

Advanced Care Yorkshire Limited

# Advanced Care Yorkshire Limited

## Inspection report

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09 January 2020  
15 January 2020

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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

### About the service

Advanced Care Yorkshire is a domiciliary care service providing personal care to people in their own homes. Not everyone who used the service received personal care. The Care Quality Commission (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. The service was supporting 54 people with personal care at the time of inspection.

### People's experience of using this service and what we found

The provider had failed to address the areas identified as requiring improvement at the last inspection. Checks in place to monitor the quality of care provided were not always effective. Records were not always in place or fully completed.

Staffing levels did not meet people's needs. Staff were not always supported and/or confident to carry out their role.

Protocols were not in place to guide staff on when to administer 'as and when required' medication. Medication records for these medicines were not always accurately completed. We have made a recommendation in the report about this.

Accidents and incidents records were not always fully completed. There was no analysis to identify trends and ensure appropriate actions had been taken. Complaints were responded to but not always effectively monitored by the service.

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. However, records in relation to consent were not always in place.

People told us staff were kind and caring. Staff had developed positive relationships with people and encouraged their independence. People's nutritional needs were met. Staff supported people with their health care needs.

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published 17 January 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, enough improvement had not been made and the provider was still in breach of regulations. This is the second consecutive inspection the service has been rated requires improvement.

### Why we inspected

This was a planned inspection based on the previous rating.

### Enforcement

We have identified breaches in relation to staffing and governance of the service at this inspection. Please see the action we have told the provider to take at the end of this report.

At this inspection we recognised that the provider had failed to display their rating. This was a further breach of regulation. Full information about CQC's regulatory response to this is added to reports after any representations and appeals have been concluded.

### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Advanced Care Yorkshire Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector, one inspection manager and one 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.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. The registered manager is also a director of the company. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced.

We gave the service 24 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 07 January 2020 and ended on 15 January 2020. We visited the office location

on 08, 09 and 15 January 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

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

#### During the inspection

We spoke with eight people who used the service and three relatives about their experience of the care provided. We visited six people in their own homes. We spoke with the registered manager, care manager, operations manager, client liaison officer, a care coordinator and five care workers.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with one further care worker.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

### Staffing and recruitment

- The provider had failed to ensure people always received support in line with their assessed needs. For example, people did not always have staff attend their arranged care visits. One person told us, "Occasionally they have missed my care calls and I just wait for the next person to come."
- People did not always have the correct amount of staff to deliver the level of support they required. For example, we saw one person required two staff members to support them, but on numerous occasions only one staff member attended.
- Since the last inspection the director had purchased a call monitoring system to monitor and provide alerts for late or missed calls. This system was not always effective as nobody was monitoring this outside office hours. People continued to get late calls and/or missed calls.
- Staff were working long hours without days off which was affecting their well-being.

There was insufficient staff to meet people's needs. This put people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Recruitment records were not always fully completed. We could not always see when gaps in information from the applicant had been explored.
- We discussed our concerns with the care manager and operations manager who informed us they would be setting up teams to ensure people received the required staffing levels. They provider recognised they were struggling to retain staff. They were actively recruiting more staff to address these issues longer term.

### Using medicines safely

- Medication administration records (MARs) were not always accurately completed. For example, we saw some gaps in MARs.
- 'As and when required' protocols were not in place to support the safe use of these medicines.

We recommended the provider seek advice and guidance from a reputable source regarding 'as and when required' medication and to ensure their processes are in line with best practice guidelines.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Care plans and risk assessments did not always contain sufficient detail regarding the risks to people. We discussed these concerns with the care manager and business manager who assured us these would be reviewed.

- At the last inspection we identified incidents accident and incident reports had not always been completed. At this inspection we again found an absence of records when accidents and incidents had occurred. For example, someone had sustained bruising, but no corresponding accident report had been completed.
- Accidents and incidents were not monitored for lessons learnt.
- We discussed our concerns with the operations manager and care manager who assured us they would be monitoring accident and incidents going forward and would be working with staff to ensure accurate recording.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the support they received from staff. One person told us, "Yes I feel safe with the staff, they are respectful of me and my property."
- Staff understood their responsibility regarding reporting any safeguarding concerns.
- Swift action had been taken by the registered manager when concerns were raised.

Preventing and controlling infection

- People's care plans informed staff of what personal protective equipment would be required.
- People were happy with the support staff gave to keep their homes clean.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The induction programme had not ensured staff were skilled in their role. Staff told us, they delivered care following their induction but did not always feel confident in what they were doing. For example, one staff member told us they had to administer medication but did not feel confident to do so.
- The provider's training matrix showed eight staff required refresher training. The care manager was aware some training required refreshing and told us they had started to address this with staff.
- Staff did not receive supervisions and appraisals in line with the provider's policy. The policy stated, "All care and nursing staff should have at least one formal supervision session of at least 30-60 minutes duration every three months". We saw one person had commenced employment in September 2019 and had not received any form of supervision, 'spot check' or probationary meeting. Another staff member had been employed over nine months and had only received one supervision.
- The provider had a supervision matrix, however this was not up to date and did not include all staff.
- Not all staff felt they were supported by the management team.

