

Mrs Lesley Diane McDaid

Advance Home Help and Support Services

Inspection report

349 Ordnance Road
Enfield
Middlesex
EN3 6HF

Tel: 07950648301
Website: www.advancehomehelp.co.uk

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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

Advance Home Help and Support Services is a domiciliary care agency based in North London which provides care in the community, predominately in Enfield. This was an announced inspection and the service was given 48 hours' notice. This was to ensure that someone would be available at the office to provide us with the necessary information.

This inspection was the first inspection of the service since it was registered with the CQC in December 2013.

At the time of the inspection there were ten people using the service. The service provides personal care, escort and cleaning services to older people some of whom are living with dementia or have physical disabilities.

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.

People using the service and their relatives told us that they were very happy with the care and support that they received. Care staff knew the people they were supporting very well and carried out their duties with dignity and respect at all times.

Each person using the service had a care plan and a detailed overview of the care and support they required which was held at the persons own home. Care plans were reviewed regularly and updated where required. Care plans also included risk assessments with information on what the risk was and how these were to be managed to ensure people were kept safe from harm. However, the service had failed to complete a risk assessment for a person who had been prescribed a blood thinning medicine and was at risk of bleeding if they sustained a cut or injury. The registered manager was made aware of this and a risk assessment was compiled and was sent to the CQC the next day.

There was no available quality assurance audit system to ensure that internal systems and processes were checked in order to highlight issues and concerns so that the service could learn and improve. The main issue identified as part of this inspection was the lack of completed paperwork especially around the areas

of supervisions, appraisals, maintaining detailed care planning records and staff meetings.

The service had a supervision and appraisal policy. The supervision policy stated that staff were to receive supervision once a month. During the inspection, records that we looked at did not evidence that supervisions were taking place as per the policy. The service had also not completed any appraisals for its staff members.

Staff recruitment processes were robust. We looked at four staff files which showed that prior to employment of care staff all appropriate checks had been completed. Staff files showed two written references, identity and visa checks and criminal record checks.

People received care and support from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively. Most of the staff employed by the service were professionals within the adult social care sector. The registered manager explained to us that most staff employed by the service had received in-depth training through their own respective professions and brought this experience and knowledge with them to their role.

The provider had a complaints procedure which gave people direction on who to contact if they had an issue or concern to raise. We also saw a copy of this procedure within the care file held at people's own home.

At this inspection we identified two breaches of Regulation 17 and Regulation 18. These breaches were in relation to lack of supervision and appraisals for staff and lack of records.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. The service had policies and procedures in place for the protection of people from abuse. People and their relatives told us that they felt safe when the carers arrived and were kept safe from harm.

Care plans that we looked at identified risks associated with the care and support people received. However, one significant risk, although recognised, had not been recorded for staff to be aware of. This was put in place the day after the inspection.

We found that the service had safe and robust systems in place to ensure that staff were suitable to work with people.

The service had a medicines policy which covered administration of medicines and directions for staff on how staff should manage medicines and support people with medicines.

Is the service effective?

Requires Improvement ●

The service was not always effective. The service was not carrying out supervisions and appraisals in line with their supervision and appraisal policy.

Staff received training in specific areas where required. Most of the staff employed by the service were professionals within the adult social care sector and therefore had in-depth and detailed knowledge around the provision of quality care.

The registered manager and staff members were knowledgeable on how to assess and monitor's people's capacity to make decisions.

Is the service caring?

Good ●

The service was caring. The feedback we received from people using the service and their relatives informed us that the support people received was caring and considerate.

People who used the service told us that they received support from regular carers. This was confirmed by the care staff

providing the support.

People's care plans included detailed information about their likes and dislikes and their preferences. People's independence was promoted. Apart from supporting people in daily living tasks, staff also supported people to take part in activities and outings.

Is the service responsive?

Good ●

The service was responsive. The provider had a complaints procedure which gave people direction on who to contact if they had an issue or concern to raise.

We spoke to staff about supporting people with a person centred approach giving them the opportunity to make choices within their daily lives. Staff demonstrated an in depth understanding of person centred care and were able to tell us how they involved people as much as possible.

Is the service well-led?

