

Advanced Medcare Ltd

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Inspection report

Unit 7, Suite 704
Ashbrooke Park, Parkside Lane
Leeds
LS11 5SF

Tel: 07983591002

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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

About the service

Advanced Medicare is a domiciliary care agency providing personal care to adults living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. During our inspection visit, the service was caring for 28 people.

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

People and their relatives were overwhelmingly positive about staff and told us the service made them feel safe, promoted their independence and had a positive impact in their lives. One person told us, "Changing to Advanced [Medicare] was the best thing I ever did." However, during this inspection, we found some aspects of the service had not always been managed safely.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Risks to people's care were assessed and actions put in place to manage them. Incidents were analysed and actions taken, when required. The provider was not always recording when equipment used to move people had passed the relevant safety checks. Most areas of staff recruitment were safe, however, we reviewed evidence confirming some staff had started working before the required DBS checks had been completed. Medication was managed safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received support to maintain good nutrition and hydration and their healthcare needs were understood and met. The provider kept in close contact with relevant healthcare professionals.

The provider was caring for people with complex health conditions and some required end of life care. Care plans were detailed, and person centred. Staff knew people well and had the necessary skills, training and support to carrying out their jobs safely.

The service had not received any complaints. People and family members were confident that any concerns or complaints would be listened to and acted upon quickly by the registered manager.

We received very positive feedback about the registered manager being approachable and responsive. There was a clear vision about the quality of care the provided. The registered manager and nominated individual told us about their plans to further develop the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

Rating at last inspection

This service was registered with us on 10 October 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Advanced Medicare

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was conducted by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 September and ended on 11 October. We visited the location's office on 4 October 2022.

What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including information about important events which the service is required to tell us about by law. We requested feedback from other stakeholders. These included the local authority safeguarding team, commissioning team and Healthwatch Leeds. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

During the inspection, we spoke with four people who were using the service and seven relatives. We spoke with four staff members; this included care workers, the registered manager and nominated individual.

We looked at care records for three people using the service including medicine administration records. We looked at training, recruitment and supervision records for staff. We also reviewed various policies and procedures and the arrangements for quality assurance within the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Recruitment procedures had not always been followed. Staff had started working before DBS checks had been completed. Disclosure and Barring Service (DBS) had been completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. By the time of our inspection visit all checks had taken place and there were no safety concerns.
- Other aspects of recruitment were managed safely.
- People and relatives told us they were supported by a team of regular carers who arrived on time or were prompt in informing if they were running late. Comments included, "Time keeping is excellent;" "They are always on time" and "Timekeeping is good. They always call if the carer has been delayed by events at a previous call."
- There was an electronic monitoring system in place that allowed the registered manager to monitor call times and duration. This helped managed the risks of missed or late visits.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's care plans included risk assessments and the actions staff should take to minimise those risks .
- The provider was not always recording that the equipment staff used to support people with their moving and handling requirements was safe to use and had passed the Lifting Operations and Lifting Equipment regulations. We discussed this with the registered manager, we were assured there were no issues with the safety of the equipment and they took immediate action to record this information.
- Staff knew how to safely deal with accidents and incidents such as a medical emergency and were confident any concerns raised would be acted upon by management.
- The registered manager and nominated individual showed us how they monitored any accidents and incidents. Actions had been taken, where appropriate.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the care provided. Relatives told us their loved ones received safe care. One relative told us, "I have nothing but praise for how they keep [person] safe. For example, a carer rang me to say someone claimed to be a neighbour and wanted to visit [person]. We agreed this [person] should be asked to phone me, which they did not, so a potentially malicious caller was avoided."
- Staff demonstrated a good knowledge of the types of abuse, the safeguarding procedures and who to inform if they had any concerns.
- There were policies and procedures in place in relation to safeguarding and whistleblowing. In our

conversations with the registered manager, we were assured that appropriate steps would be taken, when required, to protect people from abuse, neglect or harm and the relevant authorities contacted.

Using medicines safely

- People received their medication safely. Medicines management systems were well organised and people were receiving their medicines when they should. People told us they were happy with the support they received from staff to administer their medicines, including prescribed creams. One person told us, "[Staff] come mainly to help me with my medicines, which has helped me a lot." One relative said, "[Staff] are absolutely rigid about administering medicines properly and on time, including applying prescribed creams. [Staff] always let me know in good time about any need for re-ordering."
- The provider conducted regular medication audits and when issues were identified these were addressed quickly. For example, the registered manager had identified additional detail was required in some 'as and when' required protocols and we saw this work was happening.
- Staff were trained in the administration of medicines and could describe how to do this safely. Their competency had been checked regularly.

Preventing and controlling infection

- People were protected against the risk of infections. Staff had completed training in infection control and food hygiene and told us protective equipment was made available.
- People told us staff used the equipment appropriately which helped to protect people against risks of cross contamination.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before the service began to provide care and support. One person said, "Three of the office staff came to do an initial assessment with me and we agreed a care plan, which I have a copy of."
- People's needs in relation to the protected characteristics under the Equality Act 2010, were considered in the planning of their care. For example, people's communication requirements were assessed and included in their care plans as well as people's health conditions and the impact it had on them.

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

- People's nutritional requirements were included in their care plans. Care notes described the support provided around people's nutrition and hydration and was consistent with their planned care.
- People told us staff supported them in line with their preferences and offered them choice. One person commented, "I have particular nutritional needs and part of the care plan is to support that, including support to my own involvement in food preparation. For example, I can start chopping an onion, but [staff] need to support and possibly finish the job."

