

Advance Health Care Uk Ltd

Advance Healthcare (UK) Limited

Inspection report

Suite 11, The Old Foundry
Bath Street
Walsall
West Midlands
WS1 3BZ

Tel: 01922626731

Website: www.advancehealthcare.co.uk

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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

This inspection took place on 16 November 2016 and was announced. We gave the provider 48 hours' notice of our visit because the location provides domiciliary care and we needed to make sure there would be someone in the office at the time of our visit. This was our first inspection of this service.

Advance Healthcare (UK) Limited is registered with the Care Quality Commission to provide personal care to people who wish to remain independent in their own homes. The agency provides services throughout Walsall and surrounding areas and provides for people with healthcare and social care needs. At the time of our inspection there were 46 people using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were good systems and processes in place to keep people safe. Assessments of risk had been completed and staff had clear guidance on how to mitigate these risks. Staff showed good knowledge on how to recognise the signs of abuse and their duty to report suspected issues.

Staff followed appropriate procedures to ensure people received the medicines they needed safely. We found that some guidance on when people needed "as required" medicines could be improved, although staff were supporting people appropriately.

The provider ensured that people were supported by the right number of staff to meet their needs, such as help with mobilising. Staff arrived on time for calls and stayed the expected length of time in order to provide the support people required. Staff were skilled in their roles and knew how to support people in line with their care planning.

Staff knew how to support people's rights and ensure that they consented to the care they provided. People received person centred care and staff listened to how they wished to be supported on a day to day basis. Staff respected people's wishes.

Staff reacted appropriately to ensure people received the healthcare they required, such as referrals to the District Nurse service. People's care was reviewed on a regular basis and staff were kept updated on any changes in people's needs and wishes.

People knew how to raise any concerns they might have with the provider. The provider ensured that people had received guidance on how to raise issues. People and staff felt that communications within the service were good. People and staff were given opportunities to feedback to the provider about the service in order to drive improvements. The provider listened to people's views and acted upon them.

We found the registered manager and provider had systems in place to monitor the quality of care. Audits were undertaken of both records and the personal care provided by staff. Staff received regular one to one meetings with management and feedback about their performance and development in a constructive way.

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.

Processes were in place to ensure people were protected from the risk of harm and abuse.

Risk assessments were completed in order to reduce the risk of harm to people.

People were supported to receive their medicines safely, although some clarity of staff guidance for prescribed topical creams was required.

Is the service effective?

Good ●

The service was effective.

Staff received training opportunities to enable them to remain effective in their roles.

Staff competency was checked through management spot checks and discussion during one to one meetings.

The provider ensured people's best interests were protected and staff worked within the principles of the Mental Capacity Act (2005).

People's needs were monitored and referrals made to other health professionals, when required, to ensure their health and well-being was supported.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us staff provided an empathetic and kind service.

People received care from a consistent staff group who knew people, their personal preferences and wishes.

People's privacy and dignity were respected. Staff ensured

people were involved in making decisions about how they wished to receive care.

Is the service responsive?

Good 

The service was responsive.

Regular assessments of people's needs were completed and care plans adapted appropriately.

There were systems in place to manage complaints and concerns. People and their relatives knew how to raise concerns with the service and felt comfortable in doing so.

Is the service well-led?

Good 

The service was well-led.

People, their relatives and staff felt the service was well managed and organised.

People were happy with the level and types of communications they received from the management team. People confirmed that their opinions on the service were sought and acted upon.

There were systems in place to monitor and assess the quality of care people received.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that people would be available to talk with us.

The inspection team consisted of one inspector. We reviewed all the information we held about the service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed notifications that we had received from the provider about incidents and events that had occurred. A notification is information about important events which the service is required to send us by law.

We spoke with ten people and four relatives of people who used the service, six care staff, a skills assessor and the registered manager.

We reviewed a range of records about people's care and how the service was managed. These included the care records for five people, three staff records, quality assurance audits, accident and incident reports, complaints and records relating to the management of the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service. One person said, "I always feel safe. If there's a new member of staff they come with two other staff to ensure they know what they're doing. They're skilled and safe". A relative told us, "They do deliver a safe service". We found people were protected from risks associated with their care because the provider had completed risk assessments which provided updated guidance for staff in order to keep people safe. These risk assessments related to, for example, people's risk of falling, how to minimise falls and any identified risks present in the person's own home to them and staff.