Requires Improvement ●

People were very positive about the registered manager and how the service was run. People told us they received a good service.

There was no available quality assurance audit system to ensure that internal systems and processes were checked in order to highlight issues and concerns so that the service could learn and improve. The main issue identified as part of this inspection was the lack of completed paperwork especially around the areas of supervisions, appraisals, maintaining detailed care planning records and staff meetings.

We spoke with the registered manager about missed calls and how these were monitored. The registered manager told us that they have very few missed calls.

Advance Home Help and Support Services

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.

This inspection took place on 2 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office.

This inspection was carried out by two inspectors. Before the inspection we looked at the information we had about the service. This included notifications, provider information returns (PIR) and information provided by people's relatives and other professionals. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke to the registered manager, the care co-ordinator and a volunteer that supported the service with its administration. With prior permission we also visited two people within their own home. We reviewed six care plans and four staff files. We also looked at a number of other documents including a variety of policies and procedures, training records, complaints and compliments records and risk assessments.

After the inspection we spoke with one person using the service, two relatives of people using the service and two care staff. We also contacted Healthwatch Enfield to obtain any information that they had about the service.



Our findings

People that we spoke with told us, "I feel safe. I have never thought of not feeling safe." A relative told us, "My mother feels very safe with the carers."

The service had policies and procedures in place for the protection of people from abuse. The safeguarding policy was detailed and provided information about how to recognise the signs and symptoms of abuse and what staff should do if they were to witness any form of abuse. The registered manager and staff members were aware of their responsibilities in relation to safeguarding people. One staff member we spoke with told us that, "I haven't completely read the safeguarding policy but I know it's about protecting people from abuse – financial, sexual, physical, mental." Most of the staff employed by the service were working part time but also held full time jobs within the adult social care system. Staff that we spoke with were nurses, social workers and home managers by profession and therefore had in-depth knowledge and experience of safeguarding and what this meant in relation to protecting people.

Staff understood what was meant by the term whistleblowing and were aware of whom any concerns could be reported to, including external organisations such as the Care Quality Commission (CQC) and the local authority.

Care plans that we looked at identified risks associated with the care and support people received. As well as an overall environmental risk assessment that the service completed, specific risk assessments on file also included medicine risk assessments, bed rails, moving and handling, profiling bed and recliner chair. For one person the service identified concerns around overdosing of medicines where the person was forgetting that they had already taken their medicine. The service carried out a risk assessment to ensure that the person was protected from over dosing and systems were put in place whereby the care worker would administer the medicine as part of their daily call.

However, the service had failed to complete a risk assessment for a person who had been prescribed a blood thinning medicine and was at risk of bleeding if they sustained a cut or injury. The registered manager told us that all staff had been advised verbally on what to do if this happened but there were no written instructions on the care plan which gave direction to care staff in case of an emergency. We told the registered manager about this who assured us that a written risk assessment, with directions would be put into the care plan immediately. A copy of this was sent to us the day after the inspection.

The service held an accident and incident book. This book recorded details of any incidents or accidents

that had occurred, the time of the incident and what action was taken. The last recorded incident occurred in March 2016. We looked at the records for the most recent incident which had taken place. We also looked at the records of the person held at their home to cross reference what recording had taken place. The incident was where the person had fallen out of bed and had called the community alarm. The provider had made appropriate records of the fall within the daily records as well as recording this within the incident book in the office.

The service employed 13 staff members. No concerns were noted in relation to shortage of staff. People we spoke with told us that the service was reliable. One person told us, "Staff have been introduced to me. They are quite good and on time and someone rang me to tell me she was on her way as she was late." One staff member told us, "If I am running late, I will call them."

We looked at recruitment records for four staff members. We found that the service had safe and robust systems in place to ensure that staff were safe and suitable to work with people. Criminal record checks were carried out prior to a staff member starting work. Each file contained two written references and proof of identification which included documents such as bank statements and national insurance documentation. The service also obtained paperwork to evidence staff member's legality to work in this country. However, on the day of the inspection we found that one person's visa had very recently expired. We highlighted this to the registered manager who assured us that they would obtain confirmation from the staff member about their visa status with proof of legality to work.

