Advanced Home Care Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Advanced Homecare is a domiciliary care agency, which provides support with daily living and personal care to 234 people who live in the Fylde and Wyre areas. The service operates out of offices in the centre of Kirkham. The offices are easily accessible for clients.

The service had a registered manager. 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 were informed by the Provider that the manager who is registered with CQC no longer carried out this role. A new manager had taken over the service and was in the process of registering with CQC at the time of our inspection.

Prior to our inspection concerns had been raised with us about nutrition, hydration, medicines, inconsistencies in care records and instability in management. We used the opportunity to ensure the provider had taken action to ensure people who used the service received safe, effective, compassionate, high-quality care.

There had been instability among the management team which had led to communication issues prior to our inspection. The manager was confident they now had the right people in place. Staff and people we spoke with told us the service had improved recently.

The provider had introduced monitoring systems to protect people against the risks of poor nutrition and hydration. People told us staff supported them to make sure they ate and drank enough to keep them well.

We found inconsistencies in the level of detail recorded in people's written plans of care. The manager was introducing a new care planning system to address this, which contained more detail to guide staff.

The provider had safe systems to ensure people received the right medicines at the right time when supported by staff. The systems were newly introduced and good practice needs to be shown to be sustained in this area.

We last inspected the service in August and September 2015, when we found the provider was meeting the requirements of the regulations. Following that inspection, we made two recommendations.

The first was for the provider to ensure people's risk assessments were kept up to date in line with any changes in circumstances. The second, for the provider to ensure staff competency with regard to medicines administration recording. We found improvements had been made in both these areas. However, we found there had been recent issues regarding risk assessments including nutrition, hydration and medicines. These were highlighted as part of safeguarding investigations by the local authority. We saw the manager had introduced new systems to try to ensure people received safe care and support.

People had signed their care plans to say they consented to their package of care. However, we found assessments of people's capacity to consent and decisions made during best interests processes were not clearly recorded. We have made a recommendation about this.

People and their relatives told us they felt safe with staff. Staff had received safeguarding from abuse training and understood their responsibilities to report any unsafe care or abusive practices related to the safeguarding of vulnerable adults. Staff we spoke with told us they were aware of the safeguarding procedure.

The provider had recruitment and selection procedures to minimise the risk of inappropriate employees working with vulnerable people. Checks had been completed prior to any staff commencing work at the service. This was confirmed from discussions with staff.
We found staffing levels were regularly reviewed to ensure people were safe. There was an appropriate skill mix of staff to ensure the needs of people who used the service were being met.

New systems to manage risks and plan care and support for individuals had been implemented, following concerns raised through local authority safeguarding investigations. As these systems were new, we were unable to see the impact they had on the quality of care provided.

We found people had access to healthcare professionals and their healthcare needs were being met. We saw the management team had responded promptly when people had experienced health problems.

We observed care staff gained consent from people before any care or support was provided.

Staff told us they felt supported by the management. Staff received regular supervision and appraisal. Staff received training to enable them to undertake their role effectively. Training was under review by the manager.

Everyone we spoke with gave positive feedback about how caring staff and the service they received was. People told us they were treated with dignity and respect.

Staff had a good understanding of people's individual needs. People told us staff ensured all their care and support needs were met during each visit.

The provider had a suitable complaints procedure. People were given a copy when they started using the service. We saw complaints were handled in line with the provider's policy.

We received positive feedback from people, their relatives and staff about the management of the service.

The provider had a range of methods to gather people's views of the service, including surveys and review meetings. The manager had introduced more comprehensive audits and checks to monitor the quality of the service provided to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

New risk management systems and medicines management systems had been introduced following concerns raised during safeguarding investigations.

Staffing levels were sufficient to support people safely. Recruitment procedures were safe.

There were suitable procedures to protect people from the risk of abuse.

Is the service effective?

Requires Improvement

The service was not always effective.

Assessments of people's capacity to make decisions and best interests processes were not always recorded in detail.

Staff had the appropriate training and regular supervision to meet people's needs. However, the manager had identified additional training which staff required to deliver a good quality service.

New systems had been implemented to monitor people's weight and help protect them against malnutrition and dehydration.

Is the service caring?

