

Advanced Care Yorkshire Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The announced inspection took place on the 27, 28 November and the 3 and 4 December 2018.

Advanced Care Yorkshire Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to adults with a variety of needs.

Not everyone using Advanced Care Yorkshire receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of inspection 78 people were receiving a regulated activity.

There was a registered manager in post at the time of inspection. The registered manager was also the provider. 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. The registered manager and the training manager were present during the office visits to support the inspection. The training manager took on a variety of roles within the organisation including supporting the registered manager with the running of the service.

We found there was no robust governance and monitoring of the service. There was no formal system to audit parts of the service to ensure compliance and continuous improvement. Spot checks were carried out by the service. However, these were not consistently completed so did not always identify areas found at the inspection. There was no monitoring of accidents and incidents to monitor for trends. When incidents occurred, we found there was no records available.

Person centred detail was not always included in people's care records and some people did not have care plans in place. People's care records did not reflect their needs or detail how people like to receive their support. Staff told us they did not always read people's care plans. This meant staff did not always have information to provide people with person centred care.

We found not all risks relating to the health and safety of people who used the service were assessed and managed. Risk assessments were not always completed when a risk had been identified and control measures were not always in place to try to reduce the risk to people.

There was no call monitoring system in place to monitor late or missed calls. This meant the service relied on people or their families to inform them if staff did not attend the call. We received mixed views regarding staff attending calls on time. During the inspection we attended a call where a staff member was 20 minutes late.

We reviewed people's medication administration records and found gaps in recording. There was no

evidence people did not receive their medication as prescribed.

Staff were not receiving regular supervisions or appraisals as in line with the company's policy.

People told us they felt safe. Staff had knowledge of safeguarding procedures. People and relatives told us staff were caring and their privacy and dignity was respected.

Staff attended an induction programme which included training and shadowing, and received ongoing training the provider classed as mandatory.

Staff told us they felt supported by the management team. The manager told us they communicated with people through newsletters.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 during this inspection. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Risk assessments were not always completed when a risk was identified. There was no call monitoring system in place to ensure people received their required calls. There was no monitoring of accident and incidents.

Is the service effective?

Requires Improvement ●

The service was not always effective

People were not receiving regular supervision and appraisal in line with the company's policies and procedures. When relatives had consented to care it was not always documented if they had the legal right to do so.

Staff were receiving induction and ongoing training.

Is the service caring?

Good ●

The service was caring.

People we spoke with were positive about the staff and how caring they were. We observed positive interactions between staff and people who used the service.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care plans did not always contain person centred information and some people did not have care plans in place. When people raised concerns, we could not see records of what action had been taken.

Is the service well-led?

Requires Improvement ●

The service was not well led.

There was a lack of robust governance and monitoring of the service. Regular auditing of the service was not carried out. Concerns found during inspection had not been identified.

Feedback was not consistently sought.

Advanced Care Yorkshire Limited

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.

Inspection activity started on 27 November and ended on 4 December. We visited the office location on 27 and 4 December to see the registered manager and office staff; and to review care records and policies and procedures. On the 28 November we made calls to people who used the service and their relatives to gain feedback. On the 3 December we carried out visits to people in their own homes.

We gave the provider four days' notice of our visit. We did this as we wanted to make sure a member of the management team was available on the day of the inspection, and visits to people in their own home could be arranged (with consent).

The inspection team included two inspectors and an Expert-by-Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection, we reviewed all the information we held about the service. This included notifications the provider had sent us. A notification is information about important events which the provider is required to tell us about by law. We contacted the commissioners of the service from the local authority, the local authority safeguarding team and the local Healthwatch England. Healthwatch England is an independent consumer champion that gathers and represents the views of the public about health and social care services. We used their feedback to help plan the inspection.

The provider did not meet the minimum requirement of completing the Provider Information Return at least once annually. 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 made the judgements in this report.

During our inspection we spoke with ten people who used the service and four relatives. We spoke with a range of staff including the registered manager, the training manager, the care manager, the customer liaison officer, and seven care workers. We visited three people in their own homes. We reviewed a range of records including seven care plans, care monitoring records, medicine records, training and staff files and other records relating to the quality and safety of the service.

Is the service safe?

Our findings

We found not all risks relating to the health and safety of people who used the service were assessed and effectively managed. For example, one person's care plan detailed a potential risk of choking, another person's detailed risk of skin breakdown, but there were no associated risk assessments. This meant staff had no guidance on how to reduce the risk to these people. However, we saw no impact had occurred. We saw one person's local authority plan referred to a person needing behavioural support. Records showed this person had assaulted a staff member. There was no care plan or risk assessment in place. When risk assessments were in place measures had not always been taken to reduce the risk.

There was no call monitoring system in place. This meant the service relied on people or their families to inform them if staff were late or did not attend the call. One person told us, "I was expecting a carer for my call, after 30 minutes I rang the office. If I didn't ring they wouldn't have known." We received mixed views on staff arriving on time. During the inspection we attended a care call, the staff member arrived 20 minutes late. Some staff confirmed they are regularly late for calls as they do not get travel time. The registered manager stated they would be purchasing a calling monitoring system so they could monitor calls and ensure they were not missed.

