

Advanced Care Yorkshire Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection of Advanced Care Yorkshire Limited took place on 16 and 17 June 2016 and was unannounced. At the last inspection in August 2013 the service met all of the regulations we assessed under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These regulations were superseded on 1 April 2015 by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Advanced Care Yorkshire Limited provides care and support to adults and children in their own homes in Hull and the East Riding of Yorkshire area. People that use the service may be elderly, disabled or have a medical condition, which means they require support with their daily living, personal care or health care. The service is a medium sized service, providing support to approximately 80 people who are supported by 45 support workers.

The registered provider is required to have a registered manager in post. On the day of the inspection there was a manager that had been registered and in post for four and a half years. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 were protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Support workers were appropriately trained in safeguarding adults from abuse and understood their responsibilities in respect of managing potential and actual safeguarding concerns. Risks were also managed and reduced on an individual and environmental basis so that people avoided injury of harm wherever possible.

Staffing numbers were sufficient to meet people's needs and people we spoke with were satisfied with the calls they received, the punctuality of workers and the length of time workers stayed to assist them. Recruitment policies, procedures and practices were carefully followed to ensure staff were suitable to care for and support vulnerable people. We found that the management of medication was safely carried out, in cases where people required this.

People were cared for and supported by qualified and competent staff that had excellent opportunities for training and updating this. Support workers were regularly supervised and their personal performance was assessed using an appraisal system. Communication within the organisation was effective.

People's mental capacity was appropriately assessed and their rights were protected. Support workers had knowledge and understanding of their roles and responsibilities in respect of the Mental Capacity Act 2005 (MCA) and they understood the importance of people being supported to make decisions for themselves. Where a person lacked capacity to make their own decisions the registered manager was able to explain how the service worked with other health and social care professionals and family members to ensure a

decision was made in the person's best interests.

Where people required support with their meals this was provided to ensure they received adequate nutrition and hydration for their health and wellbeing. Support workers had completed a food hygiene training course.

People received care and support from workers that were caring and helpful and knew about people's needs and preferences. People were supplied with the information they needed at the right time, were involved in all aspects of their care and were always asked for their consent before support workers undertook care and support tasks.

People's wellbeing, privacy, dignity and independence were monitored and respected and support workers helped them to maintain these wherever possible. This ensured people were respected, that they felt satisfied and were encouraged to maintain control of their lives.

We saw that people were supported according to their person-centred care plans, which reflected their needs well and which were regularly reviewed. People were also encouraged to maintain good family connections and support networks.

There was an open and positive culture within the service and support workers felt they were valued. There was a system in place to monitor and assess the quality of the service, which included seeking the views of people that used the service and their relatives and auditing the systems and practices in relation to service delivery. However, there was inadequate analysis of the information gathered and action planning had not been evidenced. We have made a recommendation about this.

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.

People were protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Risks were also managed and reduced so that people avoided injury wherever possible.

Support worker were employed in sufficient numbers to meet people's need and recruitment practices were carefully followed. When necessary, people's medication was safely managed.

Is the service effective?

Good 

The service was effective.

People were cared for and supported by qualified and competent support workers that were regularly supervised and received appraisal of their performance. Communication was effective, people's mental capacity was appropriately assessed and their rights were protected.

People received adequate support with their nutrition and hydration to maintain their health and wellbeing.

Is the service caring?

Good 

The service was caring.

People were supported by caring and helpful support workers. People were supplied with the information they needed and were involved in all aspects of their care.

People's wellbeing, privacy, dignity and independence were monitored and respected and support workers helped them to maintain these wherever possible.

Is the service responsive?

Good 

The service was responsive.

People were supported according to their person-centred care plans, which were regularly reviewed.

People knew how to complain and had their complaints investigated without bias. They were encouraged to maintain relationships with family and friends.

Is the service well-led?

The service was not always well led.

People had the benefit of a well-led service of care, where the culture and the management style of the service were positive.

People had opportunities to make their views about the service known, but the quality assurance and monitoring systems had not been developed sufficiently to ensure information gathered was analysed and plans put in place to address shortfalls. People were not given written feedback.