Staff were able to accurately reflect the measures required to keep people safe, dependent upon their individual needs or health conditions. This included what equipment a person may require on a day to day basis, in order for them to mobilise safely. We found examples of staff taking action to ensure people had access to equipment which was safe and suitable for them, for example where their needs may have progressed. In one example this had meant that a person was able to interact with their family and visitors in a more integrated way because staff had ensured they had access to equipment to help them mobilise.

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond as required. Staff told us they had received training in safeguarding and were able to demonstrate knowledge of outside agencies they could report suspected abuse to. We found examples of staff reporting sensitive matters of potential abuse in the correct way and the management team recording and progressing these referrals in order to ensure people's safety and wellbeing.

Staffing levels were determined by the number of people using the service and their needs. People and relatives we spoke with confirmed that staff were mostly on time and they did not miss calls. One person told us, "They're always here on time, and when they can't be, they phone me". Another person told us, "They are generally on time and they stay for the full time they're supposed to". This meant that people received the support they needed because the provider ensured adequate staffing levels.

The provider had robust recruitment procedures to ensure that only suitable staff were employed. One person described staff as, "A great bunch". Staff recruitment files showed that the registered manager had followed safe recruitment procedures. Staff had completed comprehensive job application forms which included their employment history, qualifications and two referees. We saw that the provider obtained references and undertook a check with the Disclosure and Barring Service (DBS). The DBS checks help employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable people.

The provider had procedures in place to ensure people received the medicines they had been prescribed. People and their relatives said staff supported them to manage their medicines safely. One relative told us, "They never forget [person's name's] cream". One person told us, "They do my creams. They always remember". One relative described how staff were careful to note down when medicines had been given in records. We looked at people's medicines records and saw there were no gaps in medicines being given to

people shown. Staff we spoke with confirmed they had completed the necessary training and refresher courses in administering medicines. Staff described how they administered and supported people with medicines following the provider's procedures. People's care records gave details about what medicines people were taking, the correct dosages and why they were required. We found that some guidance regarding people's "as required" prescribed topical creams could be improved and the registered manager agreed to address this. However, staff were clear about people's needs and supported people safely with medicines. We saw evidence of the management team auditing people's medicines administration by staff. People and staff confirmed that management checked this aspect of care to ensure it was being carried out safely.

Is the service effective?

Our findings

People who used the service told us that they received effective support. One person told us, "My carers are fantastic". Another person told us, "My carers are very good. I've no trouble with them at all. I can't say enough about them". People told us that the staff who visited them were confident, skilled and knowledgeable in their roles. Staff told us they felt that they received training of a high standard and frequency which allowed them to remain effective in carrying out their duties. One staff member told us, "We have to do all our training every year and more frequently if someone needs it". Staff told us they received training which helped them care for the specific needs of people. This included training for the use of specialist equipment to assist people to mobilise and training on diabetic care support.

We spoke with newer members of staff about how they were introduced to their role and duties. They told us, and records confirmed that new staff received initial induction training. This included a period of shadowing experienced staff in order to understand people's needs and aspects of their care, such as specialised equipment. All staff we spoke with told us they received support from the provider through one to one meetings and appraisals. One member of staff told us, "It's ten times better than anywhere else I've worked". Another member of staff said, "They're the best managers I've ever had. We're well supported in our jobs". A third member of staff told us, "We have performance reviews every three months. We're asked if we're happy; any problems, any worries. I love my job. I can't complain about anything".

We spoke with a visiting care training assessor who was working with members of staff so they could complete a recognised qualification in care. They told us every member of staff was put forward for this qualification following the successful completion of a probation period. They told us the provider ensured that staff had time rostered in order to receive support with this. They said staff members were mentored by a member of the management team, and staff we spoke with confirmed this. This meant that staff were supported to remain effective and develop within their roles.

The people we spoke with had capacity to make decisions about the nature of the care they received. All people we spoke with said that staff listened to what they needed. One person said, "Staff react to what I want". Another person told us, "They ask if I'm comfortable and if I need anything". A relative told us, "They explain what they're doing and they ask what [the person] wants. They don't force care and they support [the person's] independence". Staff described how they respected people's wishes and decisions about the support they received. One staff member told us, "We talk to people, we get to know them. My clients are able to consent to their care and I listen to them". Another staff member said, "The office phones us to tell us of any changes in care and we check with people what they want". We saw records that showed people's ability to consent was considered by the provider. This meant that staff always sought consent to care from people in line with legislation and guidance.

