipment in people's homes to maintain people's safety and promote independence. For example, bathing equipment, walking frames and hoists.

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

- The provider and staff worked in partnership with people, relatives and health and social care professionals to monitor and maintain people's health. These included people's GP's and district nurses.
- Staff knew what to do if they had concerns about a person's health or if there was a medical emergency.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 sought consent from people before providing support to them. One relative told us, "They'll (staff) talk about what [person] wants to do, they ask [person] where they want to sit, what clothes to wear, what they want to eat."
- Staff had received training in the MCA and understood how to apply it when supporting people. One staff member said, "If someone is unable to consent verbally I would point to the object, thumbs up sign or use pictures."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 and their relatives provided consistent and positive feedback, about staff confirming they were treated with kindness and the staff's caring attitude. One relative said, "They (staff) are wonderful I could not cope without them. They go over and above and I trust them completely. They (staff) show respect, they know [person] so well and what [person] wants by their facial expression. I have confidence in them when they come, they are very kind and caring and do things at [person's] pace not rushed."
- Staff spoke with kindness and compassion about the people they supported and told us they enjoyed their jobs. One staff member said, "I get job satisfaction, I love the people and I love my job."

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

- The provider made sure people were fully involved in their care. Every three months a face to face review was conducted at the person's home to proactively ask about their care. This ensured the provider continued to meet people's care and support needs and any issues were dealt with promptly.
- People could contact independent advocacy services if they wanted guidance and support or for an advocate to act on their behalf. An advocate is an independent person that will speak on behalf of someone to ensure the person is heard and their rights, concerns and needs are acted on. This enabled people to have an independent voice.

Respecting and promoting people's privacy, dignity and independence

- People told us staff protected their right to receive care and support in a dignified way. One person said, "The staff are lovely, they do exactly what I want them to do." A relative told us, "They (staff) do respect [person's] privacy, knock on the door and pull the curtains during personal care."
- Staff gave us examples how they supported people to do as much as possible for themselves to encourage, where possible, people's independence. One staff member said, "Rather than do everything for them (people using the service), we give people the option and encourage as much as possible to do somethings themselves."
- Staff we spoke with were passionate about respecting people's privacy, dignity and were supportive and sensitive to people's needs. People and relatives consistently spoke positively about the way they were supported.
- People's care records were kept securely and their confidentiality respected.

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 good. At this inspection this key question has remained the same. 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

- Care plans we looked at were person centred and we could see people and their relatives had been involved with the planning of care and support. One relative told us, "What I am impressed with is that they (staff) involve [person] in everything they do, constantly talking to [person] and explaining what they are doing and giving reassurance."
- Staff we spoke with were knowledgeable about people's care and support needs. One staff member said, "Each visit we read the care plan to see if there have been any changes, if we have been off, or it is a new call we can check because the information is there."
- The managers met with people every three months to discuss their care plan and kept information up to date.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider understood their responsibility to comply with the Accessible Information Standard (AIS) and assured us if there was anyone who required additional information in an accessible format, they had arrangements in place to provide this.
- Staff used different ways of communicating with people. One relative told us, "They (the service) have designed different ways of communication with [person] using boards, pictures."

Improving care quality in response to complaints or concerns

- People and relatives we spoke with told us they could share any concerns with the management team and were comfortable to raise and discuss any issues.
- The provider's procedures outlined the process for dealing with complaints. We saw there was a process in place to monitor complaints and record actions taken to identify trends and improve the service for people.

End of life care and support

- The service was supporting people thought to be end of life (EOL) at the time of the inspection. Where possible, we saw people's last wishes were recorded within their care plans. Information included their next of kin in case staff needed to contact them in an emergency.
- Staff understood the importance of supporting people to have a comfortable, pain-free and peaceful end

of life. A relative had written to the provider following the passing of their family member, in their letter they stated, "[Person] passed away and [named staff members] and their team had helped me ensure that [person's] wish to pass away at home was observed. I was phoned and able to sit beside [person] in their final days. As a measure of how much they (staff) cared, no fewer than 10 of the carers from Advance Healthcare attended our family funeral service in their own time. This is a group of extraordinary people who respect a management team that treats them well. I have nothing but good to say about these wonderful folk who devote so much of their time and energy to caring for people."

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. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection some care plans did not always contain the information staff needed to support people. Some records did not always accurately reflect people's needs. This inspection saw there was an improvement to the content of the care plans which were reflective of people's needs and provided clear instructions to staff how to support people safely.

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

- People, relatives and all staff we spoke with told us they felt listened to and the provider and management team was approachable. One relative told us, "Advance Healthcare (UK Limited) is an excellent care company, all the staff are friendly, helpful and go that extra mile, they (staff) are good at spotting things like [person's] chest infection. I don't have to worry about [person] because they are in safe hands."
- The managers led by example and completed care calls and spent time with people in their homes.
- The staff and management team put people first and promoted their independence, enabling people to make choices about their lives. One relative said, "[Manager's name] came to see [person] when they were discharged from hospital and comes out for a re-assessment to see if [person's] needs have changed. [Person] looks forward to see them."
- The provider told us they only took on care packages if they were sure they could meet people's needs and provide them with good quality 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 management team were open and honest and knew how to comply with the duty of candour. Duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- There were whistleblowing and safeguarding procedures in place and staff knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they needed to.

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

- The provider had systems in place to monitor and review the quality of the service. Regular audits of the service were completed to ensure the provider was meeting peoples' needs and the service being delivered was to a high standard.
- Changes to how the service operated were discussed at staff meetings to keep staff up to date.

- Staff we spoke with were positive about working for the service and said they would recommend the service to others. One staff member told us, "I feel the agency is very good we have all the information we need to support people, they (management team) listen to us and the people they support. We can contact them any time for advice or to report things; they act very fast when concerns are identified. I have recommended the agency to others."
- The management team conducted spot checks on the support provided by staff.
- The provider had a clear vision for the development of their service.
- The management team had contingency arrangements in place to ensure the service delivery was not interrupted by unforeseen events. For example, in the event of severe weather, there were plans in place to ensure staff would attend their visits.
- The registered manager had notified CQC, as required to do so by law, and other agencies of any matters of concern, incidents and accidents that affected people who used the service.

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

- People and relatives had the opportunity to share their views on the service provided. One relative said, "I've just completed a survey, we are asked regularly for our feedback." Some of the comments in the written feedback responses included, 'I would like to say a big thank you to you and your team for the exceptional support provided to [person],' and 'Thank you all for looking after and caring for [person] they have been cared and looked after very well; this is from your hard work and commitment, for this we thank you.'
- Staff had meetings and supervisions to reflect on their work and shared ideas and suggestions.

Continuous learning and improving care

- The management team were enthusiastic and committed to further improving the service for the benefit of people using it.
- The management team used feedback from a variety of sources, including involving people and relatives in individual reviews.

Working in partnership with others

- Staff worked in partnership with health and social care professionals to ensure people had the care and support they needed to maintain their health and wellbeing.