This was further evidence of a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Records had not always been completed to assess people's capacity in relation to consenting to their care.
- Where people's relatives had signed consent on the person's behalf, it was not always recorded if they had lasting power of attorney. The care manager and operations manager assured us they would address this.

- Staff gained people's consent before providing them with support. One person told us, "Yes, they always ask my permission before they do anything."

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

- People's care plans required further detail regarding the support they required with their nutrition.
- Staff knew people's nutritional needs and supported them effectively. For example, staff were able to recognise when people required changes to their diet to increase their food intake
- People were offered choices of meals by staff.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff monitored people's health and liaised with relevant healthcare professionals to ensure people received the care and treatment they required.
- Assessments were carried out prior to people starting to receive support. People and their relatives confirmed they were involved in these assessments.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect. During the inspection we observed staff speaking to people positively and offering reassurance and comfort.
- People and staff had developed positive relationships. We observed staff spending time with people chatting and joking with them.
- We received positive feedback about the staff. Comments included, "The carers are very friendly, kind and caring" and, "The carers are smashing."

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

- People were encouraged to make decisions about their care. People were involved in the pre-assessment of their needs where they explained the care they wanted to receive.
- One person told us, "I make decisions because they ask me what I want them to do."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person told us, "Yes they reserve my privacy and dignity, they are respectful and close doors."
- Care records were stored in the office location in locked cabinets to ensure people's privacy was maintained.
- People's independence was encouraged and respected. For example, people were encouraged to complete tasks they could do themselves, such as personal hygiene and making food and drinks. One person told us, "I am very independent, they know what I can do myself and they respect my independence."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to ensure people had care plans in place and that there was sufficient information to ensure people received person centred care. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made and the provider was no longer in breach of this regulation.

- People told us they were happy with the care they received.
- At the last inspection care plans were not always in place. At this inspection everyone had a care plan for staff to follow.
- Care plans still required more person-centred information and regular reviews. Staff we spoke with knew people's needs.

Improving care quality in response to complaints or concerns

- We were told the service had not received any complaints since the last inspection. However, we identified complaints had been received from two family members. Action had been taken to resolve these complaints.
- We received mixed feedback as to whether people felt confident to complain. For example, one person told us, "Complaining is a waste of time." Another person told us, "I once made a complaint and it was resolved very quickly."
- The operations manager told us they would be implementing a central log of complaints to ensure they could be monitored.

Meeting people's communication needs

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

- The management team was aware of the accessible information standard and told us they could access documents in different formats should they be required.
- Assessments detailed people's communication needs.
- Some care plans required further information to detail how staff were to effectively communicate with people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Where it was part of their care package, people were supported to access social events and activities.
- The management team shared information with people such as activity groups to reduce the risk of social isolation.

End of life care and support

- People's end of life wishes had not always been explored or recorded. The operations manager showed us a care planning document they would be implementing going forward.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. 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; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider had failed to ensure effective systems were in place to monitor and improve the quality and safety of the service. They had also failed to ensure there were accurate records in respect of each person using the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, sufficient improvement had not been made and the provider was still in breach.

- Action had not been taken to improve the requires improvement rating from the last inspection.
- The service has not made sufficient improvement with keeping accurate and contemporaneous records. For example, at the last inspection we received assurances from the registered manager they would be reviewing all the care plans to ensure they were more person-centred. At this inspection we continued to find people's care plans were not always specific to their individual's needs.
- The provider acknowledged they lacked oversight of the service. They had failed to address the shortfalls in recruitment records, accident and incident reporting and monitoring, monitoring of punctuality, correct staffing levels and MCA records.
- There was no robust quality assurance system in place to monitor and improve the quality and safety across the service.

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

- We discussed our concerns with the registered manager who was aware improvements were required. The registered manager was planning to de-register and develop a new management structure. The operations manager started to develop an action plan to rectify the areas of concern identified at inspection.
- The provider had failed to display the most up to date rating at the office location and on their website.

This was a breach of regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We are dealing with this matter outside of the inspection process.

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

#### characteristics

- No recent surveys had been carried out to gather people's views. Results from previous year's surveys had not been analysed or reviewed so action could be taken. The care manager offered us assurances surveys would be sent out and analysed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team were aware of their responsibility to be open and honest with people.
- The registered manager understood their responsibilities as a registered person and the requirement to submit statutory notifications when required.

#### Working in partnership with others

- The registered manager developed partnership working by attending provider meetings and forums.
- The registered manager was working with local colleges to support people to start working in the care industry.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance systems including audits and checks had failed to effectively monitor and improve the quality and safety of the service. The provider had failed to keep accurate and contemporaneous records.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>There was insufficient staff to meet the number of care calls. Staff had not received appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform.</p>