

Advanced Home Care Limited

# Suite 4,5,6,7,8 Enterprise House

## Inspection report

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13 August 2015

16 September 2015

17 September 2015

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## Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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 took place on 13 August 2015. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure there would be someone available to provide us with the necessary information. We also carried out visits to people in their own homes on 16 & 17 September 2015.

The service is a domiciliary care agency, which provides support with daily living and personal care to 130 people who live in the Fylde and Wyre areas. The service operates out of well-equipped offices in the centre of Kirkham. The offices are easily accessible for clients.

The service has a registered manager in place. 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.

We spoke with people who used the service, some relatives and staff during the inspection. The feedback we received from people was positive. People expressed satisfaction with all aspects of the service provided and spoke highly of staff and managers. People who used the service told us they were treated with compassion and kindness and that their privacy and dignity were respected.

There were effective systems in place to assess and manage risks to people's health, safety and wellbeing. Staff were fully aware of personal risks people's faced for instance, in relation to their health or mobility, and the measures they should take to support people safely. However, we found that assessments for two people we spoke with had not been reviewed and updated for some time. We have made a recommendation about this.

Staff were fully aware of their responsibilities to safeguard people they supported from abuse. Staff were able to speak confidently about their role in safeguarding people and told us they were confident managers would support them if they raised any concerns.

The service worked well to help ensure people received effective health care support from other agencies. People who required assistance to take their medicines were provided with safe support. However, we found the provider did not routinely record checks on staff competence with medicines. They assured us they would address this following our inspection. We have made a recommendation about this.

People's care plans reflected their individual needs and personal wishes. People told us they were involved in the development of their care plans and were enabled to express their views on an on-going basis.

Staffing levels were carefully assessed and regularly reviewed. This helped to ensure people received a consistent and reliable service.

Staff at the service were carefully recruited and were required to undergo a number of background checks prior to starting their employment. This helped to ensure only people with the correct skills and of suitable character were employed.

Staff received training in a number of topics, which helped to enable them to have the skills and knowledge required to meet people's needs effectively. The provider was reviewing staff training at the time of our inspection and hoped to increase the variety of training for staff.

There were systems in place which enabled the registered manager and provider to monitor the quality and safety of the service on an on-going basis so that any areas for improvement could be promptly identified and addressed.

## 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.

Two out of the ten people we spoke with had not had their risk assessments reviewed and updated regularly, which left them exposed to the risk of receiving care that was potentially unsafe, due to changes in their circumstances.

The service had implemented safe practices around the proper management of medicines. However, no formal checks of staff competence in administering medicines were undertaken or recorded. We have made a recommendation about this.

The service ensured staff were aware of their responsibilities with regard to keeping people safe and staff were able to confidently recognise signs of abuse. Staff were familiar with procedures to report concerns about someone's safety.

There were sufficient numbers of care workers to keep people safe. Staffing levels could be adjusted according to changes in people's needs.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

People received support from the service which met their needs and wishes.

People experienced positive outcomes as a result of the service they received and gave good feedback about their care and support.

Staff were provided with training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively.

People were supported with their health and dietary needs.

**Good** ●

### Is the service caring?

The service was caring.

**Good** ●

People told us that staff supported them in a kind and compassionate manner.

People reported that care workers respected them and supported them in a manner that promoted their privacy and dignity.

People felt able to express their views about their care and support. Their care was provided in a way that reflected their individual needs and wishes.

### **Is the service responsive?**

The service was responsive.

People received a reliable and consistent service.

People's individual needs and preferences were taken into account by the service and care was planned accordingly.

People felt able to raise concerns and had confidence in staff and managers to resolve any issues appropriately.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Staff described a positive culture within which they could be open about concerns they had.

Systems were in place to regularly assess, monitor and improve the quality of the service delivered to people who received support.

**Good** ●

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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.

The inspection took place on 13 August 2015. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure there would be someone available to provide us with the necessary information. We also carried out visits to people in their own homes on 16 & 17 September 2015.

The inspection was carried out by one adult social care inspector.

Prior to our visit, we reviewed all the information we held about the service, which included all the events the provider and other people had notified us about.

During the inspection we spoke with five people who used the service in their own homes, spoke with a further five people over the telephone and spoke with two people's relatives. We spoke with seven staff members, as well as the registered manager, the office manager and the nominated individual for the provider company. We consulted local authority commissioners and community professionals who supported people who used the service and received two responses.