There was no monitoring of accidents and incidents to ensure action had been taken or to identify trends. We discussed this with the training manager who informed us they had not had many accidents so they did not monitor them. When reviewing records, we found two incidents had occurred which, when asked, the management team were unable to provide records for.

People received their medicines as prescribed. We reviewed medication administration records (MARs) and found recording was unclear. For example, one person had two MARs which included the same medicine. One MAR had the medicine signed as administered. The second had also been signed on the same date as administered by a different staff member. Random spot checks were carried out on a sample of MARs. We saw these were not completed consistently and had no evidence of action taken.

Recruitment records were not always fully completed. For example, one staff member's interview record was blank and some references had no details of the origin. The service was aware the documentation needed to improve and had employed a new staff member to lead on the recruitment.

Peoples told us they felt safe, comments included, "Yes I feel very safe when the carers come." Staff had received safeguarding training and had knowledge on the subject. Systems were in place to reduce the risks of cross infection. Staff told us they had access to Personal Protective Equipment (PPE). People's care plans informed staff of what PPE would be required.

The service had a business continuity plan in place which covered the office location and planned for the service to continue at an alternative office in the event of an emergency.

Is the service effective?

Our findings

Staff did not receive regular supervisions or appraisals as in line with the company's policy. Their policy states, 'All care staff should have at least one formal supervision session of at least 30 - 60 minutes duration every three months.' Supervision is where a member of care staff meets with a senior member of staff and discusses their performance and any concerns. We reviewed staff files and found staff had not received supervision in line with the policy. For example, One staff had been employed by the service for 19 months and had no recorded supervision or appraisal. Three staff had received only one supervision and had not received an appraisal in the past year. The training manager told us she was aware supervisions and appraisals had not been regularly completed but they would be going forward. We saw 'spot checks' were carried out on staff to monitor their practice.

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 so that they can receive care and treatment with appropriate legal authority. For people receiving care in their own home, this is as an Order from the Court of Protection.

We checked whether the service was working within the principles of the MCA and saw people had consented to their care plans. Records did not always show when a Lasting Power of Attorney (LPA) had been appointed and people's relatives were giving consent on their behalf. The registered manager told us they had not needed to make any applications to the Court of Protection to restrict anyone's liberty.

People told us that staff always asked for their consent before providing care and support. One person said, "Yes staff ask me first, and they tell me what's happening every step of the way." Staff told us they always asked for consent. One staff told us, "We always ask for consent, you cannot force people to do things."

Staff received induction in the form of training and shadowing visits prior to starting in service. The service had a training programme in place which included a variety of subjects classed as mandatory such as, moving and handling, first aid and medication. Staff also received additional training to meet people's specific needs such as diabetes and catheter care. At the office location a room had been set up to simulate a person's home. The registered manager told us this was done to ensure people are aware of what hazards may be out in people's homes.

Staff monitored people's health and liaised with relevant healthcare professionals to ensure people received the care and treatment they required. People told us staff supported them with their health care. Comments included, "When I was unwell, carers got the ambulance, they sorted everything for me" and "Yes they rang the GP for me when I had a chest infection."

When people required support with their meals, staff supported them to have sufficient to eat and drink.

People told us they were always offered a choice from the food available and were left with a drink before staff left to maintain their hydration. One person told us, "They keep me well stocked with drinks and snacks."

Is the service caring?

Our findings

People told us that staff were kind and caring. Comments included, "The carers are always friendly and happy. They are warm and friendly and nothing is too much trouble." Another person told us, "Yes, they are caring, nothing is too much trouble. They always check if I need anything before they leave." One person told us how the service had made a difference to their life. The person told us, "I was stuck in my bedroom and couldn't come downstairs, they helped me move downstairs and to get the equipment I need, I am so grateful."

During our visits to people's homes, we observed staff spoke in a respectful manner and were kind and caring. We saw positive interactions between staff and people saw staff laughing and joking with them. One relative told us, "It's always like this laughing and joking, it's like a comedy show when they are here."

People told us their privacy and dignity was maintained during personal care routines. Staff told us, "We always make sure doors and curtains are closed." Another staff told us, we always make sure people are comfortable and don't share information if unnecessary." People told us they were treated with respect. One person told us, "They are respectful when they come they treat me and my home with respect, they always take their shoes off."

We considered if people's private information was being kept securely. We saw that people's records were stored securely. Documents were held in locked cabinets. The provider was aware of the new General Data Protection Regulation (GDPR). GDPR is new legislation which came into effect in May 2018 and gives people more control over how their personal data is used.

Care records detailed what support people needed to help them communicate. For example, if they required specialist equipment and the type of communication they use.

People told us staff promoted their independence. One person told us, "The staff help me do as much as I can for myself." Staff told us, "It's about giving people opportunity to do things for themselves not just taking over."

