

Advance Housing and Support Ltd

Advance

Inspection report

1st Floor
86-92 Regent Road
Leicester
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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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Advance provides personal care for people living in their own homes. On the day the inspection the registered manager informed us that there was one person receiving a service from the agency.

A registered manager was in place. 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 and associated Regulations about how the service is run. The registered manager was also the provider.

Relatives we spoke with said they thought the agency ensured that their relative received safe personal care.

Staff had been trained in safeguarding (protecting people from abuse) and understood their responsibilities in this area.

Risk assessments were not fully detailed to assist staff to support people safely.

Staff had been safety recruited to ensure they were appropriate to supply personal care to people.

Staff had training to ensure they had the skills and knowledge to be able to meet people's needs.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have effective choice about how they lived their lives.

Staff had awareness of a person's health care needs so they were in a position to refer to health care professionals if needed.

A relative we spoke with told us that the staff member he knew was friendly and caring.

The person had been involved in making decisions about how personal care was to be provided.

The care plan was individual to the person using the service, but more evidence was needed to evidence that the person's individual needs were met.

Relatives told us they would tell staff or management if they had any concerns and but were not confident this would be comprehensively followed up.

Staff were satisfied with the support they received and how the service was run in the best interests of people receiving a service.

Management carried out audits to ensure the service was running properly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Relatives told us that their relative felt safe with staff from the service.

Risk assessments to protect a person's health and welfare were in place.

Staff knew how to report incidents to relevant agencies if necessary.

Staff recruitment checks were in place to protect people from receiving personal care from unsuitable staff.

Is the service effective?

Good ●

The service was effective.

Staff were trained to meet people's care needs.

People's consent to care and treatment was sought in line with legislation and guidance.

Nutritional needs have been promoted.

Is the service caring?

Good ●

The service was caring.

Relatives told us that staff were friendly and caring.

We saw that the person had been involved in setting up their care plan.

Is the service responsive?

Requires Improvement ●

The service was not fully responsive.

Care plans did not contain comprehensive information on how to respond to assessed needs.

Relatives were not confident that any concerns they identified would be properly followed up by the provider.

Concerns expressed by a relative had not been properly identified as complaints with subsequent written feedback to the complainant.

Staff were aware of how to contact medical services when people needed health support.

Is the service well-led?

Good ●

The service was well led.

Staff told us the management had provided support to them.

Staff said the provider had a clear vision of how friendly individual care was to be provided to people to meet their needs.

Systems had been audited in order to measure whether a quality service had been provided.

Advance

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 1 April 2016. The inspection was announced. The inspection team consisted of one inspector.

We looked at the information we held about the service, which included checking 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

We contacted commissioners for health and social care, responsible for funding the person who used the service and asked them for their views about the agency. Some concerns were expressed about the provision of personal care to the person using the service and we followed up these issues in this inspection.

During the inspection we spoke with two relatives, the registered manager, the service manager and two care workers.

We also looked in detail at the care and support provided to the person who used the service, including their care records, audits on the running of the agency, staff training and staff recruitment records.

Is the service safe?

Our findings

The relatives we spoke with said the person using the service felt safe with staff from the agency. We saw from a customer satisfaction survey that the person indicated that the support they received from staff helped them to stay safe.

Risks within the person's home had been assessed and managed. We saw risk assessments set out how to protect people from identified issues in the environment such as whether the lighting was working, floorcovering was secure and clean, furniture was free from defects and water temperatures were safe. Staff told us examples of how they kept the person safe such as making sure that doors and windows were kept shut and locked as needed. A staff member told us that the person's emergency alarm was tested every week to ensure it was working properly so that the person could alert the relevant agency as needed to make sure they were safe.

We looked at the provider's emergency procedures. This contained relevant issues such as the fire procedure, maintaining security, dealing with non-functioning of utilities, a person going missing, food hygiene procedures, accident procedures and procedures to deal with a medicine mistake or overdose. The staff induction handbook covered safety procedures such as incident reporting. This information assisted staff to ensure people were kept safe.

Care records for the person showed risk assessments were completed to protect safety. These included looking out for trip hazards, being proactive with regard to repairs or replacement of equipment and maintaining required heating levels.

We looked at a care plan which outlined potential issues about behaviour. There was no risk assessment in place to assist staff to safely manage this situation should it arise. The registered manager said that this issue would be followed up. A risk assessment was quickly sent to us covering this issue.

Staff we spoke with had been trained in protecting people from abuse and understood their responsibilities to report concerns to other relevant outside agencies if necessary. This meant that people's safety could be protected in case of abuse.

Staff recruitment practices were in place. Staff records showed that before new members of staff were allowed to start, checks had been made with previous employers and with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. Records showed that the necessary documentation for staff was in place to demonstrate they were fit to supply personal care to people.