We closely examined the care records of five people who used the service. This process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and wellbeing.

We viewed a selection of records including some policies and procedures, safety and quality audits, five staff

personnel and training files, records of accidents, complaints records and minutes of staff and management meetings.

# Is the service safe?

## Our findings

People we spoke with expressed confidence in the service and told us they felt safe receiving care. Comments we received included; "I always feel very safe"; "Oh, heavens, yes. I feels safe" And; "Yes I feel safe".

A safeguarding policy was available and care workers were required to read this and complete safeguarding training as part of their induction. Care workers were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Care workers were provided with contact details for the local authority on a key-ring, along with other useful information. One member of staff told us; "I wouldn't hesitate to raise concerns if I noticed something wasn't right". The registered manager understood their responsibilities with regard to raising safeguarding concerns.

We saw that any accidents or adverse incidents were carefully recorded and analysed to ensure any preventative measures to stop similar events from happening again, were identified and action taken. For example, following an incident where care staff were unable to access a person's house, the service had reviewed and implemented a new 'No Entry' policy and procedure which had been cascaded to staff. This would help reduce the likelihood of the incident reoccurring.

Assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. This included environmental risks and any risks due to the health and support needs of the person. Risk assessments included information about action to be taken to minimise the chance of harm occurring. Some people had restricted mobility and information was provided to care workers about how to support them when moving around their home and transferring in and out of chairs and their bed. However, we found that assessments for two people we spoke with had not been reviewed and updated for some time. This left them exposed to the risks of receiving care that was potentially unsafe, due to changes in their circumstances. We have made a recommendation about this.

There were sufficient numbers of care workers available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. These could be adjusted according to the needs of people using the service and we saw that the number of care workers supporting a person was increased if required. Nobody we spoke with had any concerns about staffing levels within the service. People we spoke with told us that staff turned up when they should and stayed for the length of time they should, the majority of the time. People were accepting of exceptions to this, for example when a member of staff was delayed because they were waiting for another service to visit someone who was poorly. In these cases, if staff were going to be considerably late, people would receive a call from the office to inform them.

We spoke with managers and staff and looked at personnel files of five staff to check that the service followed safe recruitment practices. We found the service operated thorough recruitment procedures which included a formal, written application form and formal interviews.

Prior to commencing employment, new employees were required to undergo a number of background checks including a full employment history, reference requests from previous employers and a DBS (Disclosure and Barring Service) check, which would show if they had any criminal convictions or had ever been barred from working with vulnerable people. This helped to ensure that only suitable staff, of good character, were employed to support people.

Records showed and staff told us that a thorough induction had been provided at the start of their employment. The induction covered important areas such as safeguarding and health and safety and helped ensure staff were competent to support people in a safe manner.

People we spoke with who received support to take their medicines generally expressed satisfaction with the way this support was provided. People told us staff were careful to make sure they received the right medicines at the right time. However, one person's relative explained that sometimes they felt their loved one received paracetamol doses too close together. We looked at the medicines administration book for this person and found that on occasion, doses were given less than four hours apart. We raised this with the service provider who assured us they would look into and remedy this immediately following the inspection.

All the staff we spoke with confirmed they had received training in the safe management of medicines. This information was also confirmed by records we viewed. However, we noted that the service did not carry out any formal competency checks with regards to medicines administration. We have made a recommendation about this.

People's medicines were stored appropriately in their own homes and accurate records were kept of when medicines were administered. We looked at a selection of Medicines Administration Records (MARs). The MARs were completed correctly and no errors or unexplained omissions were noted.

We were able to confirm that people's medicine care plans were updated at regular intervals or when any changes were required. For example, when GPs had made changes to people's medication regimes, we saw their records had been updated accordingly and reflected the required changes.

There was clear guidance in place for staff regarding safe medicines management, which covered areas such as safe storage and administration and the use of homely remedies. The guidance also covered procedures to follow in the event that someone refused to take their prescribed medicines, or in the event of an error being made.

We would recommend the provider explores a robust method of ensuring people's risk assessments are reviewed and updated regularly and in line with changes in people's circumstances.

We would recommend the provider explores a robust method of assessing, monitoring and recording staff competence with regard to administration of medicines.

