

Advanced Care Yorkshire Limited

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Inspection report

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15 September 2022

03 October 2022

04 October 2022

17 October 2022

18 October 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Advanced Care Yorkshire is a domiciliary care service providing personal care and support to people living 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. At the time of the inspection the service was providing personal care to 48 people.

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

People and relatives were happy with the support they received and spoke positively about staff. Some people told us calls were sometimes late. We raised this with the provider who acknowledged this feedback and told us they were working towards recruiting more staff to alleviate shortages.

Risks to people's health, safety and well-being were effectively managed. Medicines were administered safely. The provider had effective infection prevention and control systems in place.

Effective recruitment procedures were in place. Staff received training and support to provide care in a person-centred way.

Support was personalised and based on people's assessed needs and preferences. Staff worked effectively with external professionals to ensure people received the support they wanted and needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People and their relatives were involved in making decisions about their care. Staff respected people's privacy and dignity and promoted their independence. People and relatives were aware of the provider's complaints procedure and knew how to raise concerns.

Systems were in place to monitor and develop standards at the service. The provider promoted continuous learning and improvement and listened to staff, people and partners, taking on board their views.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 5 March 2020) 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 we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 7 January 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve in relation to Regulations 17 and 18 (Good Governance and Staffing).

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Advanced Care Yorkshire Limited

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by one inspector 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.

Service and service type

The service is a domiciliary care service. It provides personal care to people living in their own homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was to make arrangements to carry out a virtual

inspection and we needed to be sure that the provider or registered manager would be available to support the inspection.

Inspection activity started on 14 September and ended on 18 October 2022. We contacted people and relatives on 3 October 2022.

What we did before inspection

We reviewed information we held about the service. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with three members of staff, including the registered manager, the care coordinator and the co-ordinator support administrator. We also obtained feedback via a private questionnaire sent to staff members and we received 17 replies.

We reviewed a range of records including five people's care and medicines records. We looked at recruitment records for two members of staff. A variety of records relating to the management of the service, including policies and procedures, were also reviewed.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video/telephone calls and emails to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

Following the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed all evidence sent to us electronically by the provider.

Is the service safe?

Our findings

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

At our previous inspection we rated this key question as requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our previous inspection, we identified that staffing levels were not safe. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Recruitment checks were now fully carried out before prospective staff started at the service to help ensure they were suitable to work with vulnerable people.
- There were sufficient staff deployed to meet people's current needs, but two people raised lateness of calls as an issue. We raised this with the registered manager who told us they were aware of this and were working with the local authority and recruiting to make improvements.
- Staffing had recently been affected by COVID-19 and the current cost of living crisis and bus strikes. The provider was actively seeking to recruit through different sources such as attending a jobs fair at a local university.

Using medicines safely

- There was a system in place to manage medicines safely.
- Staff received medicines administration training and were knowledgeable about people's medicines.
- The registered manager carried out regular medicine audits and staff competence checks.

Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding system in place.
- People told us they felt safe with the staff who supported them. One person told us, "The carers are very good."
- Staff had undertaken safeguarding training and raised no concerns about practices at the service.

Assessing risk, safety monitoring and management

- There was a system in place to assess, monitor and manage risk.
- Risks were assessed and monitored so action could be taken if any issues were identified.
- The provider had a business continuity plan so people would continue to receive safe and effective care in emergency situations.

Preventing and controlling infection

- People were protected from the risk of infection. The provider's infection prevention and control policy

was up to date and procedures were in place to effectively prevent or manage infection outbreaks.

- Staff were trained in infection prevention and control and regularly tested for COVID-19.
- People were happy with the support staff gave to keep their homes clean.

Learning lessons when things go wrong

- Lessons learned had been identified following the previous inspection and action had been taken to improve.
- During the pandemic, the provider shared they had reflected and made changes to their service delivery, namely prioritising critical services first where individuals are at greatest risk. They told us that non essential services such as social support were given a lower priority status.