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

- The service kept in close contact with families and relevant healthcare professionals such as district nurses and social workers for guidance and support.
- The registered manager and staff were knowledgeable about people's health needs and people had been referred to health professionals when required, to address any changes in their needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of

Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People told us staff asked for their consent before supporting with care tasks.
- Consent forms had been signed and the registered manager complied with the requirements of the MCA.

Staff support: induction, training, skills and experience

- People and relatives told us staff had the skills and knowledge to provide appropriate care. One relative told us, "We have never had any concerns about the quality of work done. [Staff] absolutely know how to manage a catheter."
- Staff completed a comprehensive induction and training programme. The provider had a regular programme of training for staff; records showed training was up to date.
- Staff were supported by regular supervision and told us their supervision meetings were supportive and they were able to discuss things that were relevant to their jobs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and committed to delivering high quality care which had a positive impact on people's lives. One person said, "It has not long started but has already made a big difference. The [staff] listen and try to understand what I struggle with, for example, getting out of bed, they see that it isn't that I'm lazy or lacking motivation, rather that with my condition I have better and worse days. I haven't been accustomed to such genuine communication with [staff] in the past." Another person commented, "I feel [staff] are like family to me."
- Relatives were equally pleased with the support provided by staff and their approach. Comments included, "There is a definite companionship element to the care provided" and "It is very much a sound working relationship, very respectful, in fact [staff] treat [person] like family."
- Care plans were person centred and included people's views about how they wished to be supported.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. One person told us, "[staff] give me the space to still try cooking and other things I find difficult but that are important to me. I felt fully involved, along with my [relative]. We decided at the same time to reduce my visits from three to two per day and it is working just right for me." Another person said, "I'm a wheelchair user. As well as [staff] help with washing and dressing, [staff] go out with me shopping. I like to be fully involved in my food shopping and preparation. I can't hold things, so I have ingredients ready for when [staff] arrive and [staff] help me prepare and cook them, then I can heat the meals later. If I want to do something special, such as go for a meal or to the cinema, I can arrange with [staff] to send a carer at a different time. Everywhere I've wanted to go, I have been able to. [Staff] work around me, not me around them."
- Staff gave us examples of how they respected people's privacy, for example, when supporting people with personal care.
- People's records were kept securely in the office and electronically.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People and relatives consistently shared positive feedback about the care being centred around people's needs and improving people's lives. One person told us, "Sometimes [staff] just sit and listen to me, that means a lot to me for my mental health. I asked for just a small number of staff, not that they haven't all been very nice, but some things I want or need something done in very particular ways and prefer to have the people who do those things best. I have two very regular care staff and we get on really well." A relative said, "They have enhanced [person's] life, in fact when [they] came out of hospital [person] was given a very short expectation of remaining life. [Their] physical and mental health have both improved and I think that's entirely down to the care team."
- People also gave us examples of staff being proactive in meeting and how they anticipated people's needs. One person said, "They were helping me wash and dress after I came out of hospital, and it was their staff that alerted on finding dropped or forgotten tablets, so the care plan was changed to include them taking over responsibility for my medication. I feel I am definitely improving as a result of getting regular meds."
- People's care records were person-centred. These included personal information about people and relevant people involved in their care. Some people using the service required palliative care, this support was recorded, and relevant professionals involved.

Meeting people's communication needs

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

- The service was working within the AIS. The registered manager told us how they made information available to people in different formats and changed their approach to facilitate communication, if required. For example, one person struggled with oral communication and preferred information being presented in writing, via text messages. This was recorded in their care plan.

Improving care quality in response to complaints or concerns

- The provider had policies and procedures in place to manage complaints and concerns. We reviewed how this was being managed and found it to be appropriate.
- People and relatives told us if they had any concerns they would not hesitate to discuss them with staff or

management and were confident their concerns would be acted upon.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us Advanced Medicare offered a high-quality care service. One person said, "They [staff] fully respect me and my home and have proved trustworthy." One relative told us, "I am listed as the primary contact for the family and [name of registered manager] phones periodically to ask how it's going. Equally I have been invited to contact them about any problems at any time, but there haven't been any. We had previous experience of care [for person] and it was terrible, lacking in good attitudes, empathy, willingness to do the work, all things now provided, the contrast is absolute." Another relative commented, "We are very happy with the service."
- The service proactively involved people and relatives and sought their views.
- There was an open culture within the service. Staff told us that the managers were supportive, that they could raise concerns with them and they would be listened to.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager was well known to people and relatives. One person told us, "I really feel [name of registered manager] cares and I can ask her to ring me any time. Staff were equally positive about the support provided by management.
- We reviewed the provider's quality assurance systems and these provided a good oversight of the service with regular audits of medication, care records, continuity of care and relevant aspects of service delivery. During this inspection, we found some improvements were required in how recruitment had been previously conducted but this had not been identified and addressed by the provider.
- The provider carried out regular spot checks to oversee staff performance and to check the quality of care and people's experiences. This ensured accountability.
- The provider was responsive and open with the inspection process; they quickly acted on the issues found and demonstrated a willingness to continuously learn and improve.

Working in partnership with others

- Evidence we looked at demonstrated the service consistently worked in partnership with the wider professional team such as GP and social workers.

- The registered manager told us they kept in contact with other local care providers to enhance their learning and share good practice.