We found that sufficient numbers of staff were available to meet people's needs, as a relative told us that calls had been made by staff, except in a small number of occasions where the staff member had not turned up. The provider had quickly followed these situations with the staff member concerned.

The provider's safeguarding and whistleblowing policies (designed to protect people from abuse) were available to staff. These told staff what to do if they had concerns about the safety or welfare of any of the people using the service. They contained contact details of relevant agencies where staff could report their concerns to. The whistleblowing procedure set out relevant agencies for staff to report their concerns to if necessary, although the local social services department was not included in this list. The registered manager said this issue would be reviewed with a view to including this agency.

Policies set out that when a safeguarding incident occurred management needed to take appropriate action by referring to the local authority, CQC, or the police. This meant that other relevant professionals were always alerted if there were concerns about people's well-being, and the registered manager did not deal with them on their own.

The relatives we spoke with told us that staff had reminded the person to take their medicines, although it was difficult to check whether their relative had taken his medicine. We looked at how medicines were managed in the service. We saw that with a PRN (as needed) medicine, there was no information as to the maximum dose to be taken on a daily basis. The registered manager said the person only had three visits a week and the person was self-medicating, so there was no way of knowing how much medication they had taken. However, she said the maximum dose would be recorded to alert staff if the person had indicated to staff how many tablets they had taken on a particular day. They would then be in a position to encourage the person to keep within safe limits for the medicine.

A staff member said that the person's medicine came in a bottle so there was no way of knowing whether the person had taken the medication as prescribed. If there had been a monitor dosage system in place then staff would be able to check whether the person was taking the medicine as prescribed. The registered manager said this issue would be followed up to see whether there was a better method of monitoring that could be put in place.

Is the service effective?

Our findings

A staff member told us, "There is no problem with the training. If we think we need any more we speak to the manager and this is arranged."

The staff training matrix showed that staff had training in essential issues such as protecting people from abuse, dementia care, moving and handling techniques, fire procedures and first aid. New staff are expected to complete induction training, which covers relevant issues and those staff without comprehensive training will undertake the Care Certificate, which is relevant nationally recognised training. We saw evidence of this in staff records.

Staff told us that they undertook an induction when they had begun work with the agency, which included shadowing experienced staff on shifts.

We saw that there were no spot checks from the management of the agency to check staff were supplying care properly. The registered manager said she would follow up this issue in order to check that staff were effective in the care they were supplying.

Staff told us they received supervision and we found these were recorded in staff records. This provided staff with support to provide effective personal care to people using the service.

We assessed whether the provider was ensuring that the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were being followed. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. The DoLS are a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted, in their best interests, to keep them safe.

There was evidence that the provider had relevant procedures in place to assess people's mental capacity. Staff were aware of their responsibilities about this issue as they told us that they always asked permission before they supplied care. They had training about the operation of the law. This meant that staff were in a position to assess people's capacity to make decisions about how they lived their lives.

Staff members told us that the person's food choices were respected as they helped the person plan what food and drink they wanted and then supported him to shop. They told us that the person had drinks and snacks whenever they wanted to make sure they were not hungry or became dehydrated. This planning ensured that the person's nutritional needs were promoted.

A staff member told us they were aware of how to contact medical services if the person needed any support or treatment. They accompanied the person to regular podiatry appointments to ensure he received proper foot care treatment. This was an example of staff acting to provide effective care to meet people's needs.

Is the service caring?

Our findings

The relatives we spoke with confirmed that their relative had been satisfied with the care supplied by staff. They had met one of the care staff and said that care was supplied in a friendly manner.

There was evidence in the care plan that the person had been involved in setting up his care plan. This took into account the person's wishes to make sure that their needs and preferences were included.

Staff told us that the person's dignity and privacy had been maintained and the person's choices were respected. For example, when they wanted to go out, what food they wanted to eat and the clothes they wanted to wear.

We saw that information from the provider emphasised that staff should uphold people's rights to privacy, dignity, choice, independence and cultural needs. Information about how the person could use advocacy services if they needed support in putting forward their views was included in this information.

The person's care plan stated that staff needed to encourage the person's independence. A staff member told us that the person was able to carry out his own personal care in relation to dressing and using the bathroom so he was left to do this. This was an example of respecting and maintaining people's independence.

Staff told us that they protected people's privacy and dignity. They said they always knocked on doors before entering their bedroom. One staff member told us, "We are aware it is the person's home and I am always conscious this needs to be respected."

This presented as an indication that staff were caring and that people were respected.

Is the service responsive?