People were assured that recording systems in use protected their privacy and confidentiality. Records were well maintained and were held securely.

Requires Improvement 

Advanced Care Yorkshire Limited

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 of Advanced Care Yorkshire Limited took place on 16 and 17 June 2016 and was unannounced. We were unable to give the registered provider any notice, which is the usual practice for domiciliary care agencies because there was a last minute change with the scheduled date. An apology was given to the registered provider, which they accepted. One Adult Social Care inspector carried out the inspection.

Information had been gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC). Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also requested feedback from local authorities that contracted services with Advanced Care Yorkshire Limited and reviewed information from people who had contacted CQC to make their views known about the service. We had also received a 'provider information return' (PIR) from the registered provider. 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.

We spoke with four people that used the service, three relatives and the registered manager. We spoke with two support workers that worked at Advanced Care Yorkshire Limited. We looked at care files belonging to two people that used the service and at recruitment files and training records for two support workers. We looked at records and documentation relating to the running of the service, including the quality assurance and monitoring, accident and incident, medication management and support worker roster systems. We looked at records held in respect of complaints and compliments.

Is the service safe?

Our findings

People we spoke with told us they felt safe receiving support from the support workers that visited them. They explained to us that they found support workers to be helpful and polite. People told us they trusted the support workers and found them to be reliable. Relatives we spoke with also said that support workers were reliable and trustworthy and that they were quite happy for them to be in their family member's home.

We found that the service had systems in place to manage safeguarding incidents and that support workers were trained in safeguarding people from abuse. Part of this included ensuring all service users and their relatives were informed about the safeguarding procedure and were issued with the telephone number of the organisation's safeguarding officer. Support workers demonstrated knowledge of what constituted abuse, what the signs and symptoms of abuse might be and how to refer suspected or actual incidents. We saw evidence in support workers training records that staff were trained in safeguarding adults from abuse.

Records held in respect of incidents and referrals that had been made to the local authority safeguarding team corresponded with information we had received about by the service through formal notifications to us. There were three safeguarding referrals in the last year. The registered manager told us that another safeguarding incident had been referred and was in the process of being investigated. The service had its own designated safeguarding officer whose responsibility it was to ensure safeguarding issues were recorded, referred and monitored. All of this ensured that people who used the service were protected from the risk of harm and abuse.

People had a general risk assessment in place for their environment, which included all areas of safety, for example, use of utilities, using the stairs, pets in the house, windows and the condition of the roof, as well as external safety around the property. There were separate risk assessments for moving and handling and the use of equipment, but all were there to reduce the risk of harm to people.

We found that the service had accident and incident policies, procedures and records in place for people that used the service. Records showed that these had been recorded appropriately and action had been taken to ensure people received the medical treatment they required, either from their GP, district nurse or at the hospital.

We looked at the staffing rosters and saw that support workers were allocated to people that used the service according to a team structure. People and their relatives told us that support workers usually arrived on time and if not they would phone ahead to explain why they would be late. People also said that staff stayed the length of time they were required to. Support workers told us they covered extra shifts within their team when necessary and found they had sufficient time to carry out their responsibilities and to travel between calls.

The registered manager told us they used thorough recruitment procedures to ensure staff were right for the job. They ensured job applications were completed, which also asked for people's skill sets and their equality and diversity needs, to ensure potential workers were not discriminated against. The registered

manager ensured references were taken (two from previous employers and a character reference) and Disclosure and Barring Service (DBS) checks were carried out before support workers started working. A DBS check is a legal requirement for anyone over the age of 16 applying to work or volunteer with children or vulnerable adults. It identifies whether or not an individual has a criminal record and whether they are barred from working with vulnerable groups. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Where a reference confirmed only the worker's start and finish date this was followed up with a telephone conversation to check for other information about the worker.

Recruitment files also contained evidence of staff identities, interview records, details of car insurance, MOT and driving licence, CVs and correspondence about job offers. We assessed that support workers had not begun to work in the service until all of their recruitment checks had been completed. This meant that people were protected from receiving support from staff that were unsuitable.

