Advanced Home Care Limited

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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

The inspection of the service took place between 20 June 2018 and 19 July 2018 and was unannounced. During the inspection we visited the offices to speak with management and review records, carried out visits to people in their own homes and spoke with people, their relatives and staff over the telephone.

The service is managed from offices in Kirkham, Lancashire. Services are provided to support people to live independently in the community. At the time of our inspection, 147 people used the service.

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

Not everyone using the service received a 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.

There was a registered manager at the service. 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 service had systems to protect people from abuse or the risk of abuse. Staff had received training to safeguard people and were aware of how to report any concerns.

The service had systems to ensure the safe and proper management of medicines. Staff received training and their competency was assessed before they provided people with support with their medicines.

Robust recruitment processes ensured only suitable candidates were employed by the service. Staff received a comprehensive induction, ongoing training and support in order for them to provide effective care and support to people who used the service.

Staff assessed risks to people and measures were put in place to lessen risks. Accidents and incidents were reported and recorded. These were analysed by the registered manager so lessens could be learned and the risk of repeat occurrences reduced.

No one we spoke with raised any concerns about staffing. We saw the service used an electronic system to organise staff rotas. However, some people we spoke with and staff, told us some changes to rotas were not always communicated effectively. The registered manager confirmed they would address this issue following the inspection.

We found people were supported with nutrition and hydration. Staff carried out thorough assessments to

ensure the service could meet the needs of people. We saw written plans of care were reviewed regularly to ensure they met people's current needs.

People we spoke with and their relatives gave us consistently positive feedback about how the service was delivered and the approach of staff. We observed a good rapport between staff and people they supported. Staff had a good understanding of protecting people's rights and treated each person as a unique individual.

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 told us they were encouraged to raise any concerns or complaints and felt they would be taken seriously. The service had a complaints policy and we saw complaints had been investigated and responded to appropriately.

We found staff and management were open and honest and spoke of a positive culture within the service. Everyone we spoke with told us there had been improvements to the service since our last inspection. The registered manager was keen to continue to drive improvements.

We saw the registered manager used a range of methods to assess, monitor and improve the service. Regular audits and checks were carried out. Feedback was sought from people who used the service, their relatives and staff. This was used to make improvements in how the service was delivered.

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.

Systems were in place to protect people against the risk of abuse. Staff had received training to keep people safe.

The service operated systems to ensure the safe and proper management of medicines.

Staffing levels were adequate to ensure people received the care and support they needed. However, changes to rotas were not always well communicated.

Is the service effective?

Good

The service was effective.

People received care and support from staff who had been trained and were well supported.

The service operated in accordance with the Mental Capacity Act 2005. People had choice and control about the service they received.

People's nutritional, hydration and ongoing health needs were met.

Is the service caring?

Good

The service was caring.

People received a service from staff who knew them well and treated them with respect and dignity.

We received consistently positive feedback about the approach of staff.

People and, where appropriate, others acting on their behalf were involved in choosing how the service was delivered for them.

Is the service responsive?

Good

The service was responsive.

Thorough assessments of people's needs and their preferences were used to ensure people's needs were met.

Reviews of care took place regularly to ensure the service delivered was reflective of people's current circumstances.

The provider had a complaints policy, which enabled any concerns or complaints to be investigated and addressed.

Is the service well-led?

Good

The service was well-led.

The registered manager used a range of methods to assess, monitor and improve the quality of the service.

Staff and management all told us this was a good service to work for and they had a good staff team who worked well together.

Feedback was gained from people who used the service, their relatives and staff in order to drive improvements.

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Detailed findings

Background to this inspection

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

Inspection site visit activity started on 20 June 2018 and ended on 19 July 2018. It included visiting people in their own homes, speaking with people and their relatives over the telephone and speaking with staff, in person and over the telephone. We visited the office location on 20, 21 and 25 June 2018 to see the manager and office staff; and to review care records and policies and procedures.

The inspection was carried out by two adult social care 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. The expert by experience had experience of caring for older people.

Prior to the inspection, we reviewed all the available information about the service. This included notifications about significant events, which the provider is required by law to send us, information available online and on social media and information from commissioners. We also reviewed information the provider had sent us in the Provider Information Return. This is a document which the provider is required to send us each year and sets out what the service does well, any improvements they plan to make, along with other key information about the service.

