

Advance Home Care Ltd

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Inspection report

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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 28 June 2016 and was announced. We told the provider one day before our visit that we would be coming. This was the first inspection of this service under their new registered name of Advance Home Care Limited. Previously they had been registered as Carewatch (Kingston upon Thames) and the provider was Carewatch Care Services Limited. The location, staff and management are the same as previously.

Advance Home Care Limited provides domiciliary care and support to 35 people living in Kingston and the surrounding area. Advance Home Care Limited is part of the Carewatch franchise that delivers care to people in many areas of the United Kingdom. This includes personal care such as assistance with bathing, dressing, eating and medicines; home help covering all aspects of day-to-day housework, shopping, meal preparation and household duties. We only looked at the service for people receiving personal care during this inspection as this is the service that is registered with the Care Quality Commission.

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.

People told us they felt safe with the support they received from staff. There were arrangements in place to help safeguard people from the risk of abuse. The provider had appropriate policies and procedures in place to inform people who used the service and staff how to report potential or suspected abuse. Staff we spoke with understood what constituted abuse and were aware of the steps to take to protect people.

People had risk assessments and risk management plans to reduce the likelihood of harm. Staff knew how to use the information to keep people safe. The provider ensured there were safe recruitment procedures in place to help protect people from the risks of being cared for by staff assessed to be unfit or unsuitable.

Staff received training in areas of their work identified as essential by the provider. We saw documented evidence of this. This training enabled staff to support people effectively.

Appropriate arrangements were in place in relation to administering and the recording of medicines which helped to ensure they were given to people safely.

The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005. Records showed people were involved in making decisions about their care and support and their consent was sought and documented.

People were involved in planning the support they received and their views were sought when decisions needed to be made about how they were supported. The service involved them in discussions about any

changes that needed to be made to keep them safe and promote their wellbeing.

Staff respected people's privacy and treated them with respect and dignity. Staff supported people according to their personalised care plans.

The provider encouraged people to raise any concerns they had and responded to them in a timely manner.

Staff gave positive feedback about the management of the service. The registered manager was approachable and fully engaged with providing good quality care for people who used the service. They encouraged a positive and open culture by being supportive to staff and by making themselves approachable.

The provider had systems in place to continually monitor the quality of the service and people were asked for their opinions and action plans were developed where required to address areas for improvements.

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. Staff knew how to identify the signs that people might be being abused and how they were required to respond. The provider had undertaken all appropriate checks before staff started their employment. In this way only people deemed as suitable by the service were employed.

Medicines were administered to people as safely as possible and the risks of errors were minimised. Staff received medicines training to help make sure they were competent to manage people's medicines.

The provider had completed risk assessments to help ensure the safety of people and staff. Accidents and incidents were recorded and action taken to minimise the possibility of re-occurrences.

Is the service effective?

Good 

The service was effective. The registered manager and provider were aware what was required if people were not able to give consent and of their duties under the Mental Capacity Act (2005).

Staff received regular training and support to keep them updated with best practice.

The provider had arrangements in place to make sure people's general health, including their nutritional needs were met.□

Is the service caring?

Good 

The service was caring. People were encouraged to maintain their independence.

Staff told us how they ensured people's rights to privacy and dignity were maintained while supporting them.

The service tried to make sure they provided the same care staff whenever possible so people had consistency and continuity of care.□

Is the service responsive?

Good 

The service was responsive. The support plans and risk assessments outlining people's care and support needs were detailed and reviewed annually or earlier if any changes to the person's support needs were identified.

People had opportunities to share their views about how the service was run.

The service had a complaints policy and procedure, so that people knew what to do if they had a complaint.

Is the service well-led?

Good ●

The service was well-led by a registered manager.

Staff felt supported by the registered manager who was approachable and encouraged an open door policy.

The provider carried out regular checks to monitor the safety and quality of the service.

Advance Home Care Ltd

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 28 June 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and the registered manager is sometimes out of the office supporting care workers or visiting people who use the service. We needed to be sure that the registered manager would be available to speak with us on the day of our inspection. The inspection was carried out by one inspector.

Before the inspection we reviewed information about the service such as notifications they are required to submit to CQC. Notifications outline any significant events that occur within the service.

During the inspection we went to the provider's head office and spoke with the registered manager, the office manager and the care co-ordinator. We reviewed the care records of five people who used the service, and looked at the records of four staff and other records relating to the management of the service.

After the inspection we telephoned six people who used the service or their relatives and were able to speak with two of them. We also rang four staff and spoke with three of them.

Is the service safe?

Our findings

People told us they felt safe using the service and they were treated well. One person said, "The carers are always very efficient," and a relative commented "We are very happy with the care given."

The service had taken steps to make sure staff were aware how to safeguard adults at risk. Staff told us they had received the training they needed to help ensure the safety of the people who they cared for. Training records confirmed this. Staff were able to describe how they would recognise any signs of potential abuse and how they would respond if it arose. Staff knew who to report any concerns to. The service had policies and procedures in place to respond appropriately to any concerns regarding protecting people from possible abuse and these were readily available for staff to read. The registered manager was aware of procedures to follow in relation to making referrals to the local authority that had the statutory responsibility to investigate any safeguarding alerts.