We discussed how medicines were managed and saw a selection of medication administration record (MAR) charts. Medicines were obtained by people or their family members and so support workers were not routinely responsible for this. People made their own decisions about where medicines were stored and only if a person was living with dementia and unlikely to know when to take their medication did the support worker handle it for them. MAR charts we saw were appropriately completed and they recorded when people took their medication.

Is the service effective?

Our findings

People we spoke with felt that support workers at Advanced Care Yorkshire understood them well and had the knowledge to care for them. One person said, "The girls that visit seem to know what they should be doing and I have confidence in what they do for me." One relative said, "[Name] prefers the men to visit and care for him, as he likes to chat about football and such, but he doesn't mind the older females that come either. Whoever calls, and it is usually the same team of staff, they seem to know how to care for [Name] and are competent in what they do."

Advanced Care Yorkshire Limited has its own associated training company which is part of the Skills Network. The director and registered manager of the service were involved in the development of the Care Certificate. They are now looking at developing their own in-house apprenticeship scheme for which an application had been submitted to NCFE (Northern Council for Further Education) and approval is pending. The registered manager hopes that this will result in the apprenticeship scheme being accredited to diploma level. The training arm of the business is looking at becoming a centre of excellence affiliated with The Job Centre. This meant that support workers had access to regular in-house training at all times, which in turn ensured that people were supported by trained and skilled workers that carried out their roles effectively.

We saw that the registered provider had systems in place to ensure staff received the training and experience they required to carry out their roles. This involved a five week training course covering the Care Certificate. A support worker training record was used to review when training was required or needed to be updated and there were certificates held in support worker files of the courses they had completed. There was a high percentage (79%) of staff that had completed the required mandatory training and all staff (100%) had completed the Skills for Care Common Induction Standards. This is now covered in the Care Certificate.

Support workers told us they had completed mandatory training (minimum training as required of them by the registered provider to ensure their competence) and had the opportunity to study for qualifications in health care. Support workers said they completed induction and then learnt more about people and their needs as they went along. This was when they shadowed other support workers in the care team they had been allocated to.

One support worker said, "More training courses would be useful, such as on dementia and diabetes. I've looked up some stuff on the internet, because I supported a person who had advanced dementia and needed to know more about it. I've had dementia awareness training but wanted to know more." Another said, "The training is great, every year I update my training and can do extras if I ask to." This support worker confirmed that before they started in their role they completed all of the mandatory training set by the service.

The registered provider reviewed support worker performance via one-to-one supervision and an appraisal scheme. The area officers also carried out 'spot checks' on support workers to ensure their practice was

appropriate and in line with policy. People that used the service were asked their opinion on the care and support provided at the same time.

We saw that communication within the service was good between the management team, the support workers, people that used the service and their relatives. Methods used included daily diary notes, weekly memos, telephone conversations, meetings and face-to-face discussions. Each team of support workers allocated to people that used the service had a key worker to feedback any issues or changes in arrangements to the office, which meant there were reduced calls to the office. Teams of support workers communicated among themselves first and then the key worker contacted the area officer responsible for their team of workers. There were three area officers. This also meant people that used the service received a quicker response to their problem or concern.

Support workers were issued with a 'staff handbook' by the service, which ensured they had guidance on their practice and conduct.

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 interest and as least restrictive as possible. For people living in their own home, this would be authorised via an application to the Court of Protection. We were not informed about any people that used the service having a Court of Protection order in place.

Support plans contained details of the consent they had given for support workers to manage their medication, obtain and hold receipts of any authorised expenditure and for having their photograph taken. Support workers explained that they sought consent before providing any support and where it might not be given due to reluctance in people living with dementia, for example, they used gentle persuasion if it was vital that specific care be given to ensure the person's safety or welfare. One support worker said, "Permissions are taken on the first consultation for all new clients, but as each day is never the same and people can feel differently about things I make sure I ask permission each time I visit them."

The service ensured that people were consulted before they made arrangements for staff to cover each other on holiday. This was to ensure people knew about the imminent changes and also agreed to them taking place.