At the time of our inspection, there were 147 people who received a service. We visited 11 people in their own homes to speak with them about their experiences of the service. We also observed staff undertaking their duties and how they interacted with these people. We reviewed people's care records and medicines administration records at each home visit. We spoke with an additional 11 people and three people's relatives over the telephone. We spoke with ten staff in person during the inspection and an additional five

staff over the telephone. Staff we spoke with included the registered manager, deputy manager, three care managers, office administrator, senior carers and care staff.

We reviewed a variety of records related to the management of the service including staffing rotas, policies and procedures, safety and quality audits, and three staff personnel and training records. We also looked at records of accidents and incidents, complaints and compliments and survey results.

Good

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe receiving a service. Relatives we spoke with told us they felt their loved ones were cared for safely. We asked people whether they felt safe with staff who visited them and whether they felt carers looked after them in a safe way. Comments we received included, "Definitely, I have never felt unsafe"; "I do feel safe with the people who come here"; "Perfectly safe"; "Oh god yes, that goes without saying, they look after me and I have been ill" and; "They always do things in a very safe way".

We also asked people whether they would be confident to ask a member of staff for support if they felt something was unsafe. Comments we received included, "Yes I would, the best thing is you can talk to them"; "Yes, they are very trustworthy"; "I always feel confident speaking to the girls [staff]" and; "I have never had the situation arise, but I would feel confident speaking with them".

We looked at how the service ensured people were protected from abuse or the risk of abuse. Staff we spoke with understood their responsibilities in relation to safeguarding people, what forms abuse might take and how to report it. Staff told us they had received training on this topic, which was confirmed when we reviewed training records. Staff were aware of the service's whistleblowing policy and external agencies they could report concerns to. Staff told us they felt confident any concerns raised with care managers or the registered manager would be taken seriously and acted upon. The registered manager held a central register of any safeguarding concerns and reported them to the local authority and CQC, as required. This showed the service had systems to identify and act upon any safeguarding concerns.

We looked at how the service was staffed. We spoke with staff from each of the areas covered by the provider and reviewed staffing rotas. We saw staff were allocated visits within a geographical area which meant travelling time between visits was generally kept to a minimum. Staff we spoke with told us they had enough time to travel in between visits and could spend extra time with people if they needed to, for example, in an emergency. Staff we spoke with told us there were occasions where shifts needed to be picked up by other staff, for example if a staff member called in sick, but these shifts were always covered.

We asked people and their relatives whether they felt there were enough staff and whether they came on time and stayed for the time they should. Everyone told us they felt there were enough staff. However, some people we spoke with and some staff told us changes to rotas were not always well communicated. For example, when changes were made to cover sickness absence. Comments we received included, "I get an e-mail with a rota to say who is coming and when. They are near enough on time but if they are going to be later than 5 minutes the ring me. They do stay for the full duration"; "Well no, they have travelling time and if one is going to be late the office don't always pass on the message – but that does not happen very often. They do stay for the full amount of time and sometimes go over a little bit"; "They send us a rota which gives us the times they are coming but they hardly stick to it. The rota the carers are given is different to what we have. If they are going to be late the office very rarely ring. They never leave before their time they go out of their way to help me" and; "Sometimes they have to be late depending on what has happened to their last client – they have had to stay with me on more than one occasion. They let me know and they always stay for the full amount of time".

We discussed the feedback we received with the registered manager. They confirmed they would look into this. Following our inspection, we received an update from the registered manager. They explained they had carried out visits to clients and held meetings with carers and care managers to explore this issue. They told us they had found these concerns only related to one area the service covers. They had reminded managers of the importance of good communication and had put measures in place to ensure administration staff contact people where there is any change to their rota.

The provider operated safe practices in relation to the recruitment of staff. We looked at personnel files of three staff who had recently been recruited. We found the provider ensured written references from previous employers and checks with the Disclosure and Barring Service (DBS) had been carried out before they started work. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. This helped to ensure only candidates of good character were employed to work at the service.