The service had a medicines policy which covered administration of medicines and directions for staff on how staff should manage medicines and support people with medicines. The policy also covered what action staff should take in the event of a medicine administration error. We saw records confirming that staff received training in medicine administration and staff that we spoke with also confirmed this. People we spoke with told us that staff supported them with their medicines. One person told us, "They help me out with a lot of medicines and the team deal with my medicines." The same person also told us that the registered manager supported them to attend regular blood test appointments which were required due to the medicines that they had been prescribed.

The service also held drug information leaflets especially for common medicines prescribed to older people. These were available for staff and provided them with information about what the medicines were to be used for, how it should be administered and any potential side effects.



Our findings

People that we spoke with told us that the staff that supported them had the knowledge and skills to look after them properly. One person told us, "Staff are trained, the registered manager picks them out very carefully." Another person told us, "They know what they are doing."

People received care and support from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively. Most of the staff employed by the service were professionals within the adult social care sector. The registered manager explained to us that most staff employed by the service had received in-depth training through their own respective professions and brought this experience and knowledge with them to their role. In addition to this the provider organised in house and online training programmes in particular areas such as medicine management and food hygiene. Each staff member had a training matrix within their file which listed all the training they had received and the year they completed the training. Certificates were also available on staff files confirming this.

One staff member that we spoke with told us that the provider was funding them to achieve their NVQ Level 5 in care. The registered manager also explained to us that being a small agency, it had been difficult funding a full programme of training which included induction training as well as delivering training in all mandatory areas. However, the registered manager was keen to ensure that they begin delivering this in the future.

The service had a supervision and appraisal policy. As per the supervision policy staff were to receive supervision once a month. Staff that we spoke with told us that they did receive supervision and felt supported in their role. One staff member told us, "I have supervision at work. The registered manager will go out with me and complete supervision." However, this was not reflected within the records we looked at. Staff files did not evidence that staff members were receiving supervision as per the provider's supervision policy. The provider had also not completed annual appraisals for any of the staff team members.

This was in breach of Regulation 18 (2) (a) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Supervision forms that had been completed covered topics such as company ethos, what had changed with service, roles and responsibilities, client issues, safeguarding and staff development and training.

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.

The provider had a clear understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). A MCA policy was available which outlined the five main principles of the MCA and included guidance on making decisions in a person's best interest. The registered manager told us, "We go out to see people with the understanding that everyone has capacity. If we find that they lack capacity we then speak to the family and contact the GP."

Staff demonstrated a good understanding of the MCA. One staff member told us, "If the person doesn't have capacity, let them know what you're doing. Inform them of steps taken. Need to inform them, inform somebody."

People told us that staff always sought prior consent before carrying out any tasks. Care plans evidenced that consent to care was obtained and where possible care plans were signed either by people themselves or where they were unable to sign a relative had signed on their behalf. The registered manager told us "The care plans are shown to the person and/or family member. We try to get them to sign them." People we spoke with also confirmed that they had consented to the care that they received.

The service provides care to people within their own home. The service was not involved in menu planning for people, however, people did require support with preparing basic meals or heating up pre-ordered ready meals. The service also supported some people with going shopping and ordering meals which got delivered to the persons own home. Care staff were not always able to monitor peoples food and fluid intake as they were only available at the persons home for a limited period of time and in some instances only once during the day. However, if staff did have any concerns about a person's poor food and fluid intake, these were noted in the daily record notes and highlighted to the registered manager and/or family members. One person told us, "The evening staff prepare my meal. They pick out two or three options and give me a choice." The same person also told us, "The registered manager takes me to the supermarket so that I can do my shopping." Another person told us, "My son brings in my meals and the care staff prepare the meals for me."

Care plans that we looked at contained detailed information about people's likes and dislikes and health care needs. An overview of their care had been compiled which was kept in a file at the persons home so that staff had a one page reference guide to how the person wanted to be supported. The care plan listed options the person liked for breakfast, how to use the kitchen appliances to cook the breakfast and detailed instruction on how to dispose of waste.

The registered manager and staff told us that, as this was a very small agency with only ten people using the service, they knew the people very well and if they had any concerns in relation to someone's health or care needs they would report immediately to the registered manager or the person's relative. Where a person was living independently and was unable to access any professional healthcare support, people told us that the registered manager was always available to organise such referrals and appointments on their behalf.



