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Advance Home Help and Support Services

Inspection report

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Date of inspection visit:
13 February 2020
14 February 2020

Date of publication:
26 March 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Advance Home Help and Support Services is a domiciliary care agency providing personal care to people living in their own houses and flats in the community.

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. At the time of the inspection the service was providing care and support to 17 people.

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

People were not always supported by staff who had consistently received the necessary training and support to fulfil the role they were employed to do. We have made a recommendation about this.

Quality assurance system and processes were not sufficiently robust and were not effective in addressing the concerns we found.

Recruitment at the service was safe and sufficient checks took place before people were employed to work with vulnerable adults.

Assessments of people's care and support needs were carried out before they started using the service.

People told us they were treated with respect, kindness and compassion. People were supported by a small but consistent staff team who knew them well.

Risks to people were assessed, monitored and reviewed regularly or when people's needs changed.

People were supported with their medicines safely; they received these on time and as prescribed. However, competency assessments to assess staff understanding and knowledge in medicines administration had not been recorded. We have made a recommendation about this.

People were supported with their nutritional and hydration needs where this had been identified as part of their care.

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.

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

Rating at last inspection

The last rating for this service was Good (report published 14 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement 

Advance Home Help and Support Services

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector and one 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 13/02/2020 and ended on 14/02/2020. We visited the office location on 13/02/2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not

asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, care co-ordinator and two support workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and unsafe care. People and their relatives told us they felt safe with staff supporting them. Comments included, "Yes, I feel very safe. They are very good", "We are absolutely safe. They are very lovely. If I ask them to do something, they do it" and "We feel safe with the carers. They are very capable."
- There were effective safeguarding systems in place and staff we spoke with were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures.
- Staff told us they would have no hesitation in reporting any concerns to the registered manager, and they were confident the registered manager would take necessary actions to safeguard people.
- There was a whistle-blowing policy in place and staff told us they knew how to raise any concerns confidentially with management and felt it would be actioned.

Assessing risk, safety monitoring and management

- Risks to people were identified, reviewed and managed to maximise people's independence. For example, where people experienced difficulties with their mobility, detailed guidance was in place for staff to follow to encourage people to mobilise safely using their mobility equipment.
- Risk assessments included environmental risks, and any risks in relation to the health and support needs of the person.
- Staff were kept informed of any potential risks before they went into people's home for the first time or when there had been any changes.

Staffing and recruitment

- Staff were recruited safely following the provider's recruitment processes.
- We saw checks were made before staff began work, including a Disclosure and Barring Service (DBS) check. The DBS check assists employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.
- There were sufficient staff to support people and to be able to deliver care safely. People told us they did not experience any missed calls. Comments included, "The carers stay for the allotted time. There have been no missed calls. I see the same carers which is nice" and "I see the same carers. They are on time. There have been no missed calls."

Using medicines safely

- People were supported with the administration of their medicines where this was identified as part of their care needs.

- People and relatives we spoke with confirmed they were supported to take their medicines on time and as prescribed.
- We looked at a sample of medication administration records (MARs) and saw that there were no gaps or errors in recording.
- Staff we spoke with told us they had their competency assessed done by the registered manager after they had completed training in administering medicines. However, the registered manager did not keep records of these.

We recommend that the registered manager review their processes and systems in place for completing and recording competency assessments.

Preventing and controlling infection; Learning lessons when things go wrong

- Systems were in place for reporting and recording any accident and incident which might occur whilst staff delivered care.
- There had not been any accident or incident reported since the last inspection.
- Staff we spoke with were clear on reporting procedures they needed to follow in the event of any accident or incident.
- The registered manager told us they would discuss any concerns or issues arising so that learning and awareness were promoted.
- Personal protective equipment such as gloves, aprons and shoe covers were provided for staff use. This helped to minimise the risk of infections spreading.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- We received mixed feedback on whether people felt staff were trained enough to support them. One person told us, "The temps (temporary care workers) are not ideal at all. Their care can be a problem at times. They are not always well trained. Some are very efficient and experienced, others less so."
- Other people and relatives commented, "They definitely understand how to look after me... They seem very well trained" and "They understand how to look after her. And they always alert me if they have concerns. They are well trained, and she generally sees the same carers. If a new carer is joining, they are always accompanied by one of her regular carers during the first visit to ensure continuity of care."
- The provider's training records evidenced that staff had not received regular training to support them to carry out their roles. We found that there were shortfalls in safeguarding adults, infection control, food hygiene, fire safety, MCA and first aid training. This meant that staff were not always supported to keep their knowledge updated in line with best practice.
- Staff told us they were supported by the registered manager through supervision meetings. However, records showed that supervisions had been inconsistent in the last 12 months.
- We discussed this with the registered manager who confirmed that they were aware of the shortfalls and were in the process of booking staff on the training and supervision they required.

We recommend that the service follow current best practice guidance to ensure staff receive appropriate training and support to meet the requirements of their job role.