## Is the service effective?

### Our findings

People we spoke with told us that care workers were well trained and were competent in their work. Several people told us that the care workers went over and above their duties to make sure people were well looked after. One person said, "They know me well and know what they are doing". Another person said, "Things are running really smoothly. They're reliable and they make sure everything I need is in place". A relative said, "Most staff seem well trained, some are better than others".

People were supported by care workers who had the knowledge and skills required to meet their needs. All staff that we spoke with said that they were fully supported by the registered manager. Staff explained that they completed training courses when they first started with the service and spent time shadowing more experienced members of staff before working on their own, once they were competent and confident. Care workers had received training in areas that included safeguarding vulnerable people, communication, first aid, dementia awareness, food hygiene, health and safety, moving and handling and infection control. Future training had been arranged in areas that included the Mental Capacity Act 2005, DoLS and challenging behaviour. The provider was reviewing the training programme at the service and looking to source more topics of training in order to meet people's more diverse needs.

Staff received support to understand their roles and responsibilities through their induction training and supervision sessions with their line manager, on a one to one and a group basis. However, we received mixed responses from staff about how frequently supervision took place. When we discussed this with the provider, they explained they had already identified this as an area for improvement and were implementing a new system, whereby they could better monitor completion of staff supervision sessions.

People's care plans contained a medical history and an overview of any health care needs they had. We saw that staff worked in partnership with health care professionals to ensure people received care that met their needs. All contact with health care professionals such as GPs or district nurses was recorded on people's care plans. Care staff we spoke with expressed satisfaction with the arrangements to meet people's health care needs and felt the service worked well with community health care professionals.

People were happy with the support they received to eat and drink. A nutritional risk assessment was carried out for people who used the service to ensure any risks relating to poor nutrition or hydration were identified and addressed. This meant care workers had guidance on how to promote people's safety through adequate nutrition and hydration. Any support required in relation to preparing food and eating and drinking was documented in people's care plans and people expressed satisfaction with this aspect of support.

People were supported at mealtimes to access food and drink of their choice. The support people received varied depending on people's individual circumstances. Some people lived with family members who prepared meals. Care workers reheated and ensured meals were accessible to people who received a service from the agency. Other people required greater support which included care workers preparing and serving cooked meals, snacks and drinks. Care workers confirmed that

before they left their visit they ensured people were comfortable and had access to food and drink.

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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The provider and registered manager had completed a training course on the MCA and DoLS and were undertaking work to implement effective systems and processes to ensure that people's ability to make decisions and best interest decisions were made in line with the MCA code of practice. Staff we spoke with were not able to explain sufficiently what the MCA and DoLS were. The provider explained that they were currently making arrangements for staff to receive training and guidance on the MCA and DoLS. During our inspection, we did not find any cases where people were being deprived of their liberty and no one the service supported was subject to a DoLS authorisation.

We observed care workers gained consent before supporting people and acted in accordance with their wishes. People's care plans contained consent forms which were signed by the person who was receiving support.

The service worked with people to implement a 'Better Living Plan' which helped people to access other services and make subtle improvements to their surroundings and routines which resulted in positive outcomes for them. This part of the service had only been implemented shortly before our inspection but was due to be rolled out across the whole service in the coming months.

## Is the service caring?

### Our findings

People we spoke with told us they were treated with kindness and compassion by a caring staff team. People told us; "They're all lovely, I've no complaints"; "They are very respectful, kind and patient" And; "They are always very pleasant and respectful". Relatives confirmed they always found staff polite and that they treated their loved ones with respect and in a kind and caring way.

People told us they were, in general, satisfied with the consistency of carers, which they felt allowed them to get to know their carers well. However, two people we spoke with explained that there had been occasions when a care worker they had not met before had come to deliver support. They told us they understood that sometimes staff sickness or other issues may mean that someone else had to come to them, but they would have preferred to be told before-hand. We fed this back to the provider who assured us they would make arrangements for people to be informed in cases like this.

Staff members we spoke with were knowledgeable about the needs of the people they supported and spoke about them in a respectful manner. One care worker told us, "We get to know people very well. The people we care for are very important to us, I'm sure the whole team thinks the same." Several people we spoke with and staff alike gave us examples of where staff have gone above and beyond their duties. For example, alerting people to having left windows open in the evening, if they are passing and going to the shop for people if they have forgotten something, even if not on a scheduled call. People we spoke with really appreciated this aspect of the service.

