

Advantage Health & Social Care Ltd

# Advantage Health & Social Care

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Advantage Health and Social Care is a domiciliary care agency. People are supported in their own homes so that they can live as independently as possible. The domiciliary care agency is registered to provide a service to younger adults, older people and people living with physical disabilities. At the time of our inspection there were 22 people using the service.

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

Improvements were required to ensure people received their medicines as prescribed. There was a lack of direction for staff administering people's medicines. We found examples where body maps for recording the application of topical creams, were in place but these were not always completed by staff. Protocols for administering medicines as and when required (PRN) were not always in place to guide staff on administering PRN medicines. This meant there was a risk staff may not be administering the PRN medicines in a consistent way. We have made a recommendation to the provider around the management and administration of medicines.

Recruitment of staff was carried out safely. However, we could not be assured of this on the day of the inspection. The registered manager could not locate all checks for staff. For example, references and DBS checks. We were sent this information the following day.

Governance systems required further improvement. The registered manager acknowledged they required more time to do administration tasks rather than undertaking care duties. They were addressing this by trying to recruit more staff.

People received personalised care from a small, consistent staff team who knew them well and were responsive to their individual needs. Staff had a good understanding of the support people needed and provided this with compassion and care, whilst respecting their privacy and dignity.

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.

The registered manager involved people and their relatives with managing people's care and support needs. Relatives and people felt listened to and received the care and support that met their individual needs and preferences.

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

#### Why we inspected

This service was registered with us on 16 October 2017 and this is the first inspection.

#### 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Advantage Health & Social Care

## **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.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was announced.

We gave the service 48 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 23 March 2022 and ended on 07 April 2022. We visited the location's office on 24 March 2022.

#### What we did before the inspection

We reviewed information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us. We sought feedback from the local authority. We also requested feedback from Healthwatch to obtain their views of the service.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service, about their experience of the care provided. We spoke with the registered manager. We spoke by telephone with one person and with relatives of two people who used the service about their experience of the care provided. We also spoke with seven members of staff

We reviewed a range of records. These included three people's care records. We looked at five staff files in relation to recruitment. A variety of records in relation to the management of the service were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at recruitment records, training data, rotas, policies and procedures and quality assurance records.

# 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 since registration of this service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- People and relatives were positive about the way their medicines were managed. However, whilst we found no evidence of harm to people, recording and guidance for staff needed to be more consistent. For example, we saw there were three gaps on one person's medication administration record, and body maps for creams were not consistently completed. The registered manager sent us their audits which confirmed they had identified some of these issues and already taken appropriate action. In addition, we found guidance provided to staff to support the administration of 'as and when' required medicines were not consistently in place. The registered manager welcomed this feedback and gave us their assurances they would address this without delay.
- Staff were supported to provide safe medication administration through regular training.
- Staff gave us examples showing how the registered manager and senior staff checked they were administering people's medicines competently. The registered manager did not record these checks but gave us assurances they would do so in the future.

We recommend the provider follows the National Institute for Health and Care Excellence (NICE) in regard to the management of medicines.

### Staffing and recruitment

- People told us they felt there was enough staff to support them. However, we noted the registered manager was on the rota covering a significant amount of care calls.
- Staff files were not easily accessible on the day of our inspection. The registered manager could not locate staff references and DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The registered manager sent us the information following our site visit. And this evidenced they had a safe recruitment process in place.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People and relatives spoken with told us they felt safe with staff in their homes. One person said, "I'm very happy, have the same staff, all are friendly." A relative said, "(We) feel very safe and have no problem with them [staff] in our home. We know who's coming, when they are coming and [person's name] gets on well with and has a good time with them [staff]."
- Staff demonstrated a good understanding of how to recognise the signs of abuse and what action to take should they have any concerns and had completed safeguarding training.

- The provider had a safeguarding and whistle blowing policy in place. Staff told us they knew how to access these.

#### Assessing risk, safety monitoring and management

- Risks associated with people's care had been assessed. These included risks in relation to nutrition, use of equipment, falls and pressure care to keep people safe.
- Staff had a good understanding of people's risks and were provided with the information they needed to support people to manage these in people's risk assessments and care plans.
- Environmental risk assessments to assess safety issues in people's homes were in place. These included fire safety, location of utilities and cleaning materials.

#### Preventing and controlling infection

- People were protected from the risk of infections. People and relatives confirmed staff wore personal protective equipment (PPE) and followed good hygiene practices. One relative said, "They [staff] wear masks, gloves and aprons."
- Staff told us they had access to PPE.
- Spot checks were completed on staff to ensure they were using PPE correctly.
- Staff were provided with infection prevention control training.

#### Learning lessons when things go wrong

- The registered manager told us there had been no accidents and incidents relating to people who received a regulated activity from the service.
- We saw the provider had taken action following a safeguarding referral regarding a person suffering from dehydration. The provider took action to ensure staff were now recording and monitoring people fluids. Records viewed reflected this.



# 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 since registration of this 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 receiving a service. Information from these assessments was used to develop care plans. Care plans detailed what support was required at each call and detailed people's choices and support needs.
- Assessments covered a range of areas, including care needs, sensory needs, communication needs and preferences of care and support worker (staff).
- Regular reviews of people's care and support took place. A relative described how their family member's needs had changed to needing more support and how this was put in place.