We looked at how the service managed people's medicines. We saw staff had received training to administer medicines and checks on staff competency had been carried out by senior staff. People's medicines were checked by staff at each visit and by senior staff during audits. We saw where any issues were identified, senior staff ensured appropriate action was taken. For example, we saw from supervision records, managers had conversations with staff about any errors and staff were retrained and monitored before they could administer medicines again unsupervised. During our visits to people's own homes, we saw staff followed best practice guidance when administering medicines. Most people we spoke with managed their own medicines. People for whom the service administered medicines confirmed staff ensured they received them when they should and did not raise any concerns. This showed the service had systems to ensure the safe and proper management of people's medicines.

When we last inspected the service in March 2017, the registered manager had just introduced new risk assessment and care planning systems. At that time, we rated the Safe key question as 'Requires Improvement' because concerns had been raised about risk assessments prior to the inspection and we needed to see improvements in practice had been embedded. During this inspection, we saw improvements had been made. We looked at how the service assessed and managed risks to people's health and well-being. We saw a thorough assessment of people's needs had been undertaken before they received a service. These assessments were reviewed and updated, where necessary, on a monthly basis, or more frequently, in line with changes in people's circumstances. We saw risks were assessed as part of this process and measures had been put in place to lessen any risks to individuals. We saw staff followed these measures during visits and people confirmed they did so. For example, one person was assessed as being at high risk of falls. We observed staff encouraging the person to use their walking stick. The person told us staff are always reminding them to use it, to reduce the risk of falls. This showed the service had systems in place to assess and lessen risks to people's health and well-being.

We looked at how the service minimised the risk of the spread of infection. We saw staff had received training on infection control and staff we spoke with understood their responsibilities. We saw during our visits to people, and people we spoke with confirmed, staff used personal protective equipment, such as gloves and aprons, appropriately. This helped to protect people who used the service and staff against the risk of the spread of infection.

Good

Is the service effective?

Our findings

People we spoke with were all complimentary about how skilled staff were and felt the support they received was effective. Comments we received included, "This firm has gone to town – I have the best carers in the world"; "The carers I have are absolutely superb"; "They are not medically trained like district nurses but they go over and above what they should do because they have looked after me so well. I could not cope without them" and; "Yes, they get training on all sorts of things to do with their job. They are pretty well prepared. If they are not sure about anything they call the office".

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.

We looked at how the service gained people's consent to care and treatment in line with the MCA during this inspection. We found the principles of the MCA were consistently embedded in practice. The service provided a service to people who may have an impairment of the mind or brain, such as dementia.

When we last inspected the service in March 2017, we made a recommendation to the provider regarding the way they recorded assessments of people's capacity to make decisions and decisions made in people's best interests to ensure it was in line with best practice guidance.

During this inspection, we saw staff had recorded assessments of people's capacity, where appropriate, and any decisions made in their best interests clearly, following best practice guidelines. Best interest decisions involved the person themselves as far as possible and those who knew them well. Details were also recorded of whether the person had given power of attorney to another person and whether the person had made any advance decisions.

We reviewed people's care records and spoke with people about how they made choices in relation to their care. People told us they had discussions with senior staff about the care they needed and wanted, which was used to inform their care plan. People we spoke with told us they had signed to say they gave their consent to receiving the service. We saw care plans had a section for people to sign, which was completed in the records we looked at.

During our visits to people in their own homes, we observed staff gained people's consent before carrying out any tasks or personal care interventions. They also offered people choices and helped people to maintain their independence. People we spoke with confirmed the care they received and the tasks completed by staff were of their choosing. One person told us, "You only have to ask and, without hesitation, it's done."

We looked at how the service supported people to have sufficient amounts to eat and drink. We saw people's written plans of care included detail about the person's needs and preferences in relation to food and drink. The information guided staff on when to prepare meals and drinks for people. Additionally, during our visits, we saw carers ensured people had snacks and drinks to hand if they needed them. People we spoke with told us staff made sure they had plenty to eat and drink. Comments included, "They get, and make, my meals for me. I can choose what I want – I had a bacon butty this morning." Another person commented, "They make me sandwiches and snacks – They are very good."