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 been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our previous inspection, we identified staff induction and supervision was not consistently in place. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Staff completed a comprehensive induction and received regular training.
- People and their relatives were confident the staff had the right skills to provide the care and support they needed. One relative told us, "As well as the care, there is the socialisation aspect to it. They'll joke with [relative] and make them feel happy in themselves. We couldn't manage without the care they provide. They are exceptional people. They're very motivated and caring. There's a good relationship between all of the family and the carers."
- Staff told us they felt supported through regular supervisions and observations. One member of staff said, "It's really easy to speak to managers", and "We are able to ring managers at any time and ask questions."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff carried out comprehensive assessments of people's needs and choices before they started using the service. Assessments were continually evaluated and reviewed to ensure people received the care that met their needs.

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 MCA 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.

- The service worked within the principles of the MCA.
- Staff received MCA training and sought consent from people prior to providing support. One staff member told us, "We have to work out way of explaining pros and consequences to people in a way they understand."
- People were supported to make as many decisions as possible for themselves.

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

- Staff supported people to maintain a balanced diet.
- Care plans contained information on people's nutritional needs and preferences.
- One person told us, "Staff are very good at making sure I have a drink, all of them. I've got a flask. I've got a glass of water and a flask of tea near me."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked well with other professionals, such as GPs and occupational therapists, to ensure people received effective care.

Is the service responsive?

Our findings

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

At our previous inspection we rated this key question as requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's care had been planned to consider their needs and preferences. Care plans were detailed and described how people's care should be provided. This included the specific duties staff had to complete at each visit.
- Care plans had been reviewed and updated when people's needs changed.
- People had the opportunity to discuss their future care decisions with staff. These were documented in care plans where relevant.

Meeting people's communication needs Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed and a specific communication care plan developed.
- One staff member told us, "As a team we need to communicate constantly with people, sometimes by showing them things or even writing things down for them, whichever is best for that person."

Improving care quality in response to complaints or concerns

- The provider had a structured approach to dealing with complaints. People and relatives knew how to raise concerns if needed. One person told us, "I haven't made any official complaint, but if I wanted to raise anything informally, I know how to do that. Everything I've raised previously has been dealt with. They're very good like that."
- Previous complaints had been investigated and action taken to address people's concerns.

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 our previous inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

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. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

At the last inspection the provider also failed to display the ratings which was a breach of regulation 20A. This was immediately addressed by the provider outside of the inspection.

- The registered manager and staff understood their roles and the importance of complying with regulatory requirements.
- Staff performance was monitored, and regular audits were conducted to improve service delivery. Areas of risk were routinely assessed and mitigated. The registered manager had worked on an action plan from the last inspection to make improvements.
- The service was well managed. Staff morale and teamwork were good. One staff member said, "I like that I have the same service users, it's good for us all."

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 provider and registered manager understood their responsibility under the duty of candour. They knew the importance of being open and honest, and when to apologise, investigate and respond.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff supported people to achieve good outcomes and maintain their well-being. People's needs and well-being were the focus of the service and the culture reflected this. One professional told us, "My client has expressed to me the significant difference this service has made to her life and that the care has been 'exceptional'."
- Staff told us they felt valued and were well supported by colleagues and the registered manager.

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

- The provider and registered manager positively encouraged feedback about the service.
- There were systems in place to involve people, relatives and staff in the running of the service.
- Surveys had been carried out, but the management team were reviewing their effectiveness to promote more meaningful feedback.
- Staff spoke highly about the registered manager and senior management team.

Continuous learning and improving care

- The service was committed to continuous learning and improvement.
- Effective systems were in place to successfully identify areas for improvement and lessons learned. This included audits, spot checks and supervisions.
- The service continued to work on their action plan and were open and honest about embedding the improvements they had made since our last inspection. Spot checks and supervisions were not always up to date, but staff told us they felt supported by the management team.

Working in partnership with others

- The nominated individual and registered manager liaised with other providers and the local authority. The registered manager had attended a local university as part of a recruitment drive.