We found that some people, who were able to consent to their care, had not signed documents relating to their care. Relatives had signed instead. We spoke with the registered manager about this and understood this only happened where someone was physically unable to sign. The registered manager undertook to ensure it was noted where this was the case and detail where people had instead given verbal consent to their care or where they had wanted someone else to sign on their behalf.

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. Although people using the service were able to make their own decisions, we found that the provider had considered people's capacity to make decisions about their care. The registered manager demonstrated awareness of the legal requirements of the MCA.

We found that most people who used the service made their own arrangements for meals times. However, people and relatives told us that some people using the service did require some level of support with eating and drinking. For example, one person told us that in order to ensure their hydration levels were maintained, staff always left with something to drink before they left. A relative told us one person needed encouragement to eat, although they could eat by themselves. They said that staff did this and "They make sure he has a drink and biscuits. It always written in his log". We found that one person had specific dietary needs. Staff we spoke with were able to accurately reflect this person's needs. Staff showed awareness of the importance of good nutrition and hydration. One staff member told us, "It was noted that one client was not drinking enough fluid; this was phoned into the office and the office called the next line of carers". This meant that, where required, people were supported to have sufficient to eat and drink by staff.

We saw a number of examples where staff had supported people to access healthcare. This included emergency and long term healthcare support. For example, one relative told us staff had identified occasions where a person required an ambulance. They told us, "They waited for the ambulance. They helped the ambulance people because they couldn't use the hoist". We found a number of occasions where staff had identified people's need for specialist equipment and had supported people to access this. One person told us, "They got me a rotunda". A rotunda is a piece of equipment which helps people to mobilise. We also saw examples of staff contacting district nurses where, for example, people's skin had become sore and was in danger of breaking down. This meant that people received the medical care they needed to stay healthy.

Is the service caring?

Our findings

All people we spoke with told us the staff who supported them were caring and considerate. One person told us, "They're gentle and kind". Another person told us, "I'm more than satisfied with them" and, "They always check if I'm comfortable". A third person told us, "Very good service. Do anything for me. Nothing is too much trouble and they sort me out".

We looked at comments people had made in a recent questionnaire they had completed about their experience of the service. One comment was, "I am very happy and pleased with the carers...they are always pleasant and smiling", another comment said, "The way they [staff] speak and react lifts [person's name's] spirits as soon as they arrive". All people and relatives we spoke with were complimentary about the way staff cared for people.

People told us that staff recognised and supported their individual wishes and preferences. One relative told us, "[person's name] is happy and they understand him and communicate with him effectively. He likes them; they communicate well". People told us staff checked that the service they were delivering suited people. One person told us, "They regularly check my care plan and what I want". Another person told us, "They do review [my care] and they do listen". Regular reviewing of people's care was evident from their care plans. This meant that people were in control of their care and were able to have their preferences respected.

People were encouraged to remain as independent as possible. One person told us, "I try to do what I can for myself and they [staff] help me where I can't". Another person said, "They encourage me to stand. They make sure I have everything I need nearby". A staff member told us, "Keeping people independent and in their own homes is what it's all about". Care plans were written in a person centred way, which gave staff guidance on what support people required and where they were able to complete tasks for themselves. Staff gave good examples of how they encouraged people to be independent, such as ensuring people had easy access to equipment which allowed them to carry out tasks themselves.

Staff also ensured people's dignity and privacy was protected. One person told us, "They cover me all round [while assisting with showering]". Another person said, "They close the curtains for me [when receiving care]". A third person told us, "They very much do [respect my dignity and privacy]". We asked staff about how they protected people's dignity and privacy. They gave good examples of how they achieved this by, for example, ensuring people were as covered as much as possible during personal care activities.

Is the service responsive?

Our findings

People received care and support that was responsive to their individual needs and circumstances. People we spoke with described the service as flexible, which helped to meet their needs when and how they required it. One relative told us about an occasion when they needed support for a person at short notice, "I had to go to the [hospital] early one morning. I phoned the office. They made sure everything was ok". Other people we spoke with said that the service was able to facilitate changes in the times of call to accommodate appointments people had, such as hospital visits. One person said, "They're a great bunch. If I need extra days they oblige. I can only praise them. They're brilliant".