We saw people's records contained information about what food and drinks staff had made and what people had actually eaten. The registered manager told us they monitored everybody who was at risk to ensure they had sufficient amounts to eat and drink. People we spoke with confirmed staff made sure they had drinks and snacks to hand, if required, in between visits. Where concerns were raised about someone's nutritional intake, staff sought advice from healthcare professionals.

We saw assessments were carried out prior to anyone being accepted into the service to ensure that people's individual needs could be met. The provider was working with other health care services, such as district nurses, to meet people's health needs. Care records contained information about the individual's ongoing care requirements. Records also contained a one-page profile, which gave key information about the person, their health needs and communication needs, for example. This helped to ensure important information was shared with other services when required, such as if the person had to go into hospital. People told us staff supported them with their health needs. Comments we received included, "They usually do notice if I am not feeling very well and they will pass that back to the office and if they think I need a doctor they will call them." And, "Once [name removed]'s blood sugar level was too high so the carer rang the hospital and someone came out."

We looked at how the provider ensured staff received sufficient training and support in order to provide an effective service. Staff told us and records confirmed, staff received a comprehensive induction, which included shadowing more experienced staff. Staff told us they felt this prepared them for the role. Further training was provided on topics such as dementia and diabetes, in order for staff to be fully equipped to meet the needs of people who used the service. Staff told us they felt well-supported by senior staff. They told us, and records confirmed, supervision sessions were carried out where performance, any concerns and personal development were discussed between the staff member and a senior member of staff. In addition, staff told us they could approach senior carers, or management at any time if they needed support with work or personal matters.

Good

Is the service caring?

Our findings

We received consistently positive feedback from people who used the service and their relatives about the approach of staff and how caring the service was. People told us they had built good relationships with staff who cared for them. Comments we received included, "They are very caring, they always ask if I need anything"; "The carers are a fantastic group"; "I am well looked after and my kids are happy and content with them as well" and; "They really like my wife and she gets on with them all."

Staff had a good understanding of protecting and respecting people's human rights. Staff had received training which included guidance around equality and diversity. We discussed this with staff; they described the importance of promoting everyone's uniqueness. Staff took a sensitive and caring approach, underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society. Policies and procedures the service had made reference to ensuring people were not discriminated against.

People we spoke with confirmed they had been involved in planning the care and support delivered to them. We saw people's likes, dislikes and preferences had been used to inform care planning. The registered manager confirmed people were involved in the care planning process as far as they were able. Where people were unable to contribute to care planning, people who knew them well, such as relatives, had been involved. Comments we received from people about their plans of care included, "I have agreed it and if I want to change it they review it with me." And, "I have agreed it and someone has been recently to look at it. If something needs changing it will be changed." A person's relative told us, "I have my wife's care plan. It is updated quite regularly, the manager comes round to go through it."

Staff understood the importance of respecting and promoting people's privacy and dignity. Staff told us and records confirmed they had received training on these subjects. During our visits to people, we observed staff promoting people's dignity. People we spoke with gave us examples of how staff ensured their privacy and dignity were respected. For example, one person told us, "The first thing they do, when giving care, is close the door and shut the curtains." Another person told us, "I need them to help me get changed and they always want to take me into the bedroom and close the curtains – even though nobody can see in."

People and their relatives told us the service supported people to be as independent as they were able. One person told us, "I have gone to the physio and they were surprised at what I can do and that is down to the carers." A relative we spoke with said, "My mother can walk a few steps and they encourage her."

Good

Is the service responsive?

Our findings

Everyone we spoke with told us staff understood people's needs and what was important to them. People received a personalised service, which met their needs. One person told us, "When I was having to go to the hospital for appointments the service worked flexibly around this and changed my visit times so that I could still receive them." Another person said, "If I need anything I just ask the staff or call the office, they will always accommodate me." Everyone we spoke with told us they were satisfied with the care and support they, or their relative, received.

We looked at what arrangements the service had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. People's communication needs had been assessed during the initial assessment and then at each review of their plan of care. We saw for one person, whose first language was not English, the service had arranged for family members to attend for care reviews and meetings, in order to translate for the person. For other people who, for instance had limited verbal communication or cognitive difficulties, guidance was included in plans of care for staff to follow in order for communication to be as effective as possible. The registered manager explained they were going to continue to look at how they could make information more accessible. The service already provided their service user guide in various formats upon request.