Our findings

A relative told us, "They don't always seem to take proper action if we raise issues with them." Both relatives stated that the person's care plan had not always been specific enough. For example, although it included laundry issues, it did not direct staff to observe for any stains on clothes and to record such issues so they could check this had been carried out. Also there was not always encouragement for the person to open his mail, which was important with regard to attending medical appointments. The relatives stated there had been a large number of unopened post items recently. Both relatives stated that the care plan was based on supporting the person rather than providing care to him. This was needed as the person's needs had changed because of memory problems and he needed more help. The registered manager stated that these issues would be followed up with the relatives to ensure that an effective service was always being provided.

We found that the person had an assessment of their needs and a personal profile in the care plan. For example, it outlined the person's communications needs and instruction to staff about supplying only facts as other information causes confusion. The assessment included relevant details such as the support the person received. There was also information as to the person's history and preferences, such as their food and drink preferences and how they liked to spend their time. For example, support to attend art classes. There was information about encouraging a healthy and balanced diet. However, there was no specific information for staff of how to encourage this. In the assessment from the local authority it stated that the person required a soft diet. However, this information was not included in the care plan. The registered manager said these issues would be followed up.

A staff member was able to tell us about the person's assessed needs. For example, the person liked to follow a strict lifestyle routine and the staff member followed this. This was an example of staff responding effectively to the person's individual care needs.

We saw that the care plan had been reviewed by the management from the agency to try to ensure that needs were responded to.

A relative told us they would speak to the management of the agency if they had any concerns, though they said they did not always receive a positive response. For example, a line manager had outlined the problems of obtaining staff cover on one occasion rather than positively solving the issue. This does not present as providing a fully effective service.

Staff told us that if they received complaints, they would report any issues to the registered manager or senior office staff and they were confident the issue would be dealt with effectively.

The provider's complaints procedure included positive statements such as encouraging people to complain so that the service could be improved. Also, it stated that any expression of concern would be treated as a complaint so that proper action could be taken to resolve the issue. It gave information on how people could complain about the service. This included relevant information on issues such as how to contact us the local government ombudsman should they have concerns that their complaint had not been

investigated properly by the local authority.

The registered manager informed us that there had been no complaints since the last inspection. We looked at the complaints file which reflected this. However, a relative informed us that he had expressed concern twice in the previous 18 months about a staff member not turning up for a call. He said this had been responded to by the provider. The line manager confirmed these concerns have been received, but there had been no formal complaint about these situations. However, the provider's complaints procedure did not appear to have been followed regarding expressions of concern being treated as a complaint. Therefore, in these instances, a complaint should have been recorded. This would then provide assurance that complainants always received a comprehensive service responding to their concerns.

A staff member said that she had been involved with supporting the person to go to podiatry appointments to receive treatment. Staff were aware of referring to medical services if the need arose. This told us that staff were aware of referring to other agencies to ensure that people received treatment responding to their needs.

Is the service well-led?

Our findings

A relative told us, "The service is generally satisfactory. However, management are not always proactive when we raise concerns." The line manager informed us that a meeting was due to be held with the social worker of the person receiving care so that any relevant issues could be discussed.

We saw that staff were provided with information as to how to supply a friendly and individual service. For example, to always respect people's rights to privacy, dignity and choice. Staff told us that their management expected them to provide friendly personal care and to meet individual needs.

We saw evidence of staff meetings, which provided staff with support to carry out their task of supplying quality personal care to people.

Staff members we spoke with told us that they would recommend the agency if a relative of theirs needed this service, as they rated the care provided as very good.

Staff told us they could approach management about any concerns they had. One staff member said, "If I have any issues I feel confident to contact the manager and get help to solve them."

Staff said that essential information about the person's needs had always been communicated to them.

Staff had received support through supervision. This meant that staff were supported to discuss their competence and identify their learning needs. This meant staff received support from management to ensure they were aware of how to meet the person's needs.

We saw the person had been asked about their views about their support through a satisfaction survey. This had been positive in the questionnaire that had been returned as it indicated satisfaction with the service. One issue had been identified in the survey with regards to the person not knowing how to get support from an advocate. However, no action plan was in place to follow this up. The registered manager said this would be carried out in future as needed.

We saw that there was a monthly audit in place to ensure that care was being delivered, through checking the care notes of the person and carrying out a health and safety audit. However, we did not see that staff had received periodic spot checks from management. This is where relevant issues could be checked by management, such as staff attitude and performance and respecting people's privacy and dignity. The registered manager said this would be considered in order to monitor staff performance.

Information in the provider's statement of purpose stated that the service would ensure that quality monitoring systems to check services was in place.

Essential systems had been checked to ensure a quality service had been provided to people using the service. These included issues such as checking care plans and risk assessments, the health needs of the person, incident reporting, consent to care and treatment and health and safety issues. A continuous

improvement plan was in place to check that the service provided safe, effective, and responsive personal care. This indicated systems were in place to try to ensure a well led service.