We saw people had individual risk assessments in their care files. These had been developed with the person in order to agree ways of keeping them safe whilst enabling them to have choices about how they were cared for. The risk assessments we saw covered the range of daily activities and possible risks including medicines administration, mobility, mental and emotional health and personal finances. Where risks were identified risk management plans were in place, which gave details of the risks and the preventative measures necessary to help prevent an incident occurring.

The provider had arrangements in place to deal with emergency situations to help ensure continuity of service. Staff and people had an out of hours phone number they could call which linked them to on call staff if they needed help or advice. This helped to provide a continuity of service for people.

The registered manager said when employing staff they were looking for applicants who had 'a passion for helping people.' We checked recruitment records to make sure staff had all the appropriate checks prior to starting work with the service. We saw this included a completed application form, employment references, proof of identity and criminal records checks. The registered manager told us and records showed that criminal record checks were updated every three years. This helped to ensure that only people deemed to be suitable by the agency were employed to work within the service.

The service had systems in place for the investigation and monitoring of incidents and accidents. If an incident or accident occurred staff would contact the office or manager as soon as possible. If required, an investigation was carried out and an action plan developed. This helped to keep people safe and avoid a reoccurrence of the incident.

The registered manager told us that staff generally only prompted people to take their medicines or helped to take the medicines out of the blister pack. Once staff had prompted a person to take their medicines, staff signed the medicines administration record (MAR) to confirm these had been given. The MAR sheets were retained at the office, where they were audited for any errors. Where errors were found staff would be spoken to about the error and further checks made to ensure errors were kept to a minimum. Staff

encouraged people to be as independent as possible with the administration of their own medicines. Records we saw confirmed staff had received training in the safe administration of medicines. The registered manager was revising the current MAR sheets into a more user friendly version that would further help to mitigate the risk of errors when recording the administration of medicines.

Is the service effective?

Our findings

People were cared for by staff who had appropriate support and training to do their job. One relative said "The carers do their job but also give my relative a boost; they bring out the smile in them."

Staff told us they felt well supported by the registered manager and office staff and had appropriate training to carry out their roles. Three care staff told us they had received 'good and thorough training.' The staff and people using the service were divided into three areas and each area was allocated a field care supervisor. The registered manager told us that before care staff started to work with a person they would shadow a senior care worker or the field care supervisor, so that they became familiar with the person's needs and how they liked to be cared for.

The provider had a training room at their office that included the necessary equipment to train staff, such as moving and handling equipment. The provider had identified a range of training courses that all new staff needed to complete as part of their induction. Bi-monthly training sessions were held to assist staff with completing the Care Certificate. Both care workers and office staff were studying for the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Staff also completed refresher training courses, including first aid; moving and handling and food hygiene. This training helped staff to provide safe and appropriate support for the people using the service.

Staff told us they received formal supervision sessions with their supervisor every three months and had the opportunity to talk with their supervisor or manager either in person or over the phone at any time. The supervisors also conducted 'spot checks' of staff in the home they were working in and we saw notes of these checks on the files we inspected which were signed and dated. Staff meetings were held every two to three months and the bi-monthly training sessions were also used as information giving sessions. The registered manager or trainer could update staff on any changes in procedure, legislation and any issues that had arisen. Minutes of these meetings were sent to all staff. The registered manager explained they aimed to keep everyone informed and up to date so that the team remained effective.

The majority of people who used Advanced Home Care Limited were funded through the local authorities where they lived. It was clear from speaking with people, relatives and staff that they were actively involved in making decisions about their care and support needs. Staff we spoke with told us they encouraged people's involvement in decision making. Records we saw showed people were involved in making decisions about their care and support and their consent was sought and documented.

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

The registered manager said that people's capacity to decide on how their care was to be delivered was always discussed at the initial assessment stage. If a relative needed to be involved, they were, so everybody was aware of the person's ability to decide on what was in their best interests.

The service had up to date policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and consent. These policies and procedures gave staff instructions and guidance about their duties in relation to the MCA and consent.

We saw dietary requirements for people were detailed in their care plans for those who needed support with food preparation. Records showed that staff were trained in food safety. Staff told us they always ensured the person had food and drinks available to them when they were on their own. This helped to ensure people were kept hydrated and nourished when staff were not there.

The service supported people to meet their health needs. Staff would assist people to contact their GP or other healthcare professionals as necessary. Staff were aware of the need to contact the emergency services when necessary and inform the relatives of the person and the office. The training and support staff received had helped to ensure an efficient service that was person centred.

Is the service caring?

Our findings

People told us they were happy with the staff who supported them. One person said "The carers are really good; they boost my morale and cheer me up." Comments we saw on a recent survey were 'Very happy with the care given to me,' 'carers are very friendly and professional' and 'carers talk to my relative and have a laugh with them.' A relative said "You couldn't get better, we like all the carers." One care worker described the people they supported as "Brilliant," another described the care they gave as 'enabling a person to stay in their own home.'