People told us that staff listened to them in order to understand their needs, both during formal reviews of care planning and on a day to day basis. One person told us, "The team leader comes out every so often to make sure you're happy". Another person said, "Team leader does come out and interviews me to make sure I'm happy. I wouldn't be without my carers. I can't grumble; they're excellent". We saw records that confirmed people took part in reviews of their care. Care plans were person centred and individual to each person who used the service. We found that people's needs were assessed prior to them receiving support.

We asked staff how they ensured they knew what people's updated needs were. Staff explained, and records confirmed, that they received written notes where changes in people requirements were needed. One member of staff said, "We get a phone call or a text where there's an immediate change". Staff told us, and people confirmed, that they received support from a consistent group of staff who built a rapport with people and understood how they wanted to receive care. One person said, "There are two and I have them all the while nearly. We have a laugh".

One relative told us that they had felt that a member of staff was not compatible with the person receiving care. They said they had phoned the office about this and the management team ensured the member of staff was taken off future calls with this person. This meant the provider reacted positively to concerns raised by people using the service and their representatives.

We asked people if they were aware of the procedure for raising complaints with the provider. Everyone we spoke with told us they did and would feel comfortable to do so, if necessary. People told us that they had the provider's office telephone number. Those people that had cause to ring the office for assistance described the staff there as helpful. One person told us, "The communication is good". People told us the provider had given them information on how to raise concerns, along with other information, and this was kept with their records at home. No one we spoke with said they had needed to raise a complaint.

Is the service well-led?

Our findings

People we spoke with told us the service was well organised and managed. One person told us, "Absolutely brilliant. I couldn't get a better service". Another person told us, "They seem very organised to me".

People, their relatives and staff told us the provider listened to them and they had a variety of ways of raising concerns and suggestions, if needed. People told us they felt comfortable to speak with staff, office staff and the management team. The registered manager told us he operated an "open door" policy for staff, and staff confirmed this was the case.

All staff we spoke with were positive about working for the provider. Some staff told us it was the best organisation they had been employed by. One staff member told us, "I'm happy with everything". Another member of staff described how the management team had been supportive when they required time off. They told us, "Can't complain about anything. [The registered manager] has changed the rota to help me". This meant that the provider worked to support the staff who worked for them in an environment with a positive team culture.

Staff told us that they were aware of the provider's whistleblowing policy, which allows provision for staff to escalate concerns without fear of reprisal. Staff told us they could speak with any member of the office or management team if they had a concern, with certainty they would be listened to and action taken as appropriate. Staff told us, and records confirmed, that staff meetings took place where staff and management could exchange information which affected their role and people's care. People and staff described communication within the service as good. Staff gave clear consistent answers on how they received updates regarding people's care and how they communicated changes in people's care back to the provider in order to ensure care plans were up to date.

There was a registered manager in post. Registered persons are required to notify CQC of certain changes, events or incidents at the service. We had received notifications and the registered manager had the records and details of matters effecting people to hand, so these could be discussed. We saw that these records were well organised and showed that matters had been progressed appropriately. This showed that the registered manager was aware of, and fulfilled their responsibilities in terms of the law.

There were systems in place to monitor the quality of the service. Most people we spoke with recalled completing a questionnaire from the service. We looked at the responses from these questionnaires which the provider had collated and reviewed. Responses to questions about the service provided were positive. 100% of respondents said they would recommend the service to others. There were overwhelmingly positive comments written by people and their relatives about the service on individual questionnaires.

We found that the management team carried out audits and reviews of the quality of care. Records were regularly audited to check they had been completed in line with the provider's procedures. We saw that the registered manager had carried out specific care record audits and completed a preformatted form to ensure that records were of a high quality and consistent with procedure. We saw that, while areas for

development had been identified, there was no provision on the form to show what actions had been taken in response to these. We discussed this with the registered manager who undertook to adapt the form to include this. However, staff told us that they did receive constructive feedback on any areas for improvement from members of the management team. One staff member told us that staff could receive additional training where an area for improvement was recognised. This meant the provider took action to make improvements where necessary.

We also found that team leaders carried out spot checks of the care people received in people's homes. These checks looked at various areas of care, including staff attitude and how well they carried out various tasks of care, such as assisting people to mobile and administering of medicines. This meant that the provider checked that the service people received was of the required standard.