Our findings

People told us that the staff were very caring. One person told us, "The carers have been brilliant. They have always done above and beyond their call of duty." Another person told us, "I'm quite happy. It's like a social occasion. They know what they are doing." A relative that we spoke with told us, "The registered manager and her crew are wonderful. They are so kind and considerate; they are a wonderful group of people. Absolutely amazing!" One staff member described caring as, "It's natural. I'll put the person in my place."

The registered manager had also received written compliments from people and their relatives who were using or had used the service. Comments included, "[Name of registered manager], thank you to you, for taking the time out to come along yesterday. I still can't believe it. We are lucky to have found you. Thanks again for everything." Another comment stated, "Just a note to say thank you for looking after my relative during their illness and the flowers you sent for their funeral."

People's care plans included detailed information about their likes and dislikes and their preferences. One care plan that we looked at noted very detailed personal care instructions and the person's preferences. For example, the person had requested a female carer and the door to remain closed when supporting with personal care. Although we saw that care plans were detailed, for some people the care plan record held at the office had not been completed in its entirety. An overview of the care required was devised and this was held at the person's home in their care file. For one person's record we looked at we could only see personal details had been recorded and no further information was available. The registered manager assured us that all relevant information could be found at the person's home and that they were in the process of ensuring all documents held centrally contained all the relevant information required.

People and their relatives told us that they had been involved in the care planning of the support that they required and the reviewing process of this support when necessary. Records that we looked at recorded dates of review and noted any changes. One person confirmed this by telling us, "I recently did have a review of care that we (registered manager) completed together."

People said that staff respected their privacy and dignity and offered them choice in how they received their care. Staff also told us about how they promoted people's independence and provided people with dignity and respect. One staff member told us, "If I know they are able, I won't do everything for them. If they can wash face, body – as much as possible – I will monitor them making tea/coffee."

People's independence was promoted. Apart from supporting people in daily living tasks, staff also supported people to take part in activities and outings. We found that the service worked well at respecting people's right to maintain as much autonomy as they could and to follow their chosen lifestyle. One person told us that they were supported by the service to attend weekly church services. The service also organised annual trips to the garden centre and the sea side.



Our findings

Everyone that we spoke with were confident any complaints or concerns were dealt with immediately. People and their relatives told us that the registered manager was always available and always dealt with any issues or concerns they raised straight away.

The provider had a complaints procedure which gave people direction on who to contact if they had an issue or concern to raise. We also saw a copy of this procedure within the care file held at people's own home. The service had no recorded complaints. The registered manager told us that they always dealt with any minor issues immediately where no further action was required. However, as small as the concerns were, these had not been recorded. The registered manager informed us that they will be putting a log book in place as a way of recording even minor issues raised.

Staff were also aware of how to deal with complaints. One staff member gave us the following example; "We listen to both sides. In December/Jan – one of the clients called at 7:30. The carer went in at 5. We apologised to the client and the carer was cautioned."

People told us they received regular care staff who supported them and with whom they were able to build a relationship with. One person told us, "We get along really well." The registered manager told us that staff were always scheduled, where possible, to work with the same people. New carers were never sent to any person without prior introduction taking place. A relative told us, "The registered manager has always been very consistent with the care provided. There has always been the one carer, the same carer and this is very important as my relative has dementia."

We spoke to the registered manager about how they ensured that people received the care they required. The registered manager told us that due to the small number of people they provide support to; they are able to visit all the people on a regular basis. The registered manager also formed part of the rota and therefore personally provided support to people. However, the registered manager told us of plans to introduce spot checks and shadow forms from this month onwards. These would then be recorded and used for monitoring purposes.

We spoke to staff about supporting people with a person centred approach giving them the opportunity to make choices within their daily lives. Staff demonstrated an in depth understanding of person centred care and were able to tell us how they involved people as much as possible. One staff member told us, "Hard to explain. I would ask which colour are you choosing today? I give them a choice, what they would like to wear

or what they would like to eat." Another staff member told us, "When a carer from Advance Home Help and Support Services provides care, we know that they will be person centred and not rushing to go to the next client."