Peoples diverse needs were explored at assessment. Care plans contained information about people's preferences and their required support. The service had an Equality and Diversity policy in place which gave a commitment to, "Accepting service users as individuals and encouraging service users to express their individuality and to follow their preferred lifestyle." People told us they made their own choices, some people told us they chose If they wanted to receive support from a male or female staff.

We saw reviews were taking place for some people although not regular. The reviews were to see if people required any changes to their calls, and if they had any concerns. The training manager told us she had identified this and assured us they would now take place more often.

Is the service responsive?

Our findings

Records and risk assessments were not always up to date or in place, to ensure people received consistent care that met their needs. People did not always have care plans in place. This means staff did not have information of what support the person needs or detail of how they like to be supported. For example, we saw one person had been receiving care calls for 13 days with no care plan in place. One staff member told us they had been on a call to someone that day for the first time and there was no care plan in place. Staff told us they did not always read people's care plans before providing them with care. This meant staff did not always have knowledge to provide people with person centred care. One staff member told us, "I haven't seen the person's care plan, I don't know I am supporting them correctly. I felt nervous the first time I went having not seen the care plan." Two of the people we visited in their own homes, had no care plans available. We discussed this with the registered manager who organised for the care plans to be taken to the people's houses that day. The registered manager told us the care coordinator would go through the person's needs with the staff before the visits.

Care plans were not written in a person centred way and did not contain sufficient detail about people's support needs. For example, one care plan in the sections on support with personal hygiene tasks only stated encouragement and support. Another care plan, stated for different tasks 'staff support with prompting'. There was no further detail of how these people liked to be supported with these tasks. Another person's care plan stated not applicable to behavioural support, however, this person's local authority care plan referred to the person needing behavioural support. There was no guidance for staff about how to support this person with this.

People's care plans were not always in place. Care plans did not always meet their needs or reflect their preferences. This demonstrated a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed this with the registered manager and training manager assured us they would be reviewing all the care plans and would ensure they were more person-centred. The service also had a life history document that was ready to be implemented at the time of inspection to give staff further information about the people they are supporting.

The provider was not always responsive when people had raised issues, we noted one person had raised some concerns regarding a staff member in a review. We asked to see evidence of how this was addressed and the service was unable to provide us with any information. People told us they felt comfortable to complain. One person told us, "I would tell the staff and they would sort it or ring the office." We did not see any recorded complaints, the registered manager told us this was because they deal with things before it gets to a formal complaint. The service had a complaints policy in place.

People were supported with activities if this was part of their care package. Staff told us they also tried to do things with people who don't have activities as part of their care package. One staff told us, "One person I visit likes reading magazines so I will spend some time reading with the person."

The Accessible Information Standard (AIS) is a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information they are given. We looked to see how this standard was being met. The registered manager told us people's communication needs were explored at assessment and people would be offered information in large print and picture format if required, however, no-one currently needed this type of support.

The service told us they support people at the end of life. They explained one person had been diagnosed as terminally ill so they were working with that person to review their care plan. We saw people's end of life wishes had been discussed in some of the reviews that had taken place. Staff had been trained in end of life care and had been given additional handouts with good practice guidance.

Is the service well-led?

Our findings

At the last inspection we recommended the registered provider sought advice and guidance with regard to the quality assurance and monitoring systems. At this inspection we again found a lack of robust governance and monitoring of the service. There was no formal system to audit the service to ensure compliance and continuous improvement, due to this the areas of concern found at inspection had not been identified. For example, staff not having information available to them to provide safe care, poor medicine recording and lack of recording and monitoring of accidents and incidents. Records and risk assessments were not always up to date or in place, to ensure people received safe and person centred care. The provider's systems and quality assurance procedures had failed to ensure that identified risks were mitigated. This meant there was a lack of robust governance and monitoring of the service.

We found this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

During the inspection we spoke with the registered manager about our findings they told us they felt further oversight was needed at the service, and planned to promote the training manager to job share the registered manager position to allow this.

Feedback was not being consistently sought to monitor the quality of the service. The company's quality assurance procedure stated, 'Client satisfaction surveys will be undertaken.' These had not taken place. We discussed this with the registered manager who told no surveys had been sent to people in 2017 to request their feedback, however they had sent surveys out recently and were awaiting their return.

We requested a provider information return prior to the inspection. This was due to be submitted to CQC by 2 November 2018. We did not receive a response. We discussed this with the registered manager who told us they had not yet completed the form.

The registered manager told us they kept people up to date by sending a newsletter out once each year. Staff attended meetings and memos were sent containing information when required. Staff told us they felt supported by the management team. One told us, "They're amazing, can't fault them, they always help and support me."

The registered manager told us they kept up to date with legislation and best practice by subscribing to websites such as, Social Care for Institute for Excellence. The registered manager developed partnership working by attending provider meetings and forums.

The service's last inspection rating was displayed on their website and in the office.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Individual care plans and records did not evidence the service was working in a person-centred way and responding to individual needs and preferences in line with best practice.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance and monitoring processes were ineffective in monitoring and improving quality and safety of the service, assessing and mitigating risks to people who used the service and maintaining an accurate record in respect of each person using the service.</p>