We saw that people's care plans included information about the person's background, which staff told us had helped them to have a better understanding of the person they support. Staff said the process of getting to know the person continued as they worked with them. One care worker told us that when they had finished their caring role they stayed with the person so they could watch the football match together and discuss the outcome after the match. The staff member said this was in their own time but important to the person to have a shared love of sport.

The provider recognised the importance of providing the same staff consistently over time so they knew the people they cared for well. Records showed both the care staff and the people who received a service came from a diverse and multi-cultural background. The care co-ordinator told us that when matching people to care workers they looked at people's cultural needs, so they could ensure people were happy and suited to their care worker and their cultural needs could be understood and met.

Two relatives did say that there were occasional problems with time keeping but these were not significant and always dealt with quickly by the office staff. This meant that overall people receiving a service had continuity from staff who understood their needs and were reassured by familiarity. Staff told us they wear their uniforms and staff badges so that people knew who they were.

People or relatives we spoke with felt that their privacy and dignity were maintained by staff when personal care was being given. Staff were able to explain what they would do to ensure a person's privacy and dignity were maintained at all times. They told us they did this by closing doors when giving personal care, asking the person what they would like and listening to their reply and talking to them while assisting them.

Is the service responsive?

Our findings

People told us staff who provided their care knew about their wishes and support needs and cared for them accordingly. One person said "You couldn't get better staff." A relative said "If the care worker is going to be delayed they normally ring and let me know."

People's needs had been assessed and information from these assessments had been used to plan the support they received. The registered manager explained they would carry out a comprehensive assessment of a person's support needs and would explain about the service to the person. This comprehensive assessment would ensure the service could provide an appropriate level of care and support to meet that person's needs. Staff were matched with a person and where appropriate would meet the person before care started to discuss how the service might help provide appropriate support. People were also given a 'Customer Care Guide' which outlined the service they could expect to receive.

Each person had a person-centred plan in place, identifying their likes and dislikes, abilities, as well as comprehensive guidelines for providing care to them in an individual way. The person using the service was involved in the development and review of their care plan. The care plans we look at evidenced that the person had signed their plan and a copy was kept in their home and in the office. Records showed that care plans were reviewed every six months or more often if needed. This process helped people to express their views of the support they received and identify where any changes they thought were needed.

Where people had activities outside of their homes such as for shopping or attending healthcare appointments and they needed support to continue with these activities, appropriate support was provided according to their preferences.

People and relatives we spoke with told us they knew what to do if they were unhappy about something and they felt they were able to talk with staff or management about anything. We were shown the provider's complaints policy and procedure. The handbook given to people also explained the complaints process and what they could do if they were not happy with the quality of service they received. The registered manager told us they reviewed any complaints or concerns made and this had provided them with the opportunity to improve the service appropriately.

Is the service well-led?

Our findings

People and the relatives who we spoke with told us they thought the service was well managed. One person said "The communication with the office is good."

We found staff were positive in their attitude and they said they were committed to the support and care of the people. One staff member said, "The manager and office staff are supportive and available if I have a query or concern." Another staff member said "The manager is good – supportive and there's good communication when you need it."

The registered manager told us they encouraged a positive and open culture by being supportive to staff and by making themselves approachable. One staff member said "We have good team work here, both carers and management." Staff said they were able to raise issues and make suggestions about the way the service was provided either in one to one meetings or team meetings and these were taken seriously and discussed.

In 2015 the service won several awards through the franchise including 'Team Member of the Year,' 'Franchisee of the Year,' and having a finalist in the 'Care and Support Worker of the Year category.' A monthly newsletter went out to people who used the service. This included good news stories about staff or people using the service with pictures. A positive 'Thought for the Month' and information on topical subjects such as 'What is Dementia.' Staff were also encouraged to vote in the Carewatch Stars for their care worker of the month.

Systems were in place to monitor and improve the quality of the service. An annual survey was sent to people and relatives. Statistics taken from the latest survey in February 2016 showed that 100% of people felt safe, confident, well cared for and had their dignity respected. Where responses had not been so positive, such as only 57% of people felt staff were well trained and 29% of staff did not identify themselves with their ID badge, actions plans and additional training had been developed to address people's concerns. These were discussed at staff meetings, at 1:1 supervision and during training sessions to ensure learning took place.

Advanced Home Care Limited is part of a franchise that delivers care to people in many areas of the United Kingdom. The registered manager kept up to date with changes in legislation, policies and trends through the national office of Home Care Limited. The registered manager also attended training course relevant to their role. They also kept up to date with local trends in care by attending a local provider's forum.

The provider had quality assurance systems in place to monitor the agencies processes. Monthly audits of the MAR charts and daily notes were conducted. Where errors were found these were discussed with the staff member concerned and actions taken. We did see that these discussions and actions were not always formally recorded. We spoke to the registered manager about this who said in future these would be formally recorded so that trends in errors could be more closely monitored.