Requires Improvement

The service was not always caring.

People did not always know which staff would visit and when, because they had not been provided with a rota.

The level of person-centred information in people's care plans was inconsistent. The manager hoped this would be addressed by the introduction of new care planning systems.

Staff had developed positive caring relationships and spoke about those they visited in a warm compassionate manner.

People and their representatives were involved in making decisions about their care and the support they received.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Some care records did not contain enough detail to guide staff on how care tasks should be completed.

Reviews of people's care were not always undertaken regularly. Care plans did not always reflect people's current needs. A new system of care planning and monitoring had been introduced to address this.

People told us they knew how to make a complaint and felt confident any issues they raised would be dealt with.

Is the service well-led?

Requires Improvement

The service was not always well led.

There had been instability within the management team. This had led to issues with communication which had put people at risk.

People we spoke with and staff all said they had confidence in the management team and could approach them with concerns and suggestions.

The management team had oversight of and acted to maintain the quality of the service provided. New quality assurance systems were being introduced by the manager to help further improve the quality of the service.

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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 22, 23, 27, 28, 29 March 2017 and was unannounced on the first day when we visited the service's offices. The provider knew we would be visiting people in their own homes and speaking with people and staff via telephone on the following days. We visited the offices again on 23 and 29 March.

The inspection team consisted of two adult social care inspectors.

Prior to this inspection, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are submitted to the Care Quality Commission and tell us about important events that the provider is required to send us. We spoke with the local authority to gain their feedback about the care people received. At the time of our inspection there were some safeguarding concerns being investigated by the local authority, which we discussed with the manager. This helped us to gain a balanced view of what people experienced who accessed the service.

We visited nine people in their own homes and spoke with six relatives. We spoke with 16 staff members, including the manager, managing director, two care managers, administration staff and ten care staff.

We reviewed seven people's written plans of care and support, as well as three staff personnel files. We also looked at medicines administration records and a variety of other records related to the management of the service.

Requires Improvement

Is the service safe?

Our findings

When we last inspected the service, we made two recommendations. The first was for the provider to ensure people's risk assessments were kept up to date in line with any changes in circumstances. The second recommendation was for the provider to ensure staff competency for medicines administration was recorded. We found improvements had been made in both these areas. However, we found there had been recent issues regarding risk assessments including nutrition, hydration and medicines. These were highlighted as part of safeguarding investigations by the local authority. We saw the manager had taken on board recommendations and had introduced new systems to try to ensure people received safe care and support.

We asked people whether they felt safe with staff and whether staff turned up when they should. One person told us, "I feel safe with them. They always come when they should." Another person said, "They have improved over the last few months, they're on time within a few minutes." Relatives we spoke with spoke positively about how safe the support their loved ones received was.

Staff we spoke with told us, and training records confirmed, safeguarding had been covered as part of their induction and during ongoing training. This helped to ensure staff knew how to recognise the signs of abuse or unsafe practice and how to report concerns. Staff we spoke with told us they would raise any concerns with the management team or directly with the local authority if they felt this was necessary. Staff had been provided with contact details to enable them to do so.

The manager had recently introduced new risk assessment and care planning systems which were being implemented across the whole service in a staged approach. This was in response to concerns raised about the quality of information and the monitoring of risks. Particular concerns had been highlighted about the service not documenting people's food and fluid intake and their weight. Concerns had been raised about care plans not being detailed enough to guide staff to deliver the support people required, safely.

We looked at written plans of care when we visited people in their own homes. We found assessments of people's needs and plans to support them had been recently reviewed and were reflective of their circumstances. This helped to ensure staff delivered the support people needed. However, out of the seven care plans we reviewed, two lacked detail with regard to how staff should support people to ensure their needs were met safely. We discussed this with the manager who assured us the new care planning system being introduced would address these issues.

The service supported a number of people with their medicines. People we spoke with told us they were happy with the support they received. However, concerns had been raised through local authority safeguarding investigations that medicines procedures were not sufficiently robust to ensure people's safety. For example, staff had administered incorrect doses of medicines to people. We saw the manager had taken action in response to these concerns. They had consulted with people who had agreed to have monitored dosage systems introduced to their homes. They had introduced better recording for medicines administration and had ensured the staff team were retrained on the safe administration of medicines.