We observed carers during visits to two people's homes. We saw positive interactions between staff and people who used the service. Care staff were respectful and patient with people at all times and treated them with dignity.

Each person's care plan we looked at contained guidance for staff about respecting people's personal choices and promoting individuality. We also noted that people's care plans contained details about any preferences they had in relation to whether a male or female care worker supported them. Where people had a preference, this was noted and in discussion, we were able to confirm always adhered to.

Most people we spoke with told us that communication with the service was good. However, two people we spoke with told us that sometimes they found it difficult to get through to the office via telephone. We discussed this with the provider who explained that if the office phone is not answered in a short period of time, the call is diverted to the managers' mobile phones, so that there is always someone to take the call.

## Is the service responsive?

### Our findings

People we spoke with expressed satisfaction with the service. Comments we received included, "Its very good, Last year I had some problems with one carer, but it's all sorted out now"; "I think it's great, things are running really smoothly" And; "I've no complaints. I choose what time they come and what they do. It works for me".

We looked at a selection of people's care plans which were kept in the person's home and a copy in the service office. The care plans we looked at were comprehensive and contained a good level of information for carer staff. We saw a daily report book and medication book was completed during each visit to provide up to date information.

We found that people's care plans were well detailed and person centred. They included information about people's daily care needs, their preferred daily routines and the things that were important to them. Care plans were well organised and provided easy access to information about people.

People received personalised care that was responsive to their individual needs and preferences. People told us that the service was responsive in changing the times of their visits and care staff were responsive in completing care and support tasks, on request. Care workers were knowledgeable about the people they supported. They were aware of their preferences, as well as their health and support needs, which enabled them to provide a personalised and responsive service. People told us about examples of where the service had suggested accessing other services. For example, to obtain mobility equipment which helped make tasks easier for people.

Each person who used the service was provided with a service user guide, which provided details about the service provided and other important information such as the complaints procedure. People we spoke with told us they were confident that the service would manage complaints appropriately, but had not had any cause for complaint.

This was with the exception of two people, one service user and one relative of a person who used the service. The service user explained that they had raised concerns about the reliability of a particular staff member. The registered manager had then taken steps to address concerns to the satisfaction of the person. The relative we spoke with told us that they had raised a complaint which was currently being addressed. We looked at the complaints procedure and the complaints log for the service and discussed the management of complaints with the provider. We saw that complaints were handled in line with the service's policy and where possible, an amicable solution was reached. Complaints received were monitored by the provider for trends and themes which may indicate areas for improvement.

People were encouraged to express their views and opinions in a number of ways, through direct communication with managers, reviews of care plans and the customer satisfaction survey which was conducted on a regular basis. Results of the satisfaction survey were analysed and any areas for

improvement were noted and addressed.

## Is the service well-led?

### Our findings

People who used the service and their relatives knew how to contact a manager if necessary. We saw this information was provided in the Service User Guide as well as advice about how to contact an on call manager in the event of an out of hours emergency. People we spoke with told us they had confidence in the management team at the service and found them approachable.

The service was broken down into geographical areas with different team leaders for each team. The provider and registered manager oversaw the whole service.

Staff described a positive culture within which they could be open about concerns they had. One care worker said; "I feel really well supported" And another told us; "It's a great place to work, the management are very good with everything".

All staff members we spoke with were fully aware of the service's whistleblowing policy and told us they would be confident to use it if necessary. One comment made was, "It's important that we are able to whistle-blow if we think something isn't right and we would be supported to do so."

Staff confirmed that regular team meetings and individual supervisions were held, during which they were provided with information about the service. In addition, the meetings provided the opportunity for them to express their views and opinions. However, the frequency of individual supervisions varied for different staff teams. The provider had identified this as an area for improvement and work was underway to improve consistency for staff supervision.

There were a number of systems in place to enable the registered manager and provider to monitor standards of safety and quality across the service. These included regular audits carried out in areas such as care planning, service assessments, environmental checks and staff records. The provider was currently undertaking work to improve and increase the suite of audits that was available and to include other areas, such as medicines management and staff training.

Spot checks took place on a regular basis during which all aspects of a care worker's performance were assessed. In addition, spot checks of records such as those associated with medicines administration were also regularly undertaken.

There were processes in place to oversee adverse incidents such as safeguarding concerns, complaints or accidents. We were advised all such incidents were carefully monitored and analysed by the provider who could identify any trends or areas for improvement.