Staff support: induction, training, skills and experience

- Staff spoke positively about the training and support they received to enable them to carry out their roles effectively.
- Staff completed e-learning training (online) and face to face training. Training included dementia care, nutrition and fluids, pressure care and completion of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- People and relatives thought staff had the skills and knowledge to care for them. One relative said, "[Registered manager name] has them [staff] well trained."

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

- Where people required support with eating and drinking their preferences of what they liked and assistance needed were recorded in their individual care plans.
- Staff knew people well and were knowledgeable about people's dietary requirements.

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

- Staff liaised with health professionals and followed any advice given. For example, staff provided us with examples where pressure sores had been identified and were reported to the registered manager who acted promptly contacting the district nurses.

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.

- Where possible, people had consented to their care as detailed in their care plans.
- Staff had completed MCA training and had a good understanding of how this was relevant to their work.
- Staff ensured people were involved in decisions about their care and always asked for their consent before carrying out any tasks. One staff member said, "(I) always ask [the person] before doing anything. If they don't want something, I won't do it. We [staff] respect people's wishes and wants."

# 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 since registration of this 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 were supported by staff that understood their individual needs and routines. Staff spoke fondly of the people they supported and gave examples of how care was person centred.
- People told us staff treated them well. They described staff as, "Really good and caring." One person said, "They [staff] are all friendly, not one bad word to say, they [staff] feel more like friends."

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

- People and relatives confirmed they were involved in the care planning process from the initial assessment stage, during reviews and when any changes occurred. Care records reflected this.

Respecting and promoting people's privacy, dignity and independence

- The provider was committed to supporting people in a dignified and respectful way. For example, staff knocked on people's doors before entering their homes and always asked consent before carrying out any task.
- People and relatives said staff were "Respectful and sympathetic." One relative said, "The carers are respectful, I've witnessed it myself, they are very good carers."
- People were encouraged to maintain their independence and do as much as they could for themselves. Care plans detailed people's abilities and where prompting only, or assistance was required.
- The registered manager had signed up to be a dignity champion. This meant they pledged to challenge poor care, to act as good role models and, through specific guidelines issued by the campaign, to educate and inform all those working around them.

# 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 since registration of this 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 were involved in developing their care plans which were personalised and written from the person's perspective.
- People received care from a small staff team who knew their needs and preferences well. People and relatives commented on the good relationships they had developed with staff.

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.

- People's communication needs were documented in their care plan.
- The registered manager described how they had used pictures and Makaton in the past to aid a person's communication and understanding. Makaton is a language programme that uses signs together with speech and symbols, to enable people to communicate.

Improving care quality in response to complaints or concerns

- People and their relatives were provided with the provider's complaints policy and procedure. A relative said, "We know where to go if we have any concerns." Another relative said, "We have no concerns, we are pleased with the service."
- The registered manager told us there had been one formal complaint in the last 12 months. This was dealt with and resolved immediately by the registered manager.

End of life care and support

- No one was receiving end of life care at the time of our inspection.
- Staff had completed end of life training.

# 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 since registration of this service. This key question has been rated requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There were systems in place to monitor the quality of the service and some of these were working well. However, we identified some inconsistencies in how the governance systems were working. For example, medication audits had not always identified areas where staff would benefit from further guidance, such as. For 'as and when' required medicines.
- The registered manager recognised they needed to spend more time managing the service and were in the process of trying to recruit additional care staff, to release them to do this.
- The registered manager understood their legal responsibilities to notify the CQC and other relevant agencies about events that happen at the service.
- Staff understood their roles and responsibilities. The registered manager monitored staff performance through supervisions and spot checks on their practice.

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

- People and relatives praised the care and support they received. One relative said, "[Persons name] is very complimentary about them [staff] saying they [staff] have [person's name] to a 'T' and how the support and care provided by Advantage Health and Social Care has made [person's name] and our lives better. [Person's name] is really pleased with carers, can't fault at all."
- Staff were enthusiastic and committed to delivering good care. They spoke passionately about the people they supported and how care and support was tailored to their individual needs. One staff member said, "I love my job, I do it out of passion, out of love, I enjoy helping people."
- Staff spoke positively about the support they received and told us the registered manager was supportive and approachable. Comments included, "[Registered manager name] is amazing, supportive and communicates well with staff" and "[Registered managers name] supports a lot, very nice and approachable" and "[Registered manager name] is 100% supportive, always there, there is no day they won't come back to you."

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

- People and relatives described communication as open. One relative said, "If [there are] any concerns they call us, or us them."
- The registered manager understood their responsibility to be open and transparent if anything went

wrong with people's care.

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

- People were encouraged to feedback on the service. The registered manager told us feedback was gained through asking people during visits and through questionnaires which had recently been sent out.
- Staff told us they had regular one to one supervisions to identify any further training needs or support and staff meetings where they were encouraged to express their views and were able to discuss and reflect on practice.

Continuous learning and improving care

- The registered manager was receptive to the concerns we discussed on this inspection. They told us they were committed to making the necessary improvements. For example, on the site visit staff files were not all accessible however these were sent to us the following day.

Working in partnership with others

- The registered manager and staff told us they had good relationships and worked closely with health professionals. They had access to support where needed such as GPs and district nurses as required.