Additionally, we found the manager had introduced more thorough competency checks for staff who administered medicines. This showed the provider had safe systems in place to ensure people received the right medicines at the right time when supported by staff. The systems were newly introduced and good practice needs to be shown to be sustained in this area.

We spoke with managers and staff and looked at personnel files of three staff to check the service followed safe recruitment practices. We found the service operated thorough recruitment procedures that 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 people who may be vulnerable. This helped to ensure only suitable staff, of good character, were employed to support people.

People, their relatives and staff we spoke with told us they felt there were sufficient numbers of staff deployed to ensure people's needs were met safely. We looked at how staff were deployed and saw staff were allocated visits to people within a geographical area that enabled them to attend each person's visit in good time. No-one we spoke with told us they had any missed visits. People told us staff were usually on time within five or ten minutes, which they felt was acceptable. People also told us staff stayed for the length of time they were due to visit for.

The provider used an electronic system to monitor when staff arrived and left people's houses. This showed what time staff member arrived for a visit, how long the visit was supposed to last and how long staff stayed. This enabled managers to analyse the data for any trends or themes, for instance if a particular staff member missed visits or, for instance, if visits to a person were consistently taking longer than was booked for. The manager told us this information helped them to make sure staff were attending allocated visits. It also enabled the manager to, for example, discuss poor timekeeping with staff.

Requires Improvement

Is the service effective?

Our findings

People we spoke with, and their relatives, told us they felt staff were competent and had the skills to support people effectively. Comments we received included, "They are really good. They always make sure I have something to eat and drink." And, "They all know what they're doing, they're very professional. A relative we spoke with told us, "They are really good carers. They look after [relative] well."

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.

We checked whether the service was working within the principles of the MCA. The manager demonstrated an understanding of the legislation as laid down by the MCA. The manager had sourced training for the management team on the MCA and was in the process of training the staff team.

We observed care workers gained consent before supporting people and acted in accordance with their wishes. People we spoke with told us they had been involved in developing the care and support the service provided to them and staff always followed their instruction. People's care plans contained consent forms which were signed by the person who was receiving support, or where appropriate, a person acting on their behalf. However, we found assessments of people's capacity to consent and decisions made during best interests processes were not clearly recorded.

We recommend the service reviews the way they record assessments of people's capacity to make decisions and decisions made in people's best interests to ensure they are it is in line with best practice guidance.

Prior to our inspection, we received concerning information about how the service monitored people's weight, as well as the amount they ate and drank. We saw the manager had recently implemented new assessment and monitoring systems. These included the Malnutrition Universal Screening Tool (MUST), weekly or monthly weight monitoring, and food and fluid intake monitoring. The level of monitoring was dependent on the level of assessed risk to each individual person. We saw records which confirmed monitoring was taking place. Care managers had responsibility for ensuring monitoring was undertaken as required and any concerns were raised with the manager. The manager told us this gave them good oversight of the risks associated with people's nutrition and hydration needs. We saw where concerns were raised about people's weight, referrals had been made to external healthcare services for their input. These measures helped to ensure people were protected against the risk of malnutrition or dehydration.

People we spoke with were satisfied with the level of support they received to eat and drink. Staff we spoke with told us they ensured people had sufficient amounts to eat and drink. This included preparing meals for people during visits and making sure people had access to food and drink in between visits. We saw the support people required was documented in their written plan of care to guide staff.

During this inspection, we investigated how the provider ensured staff had the skills and knowledge to carry out their role. There was a structured induction process. When new staff were employed, they completed an electronic learning package and shadowed staff that were more experienced before they carried out tasks unsupervised. Staff received practical load management training delivered by one of the management team. This helped to ensure staff had the skills and knowledge they needed to deliver effective care and support to people. All staff were either working towards or had completed a recognised national qualification in care.

We spoke with the registered manager about training. They explained they had reviewed the training on offer for staff and had concluded the electronic learning package was not sufficient. They had brought in external trainers to provide additional training for staff in areas such as medicines administration, the MCA, as well as various other topics, relevant to caring for people in their own homes. They also confirmed they were reviewing the electronic learning package to improve the information and guidance this offered staff.