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

- People's needs were assessed, in line with best practice, before they started using the service. This ensured that staff could meet people's needs and the service had the staff with the right skills mix to provide the care and support.
- Assessment covered people's physical, mental health and social needs. People's gender, culture and religion were also considered.
- The registered manager met with people, their relatives or representatives to discuss their needs and the support they required. The information in the assessment was used to develop the care plan.
- People's needs were continually reviewed and updated with involvement from people and their relatives.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's nutritional needs were identified in their care plans.
- Staff described how they encouraged people to eat and drink when they carried out their visits and said they made sure people had access to drinks in-between their visits.
- Where people were identified as being at risk of choking, they were assessed by speech and language therapist (SALT). Staff followed guidance provided by SALT and worked with relatives to support people to eat and drink safely.
- Most people who used the service made their own healthcare appointments and their health needs were coordinated by themselves or their relatives. However, staff were available to arrange and support people to access healthcare appointments if needed.
- Staff worked with health care professionals involved in people's care if their health or support needs changed.

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 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA. The registered manager demonstrated a good understanding of the MCA and staff understood how these principles applied to their role and the care they provided.
- Initial assessments took account of people's capacity and their consent had been sought about their care and support. One person said, "They always ask for my consent."
- Where people were unable to consent due to a lack of mental capacity, people's relatives and other representatives were consulted to ensure decisions were made in people's best interests.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 experienced good standards of care and were treated well by staff and the management team. People and their relatives told us staff were kind, friendly and treated them with respect. People said, "They certainly treat him with respect. They are quite friendly. We all get on remarkably well" and "They absolutely respect me. They are very friendly. They go the extra mile; if something is not finished, they will stay on beyond the allotted time to finish the task."
- People's care plans reflected their spiritual and religious needs. Staff knew about people's care needs and understood the importance of promoting equality and diversity, respecting people's religious and cultural beliefs and their personal preferences and choices.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives were supported to express their views. They told us staff involved them in decisions about their daily support and care.
- The registered manager met with people to plan and review the care and support they needed. This gave them an opportunity to involve people in making decisions about their care.
- People and their relatives told us that the registered manager encouraged their involvement in decision making and provided information to do this, for example, service user guide, surveys and telephone contact details to report concerns or make a complaint.

Respecting and promoting people's privacy, dignity and independence

- Care plans prompted staff to respect people's independence. Staff we spoke with told us they did their best to try and encourage people to maintain their independence in areas they could. For example, by taking care of their personal hygiene, brushing their teeth and mobilising using the necessary equipment.
- Staff told us about how they respected people's privacy by closing doors and curtains and using towels to preserve people's dignity when carrying out personal care.
- People's records and information were kept confidential and were accessible by authorised personnel only.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People received personalised care and support that was specific to their needs and preferences. People confirmed their care and support was planned and delivered in a way they wished.
- People and their relatives told us they were happy with the care and support provided. One person said, "I have no concerns. The care plan is reviewed every three months. The registered manager visits regularly."
- Care plans in place included information relating to people's history, social circumstances, and equality and diversity. This enabled staff to develop positive relationships with people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were included in their care plans to guide staff on how to ensure they had the information they required and in the right format.
- People confirmed they had access to information they could easily understand.
- The registered manager told us they reviewed people's communication needs in reviews or sooner if there were changes in needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to maintain relationships that mattered to them, to ensure they were protected from social isolation.
- Staff told us and people confirmed that staff spent time talking with them and were not rushed. People said, "They are very chatty, always talking about the old days" and "I am very, very happy with all of them. We often have a little chat."

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and people were provided a copy with their care plan documents when they started using the service.
- People and their relatives told us they knew how to make a complaint and that they had not had a need to raise one. A relative said, "I have no concerns, they have been very good."

End of life care and support

- At the time of this inspection the service was not supporting people with end of life care.
- People's preferences and choices in relation to end of life care was discussed as part of their overall assessment.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Whilst people and their relatives confirmed they were happy with the support they received and the care was person centred, we found that the registered manager had overlooked areas such as staff support and training needs. This meant that staff were not supported to keep their learning and knowledge updated in line with current guidance.
- Although there were some quality assurance checks carried out, these were not consistent and were not effective in addressing the concerns we found during the inspection. For example, the registered manager and staff told us spot checks and competency checks were carried out but these were not recorded.
- As the service was currently small and the registered manager was part of the team delivering care and support to people, which meant they had oversight of the care provided to people, the concerns we found did not place people at immediate risk. However, it was important they address the shortfalls to ensure safe and good quality care.
- We discussed the concerns we found with the registered manager and they informed us they were in the process of reviewing the service's structure to ensure they improve the service they were providing to people as well as the administrative aspects of the service to ensure maximum efficiency.
- The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008.
- The staff we spoke with understood and were clear about their responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The culture of the service was open and inclusive. The registered manager was honest about improvements they needed to implement, to ensure they continue to provide good quality care to people and drive the service forward.
- People and staff told us the service was well-led and they would recommend the service.
- The registered manager was open and transparent throughout the inspection and people and their relatives spoke highly of the registered manager and the service.

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

- Feedback from staff, people and relatives was sought via surveys, meetings and telephone calls. This helped the registered manager to gain feedback from people and relatives on what they thought of the service and areas where improvement was needed.
- Staff we spoke with said they felt part of the service and were keen to work with the registered manager.
- Staff were complimentary of the support they had received from the registered manager.

Continuous learning and improving care; Working in partnership with others

- There were plans in place for a foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk.
- The registered manager maintained regular contacts with staff to ensure they were updated on any changes. They also shared newsletters with staff as a way to keep them updated.
- The registered manager and staff worked with external health and social care professionals such as GPs, chemists and district nurses to ensure relevant information was passed on and there was continuity of care.