When we last inspected the service in March 2017, we found inconsistencies in the level of detail in people's written plans of care and reviews of care had not been carried out regularly. Since that inspection, the registered manager had introduced new systems around care planning and we found improvements had been made. We looked at care plans for each of the 11 people we visited and a further three people's care records when we visited the office. We found regular reviews of care were documented and people's needs and preferences were planned for according to their current circumstances. During visits to people, we observed staff followed the guidance in people's plans of care. Each person we spoke with and care managers told us reviews were carried out on a monthly basis, or when a change in someone's circumstances occurred. However, people's involvement was not always documented. We discussed this with the registered manager and care managers who told us they would ensure this was recorded. Following our inspection, we received an update from the registered manager. They told us people's involvement in reviews was now being recorded in a section of their written plan of care.

At the time of our inspection, the service was not providing end of life care. We discussed end of life care with the registered manager. They had recently sourced training for the staff team in this area and more training was due to be rolled out. They were aware of best practice guidelines to identify, record and meet people's end of life wishes. We saw care plans had a section for recording this detail and discussions with several people who used the service had been recorded.

People told us they were encouraged to raise any concerns or complaints. The service had a complaints procedure. We looked at eight complaints that had been received since our last inspection. Information was available to show how those complaints had been reviewed, investigated and responded to. People we spoke with said they felt comfortable raising concerns if they were unhappy about any aspect of their care.

Comments we received included, "I had to [complain] once and it was resolved very much to my satisfaction." And, "I have made a few minor complaints but they were always sorted to my satisfaction – they do listen."

The service used technology effectively to share information with staff. An electronic system was used for staff rotas and call logging, which made monitoring calls easier for managers. Additionally, staff were able to access important information about people on their smartphones. This helped to ensure any important changes were communicated to staff.

Good

Is the service well-led?

Our findings

We discussed how well-led the service was with people who received a service, their relatives and staff. Except for changes to rotas not always being communicated effectively, we received positive feedback. Comments we received included, "They provide a brilliant service"; "They go over and above – I appreciate them" and; "I think within the limits [financial] they do provide a good service. I would not go anywhere else."

We saw the registered manager used a range of methods to monitor the quality of the service. These included monthly safety calendars, care plan audits, medicines audits, monthly reviews of care, satisfaction surveys and spot checks on staff. We saw evidence that where issues were identified, the manager ensured action was taken by staff to improve the service.

We saw evidence the service gained feedback from people, their relatives and staff about their experiences of the service. This was by way of satisfaction surveys and monthly care reviews for people who used the service and relatives. Staff feedback was gained during supervision sessions, through a staff survey, team meetings and general day to day contact. We saw the registered manager took action on any information about shortfalls in the service. The registered manager accepted our feedback about changes to rotas not being communicated well enough and confirmed this was an area they would be looking into following our inspection.

When we last inspected the service, in March 2017, there had been a period of instability within the management team in the months leading up to that inspection. Additionally, the registered manager had just introduced new systems and documentation in order to improve the service people received. At that inspection, the service was rated 'Requires Improvement' because we needed to see new systems and practices embedded before we could judge the service to be 'Good'. During this inspection, we saw the service had sustained these improvements.

Staff we spoke with told us there was a truly caring ethos within the service. They told us they worked together as a team to ensure people received the care they needed. Apart from the issue with changes to rotas, staff told us they felt the service was well-led. Staff confirmed they had seen improvements in documentation and organisation since the last inspection. The registered manager explained they wanted to continue to drive improvements within the service.

We found the management and staff team were open and transparent throughout the inspection and provided us with all the information we asked for. They were receptive to the feedback we gave and were keen to improve the service.

Providers of health and social care services are required to inform the Care Quality Commission, (CQC), of important events that happen in their services. The registered manager of the service had informed CQC of significant events as required. This meant we could check appropriate action had been taken.

There was a registered manager in post. The service had on display in the reception area and on their website the last CQC rating, where people who visited could see it. This is a legal requirement from 01 April 2015.