We asked staff if they felt supported by the management team. They told us they received regular supervision and appraisals. Supervision was a one-to-one support meeting between individual staff and a member of the management team to review their training needs, role and responsibilities. Staff told us they felt supported by the management team and had benefitted from the training that had been provided recently.

People's care plans contained a medical history and an overview of any health care needs they had. We saw 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 we spoke with told us staff did not hesitate to call a doctor if they were unwell.

Requires Improvement

Is the service caring?

Our findings

We asked people and their relatives whether they though staff were caring toward them. Responses we received were positive and included, "[Staff member] is like my adopted daughter. They're lovely. One fetched me flowers the other day." And, "They're really good to us. We've built up a good relationship." Another person told us, "The staff that come are lovely, absolutely lovely. They've got to know us and built up a good relationship. They brighten our day." A relative told us, "They are lovely people. Even the manager is a good carer."

We observed how care staff interacted with people during our visits to people's homes. We saw staff treated people with respect and kindness, showing genuine concern for people they supported. People told us staff were patient and treated them with dignity.

We looked at staffing rotas and spoke with people about the consistency of the staff team they received on visits. People told us they usually had the same group of staff who came to support them, but on occasion different staff would attend. People told us although they would like the same staff to support them each visit, they realised this may sometimes not be possible and were happy with the level of consistency they received. People we spoke with and staff both told us they had been able to build positive caring relationships because they had been able to get to know each other through regular visits.

Staff we spoke with were able to describe the needs of people they supported and spoke about people with fondness. Staff even went as far as describing treating people they supported 'like family'. This was echoed by people we spoke with who told us "nothing is ever too much trouble" for staff.

We asked people how they would rate communication with the service. People told us they generally though it was satisfactory. Staff told us the out of hours 'on call' service, if they needed to contact a manager had improved greatly. However, some people told us they did not always know who was coming and when. We discussed this with care managers and the manager who explained people usually received a rota via email, if they had asked for one. They confirmed they had not approached each person who used the service to ask whether they would like a rota and whether they would like a hard copy each week. Additionally, we were told the rotas were emailed out on a Monday morning, but by Thursday of the week of our inspection, the rotas still had not been emailed out to people. We were assured by the manager this was an area they would address following our inspection.

People we spoke with told us, and records we looked at confirmed, people were involved in the care planning process as far as they were able. People also told us they were asked for their opinions during reviews of the care and support provided to them. This helped to ensure people's preferences were taken into account in the way the service was delivered to them.

We saw people's written plans of support contained varying levels of information about people's life histories and preferences. The level of person centred information in some plans was good, whilst in others it was lacking in detail. Care managers confirmed it was sometimes difficult to get information from people

and those close to them in order to inform care planning. This was an area that had been identified by the manager to be addressed during the ongoing review of care planning documentation.

Requires Improvement

Is the service responsive?

Our findings

People we spoke with, and their relatives, told us they were satisfied with the service they received and it met their individual needs. Comments we received included, "They do everything I need them to do." And, "[Care manager] comes quite regularly to make sure everything is ok for me. She asks what I think about the staff and everything." A relative told us, "They do everything they should. They are always brilliant."

Staff had a good understanding of people's individual needs. Staff we spoke with were able to share people's likes and dislikes which showed their ability to be responsive and deliver care that was person centred. The manager assessed each person's needs before agreeing to provide a package of care to them. This helped to ensure the service was able to meet people's individual needs.

We looked at written plans of care and support for seven people who used the service, both in the office and in people's own homes. The plans we looked at enabled us to identify what tasks staff undertook to support people with their daily routines and personal care needs. People we spoke with told us staff do what they need them to do and they could ask staff to complete additional tasks if there was time left before the end of their visit.

However, we found inconsistencies in the level of detail recorded. In some cases, we found there was a lack of detail about how care and support should have been provided. For example, staff were able to describe the steps they would take to support one person to get dressed in a morning. However, this was not recorded. Not having this information recorded may have led to inconsistencies in how different staff members provided care and support to the person.