The service responsive to the changing needs of people. The registered manager gave an example of when a person had an initial diagnosis of Vascular Dementia and the registered manager disagreed with the diagnosis and pushed for the person to be reviewed. The diagnosis was subsequently changed to Lewy Bodies Dementia and the person's medication was changed. The person's condition significantly improved over the course of six months. During the inspection we visited this person and could clearly see that they were happy, well cared for and in good health.

Care staff recorded their daily interactions on daily recording sheets which were held at the person's home. Notes included details of how the person was and the tasks that were completed. These sheets also included the time the carer arrived and the time they left. Care plans had recently been reviewed. The registered manager told us about plans to introduce mini reviews every month from February 2016. The provider planned to employ a reviewing officer who would be responsible in ensuring these reviews took place.



Our findings

People were very positive about the registered manager and how the service was run. People told us they received a good service. One person told us, "The manager does things for me that are outside her remit. I feel able to speak to her," Another person told us, "I tell the registered manager the way it is. I have a very good relation with the registered manager and the team." Relatives that we spoke to were also very complimentary of the registered manager and the staff team. One relative told us, "Communication is very, very good and very prompt. If the carer is going to be late the registered manager will communicate with us." Another relative told us, "The registered manager is absolutely wonderful. She communicates loads with the whole family regularly."

Staff that we spoke with were very positive about the registered manager. They told us that the registered manager was always available and very supportive. One staff member told us, "I have learnt a lot from the registered manager. I know what she stands for and what we look for in care." Another staff member told us "the registered manager is very professional and very particular about the staff she employs." Care staff that we spoke with were very clear about the providers values and beliefs. When asked whether they themselves would use Advance Home Help and Support Services for their relatives the responses we received included the following, "I would recommend for all my family. I wouldn't be here otherwise" and "I am thinking of moving my relative here so that Advance can put carers in to support them." The same care worker also told us, "I would recommend Advance to anyone who requires a person centred, client focused service."

Care staff told us that the registered manager communicated with them regularly either by telephone or by text message. We spoke with the registered manager about staff meetings and how often these were held. The registered manager told us that it was very difficult holding staff meetings as mostly all the staff that worked for the service also held full time employment elsewhere and would not be available to attend the meeting. The registered manager told us that they had started producing a newsletter for staff. One newsletter had been produced in May 2015 and was emailed out to staff but no further newsletters have been produced since then. The registered manager told us that they were due to begin producing these again on a monthly basis.

We spoke with the registered manager about missed calls and how these were monitored. The registered manager told us that they have very few missed calls. The last one being last year where there was a mix up with the carers rotas. The registered manager immediately apologised to the person and their family about the miscommunication. This incident had not been recorded but the registered manager told us that they do plan to keep a book to log all missed calls as and when they happen so that these can be monitored.

The registered manager told us that they have not carried out any annual satisfaction surveys since they began providing a service. People and relatives also confirmed that they had not received and completed any questionnaires. However, people and their relatives did tell us that regular feedback is always requested by the registered manager over the phone.

There was no available quality assurance audit system to ensure that internal systems and processes were checked in order to highlight issues and concerns so that the service could learn and improve. However, people and their relatives who used the service were able to provide feedback to the registered manager and felt confident that the manager took on board their comments and acted accordingly.

The main issue identified as part of this inspection was the lack of completed paperwork especially around the areas of supervisions, appraisals, maintaining detailed care planning records and staff meetings. We spoke with the registered manager about this who agreed that this was the main area that she had been unable to concentrate on. The registered manager went on to tell us that when they started this service the aim was to provide an outing and shopping service for the elderly. The registered manager was very open about the fact that the paperwork was not current and in some areas not available. However, this was due to the fact that they had concentrated on providing a good standard of care and that the registered manager also formed part of the rota which meant they had less time to spend in the office updating records.

This was in breach of Regulation 17 (1)(2)(a)(b)(c) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The service did not have effective systems in place to record and monitor the quality and safety of service provision in order to improve, learn and develop. Regulation 17(1)(2)(a)(b)(c).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff supervision was not consistent in line with the provider's policy and staff appraisals were not taking place which meant that staff performance was not being effectively monitored and reviewed. Regulation 18 (2)(a)</p>