When we discussed this with the manager, they assured us this would be addressed by the introduction of new care and support planning documentation. We looked at the new paperwork and found it was more comprehensive. The new plans would give staff more person-centred detail about how care should be provided for each person. The manager told us this would help to improve consistency in the way care and support was delivered.

The manager told us they encouraged people and their families to be involved in their care. People and their relatives we spoke with told us they had a review visit from a senior member of care staff. The visit provided the opportunity for people to influence the support that was delivered to them, by reviewing their package of care. People told us they were involved in planning their support, which staff visited and at what time the visits took place.

However, we found reviews of care were not always undertaken regularly. For example, one person's plan of care had not been reviewed since July 2016 and was not in line with a community care plan which had been produced by healthcare partners. This meant written plans of care may not have met people's needs in line with their current circumstances.

We found there was a complaints procedure, which described the investigation process, and the responses

people could expect if they made a complaint. Staff told us if they received any complaints or if they had any concerns or complaints they would approach the manager. We saw evidence where complaints had been received and responded to in a timely manner, in line with the provider's policy. This showed the provider had a suitable procedure to manage complaints.

Each person who used the service received a service user guide. This gave people useful information about what they could expect from the service, including contact details and a copy of the complaints procedure.

Requires Improvement

Is the service well-led?

Our findings

People told us they felt the management team were good and there was strong leadership from the manager. Comments we received from people and their relatives included, "It's been a little chaotic, but since [manager] started, things have settled down." And, "[Care manager] is great. She's on the ball with everything. She'll come every so often to make sure everything is ok." Staff we spoke with told us they had confidence in the manager and care managers and they felt the service had improved in recent months.

The service was organised into different teams in geographical areas. Each team had a senior member of care staff and a care manager who provided leadership and support in their area. The manager oversaw the whole service and provided support and guidance for the care managers. People we spoke with and staff told us they were always able to speak with a manager if they needed to. They commented there had been improvements recently with regard to getting through to someone at the office when they called.

Prior to our inspection we received concerns about the management of the service. During our inspection, we looked at how the service promoted an open and positive culture, which incorporated these concens. Staff described a positive culture and told us things had improved since the manager started in their role. Staff told us they felt they were supported and were encouraged to raise concerns and make suggestions. Staff told us they were confident they could raise any concerns and knew they would be taken seriously.

The provider had various methods in place to gather feedback about how the service was performing. These included service user surveys, meetings to review people's packages of care, regular staff meetings and a staff survey. Issues, concerns or ideas that were identified by these processes were discussed by management with a view to improving the service delivered to people.

The manager and care managers carried out spot checks on staff to ensure they were providing a good level of care. Spot checks were carried out regularly and recorded. These visits enabled the managers to observe care staff delivering care and support to people. Where any issues were highlighted, we saw constructive feedback was provided to staff to help them improve their practice. If there was a significant shortfall in a staff member's performance, we saw the manager brought them in to the office for a supervision session to discuss the concerns and to identify a course of action, such as re-training in a particular area. This showed the provider had a system to monitor staff performance to ensure the service being delivered was of a good standard.

In the months prior to our inspection, we received information from other agencies and from the provider, which showed there had been a degree of instability within the management team. There had been performance issues with care managers who no longer worked for the service. The issues included not communicating effectively which meant some people had been left at risk of receiving a service that did not meet their needs. The manager told us they were confident they now had the right people in place and had seen improvements in communication and how the service was operating.

The manager had reviewed the quality assurance systems the provider had available and had begun to

introduce additional audits and checks. These included checks on areas such as care planning, weight monitoring, staff training and medicines management. Some audits and monitoring systems had only been introduced recently so we were unable to see what impact they had on the quality of the service provided.

The improvements we could see with regard to leadership and the way the provider assessed, monitored and improved the service were positive. However, these are areas where we would need to see sustained improvements in practice over time, in order to be able to improve the rating for this key question.

We found the registered manager knew and understood the requirements for notifying CQC of all incidents of concern and safeguarding alerts as is required within the law. We noted the provider had complied with the legal requirement to provide up to date liability insurance. There was a business continuity plan to demonstrate how the provider planned to operate in emergency situations. The intention of this document was to ensure people continued to be supported safely under urgent circumstances, such as the outbreak of a fire at the office or loss of utilities.