Some people received support from the service with their nutritional needs: assisting them with preparing and eating meals. In these cases people were consulted about their likes and dislikes, allergies and medical diets and support workers followed peoples' choices and preferences when supporting them with their nutrition. Anyone with particular eating concerns were supported by the Speech And Language Therapist (SALT) when needed. If necessary people had nutritional risk assessments in place where people had difficulty swallowing or where they needed support to eat and drink. Staff were trained in basic food hygiene certificate so that people were not put at risk of harm from food related illnesses.

Support workers assisted people with their health care needs where necessary and consulted them about any particular medical conditions that impacted on their care. Such information was recorded in people's support plans so that support workers were made aware of allergies and nutritional needs. People saw their own GP on request and the services of the district nurse, chiropodist, dentist and optician were obtained whenever necessary. Support workers sometimes accompanied people to appointments with these health professionals, as part of the service offered from Advanced Care Yorkshire. Case files showed details of the

health care needs that people had, if this was appropriate to the care package they had with their local authority or directly with the service. Diary notes recorded where people had been assisted with health care needs.

Is the service caring?

Our findings

People we spoke with told us they got on very well with their support workers and that they appreciated the service. One person said, "The staff are really helpful, polite and friendly. I usually have some fun with them when they are helping me in the bathroom, as it eases the embarrassment, though I don't really feel that now. I have to have the care and so I am used to it" and "The staff let themselves in, but are polite and usually announce when they do. They always ask what I need doing and don't presume." Another person that used the service said, "The girls are very good, so good that I said to the manager of Advanced Care, 'Don't go changing them will you!' I get on very well with the three that visit me."

One relative said, "I've had the girls visit now for around 18 months to help with [Name] and they have always been most respectful and help with whatever they can." Another relative said, "The workers are very respectful and punctual. They include [Name] fully in their care and always ask what [Name] would like doing. They maintain [Name's] dignity as much as possible and [Name] is now much more used to having people shower them."

Discussion with support workers showed they had a positive attitude towards their responsibilities. One support worker said, "I love my job and though I may be asked to work extra hours sometimes, I am happy to do it. I have signed a working time directive to opt out of a cap on the maximum number of hours I could be asked to work. This is a good place to work." Another support worker said, "It's great doing this job as it gets me in the community. I am a 'people person' you see. I really don't mind providing personal care, shopping and giving social or emotional support. For example, I set up a library run for people I support, which is extra to my paid work and I escort one person with hospital appointments that they don't have funding for."

Support workers revealed they were aware of people's particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010: age, disability, gender, marital status, race, religion and sexual orientation. We were told that where people had any particular needs these were adequately provided for within people's own family circles, but that support workers had a responsibility to ensure no one was discriminated against for any of those reasons. We saw no evidence to suggest that anyone that used the service was discriminated against.

Support workers told us they did not wear uniforms as this was a less formal approach to caring and gave the impression that they were friends or family of people they visited. They felt this was even more important when they accompanied people on hospital visits or social events. It meant that people did not feel stigmatised and it reduced the risk of people being targeted for crime in their own homes if members of the public were unaware of their vulnerability.

People who used the service had their general well-being monitored by support workers, but support workers only became involved in people's health monitoring if people that used the service lived alone and had no family members living with them. Otherwise people and family members dealt with their own medical and health care needs. Support workers assisted people in that they helped keep their spirits up at

times when people were low. Staff demonstrated a positive approach to their roles and the support they gave to people and said, "It's a positive place to work, which then reflects on people we care for" and "I sometimes help my area officer to do the 'meet and greet' calls for new people and it's important to be confident, so that people feel they will be happy receiving support."

People we spoke with told us their privacy, dignity and independence were always respected by support workers. One person said, "Staff always mind how they help me in the bathroom to make sure as much as possible is kept private so that the whole process is dignified for me. They chat all the while and take my mind off it." Support workers demonstrated the importance of maintaining people's dignity and gave some examples of how they provided personal care to people, in a way that was dignified.

Is the service responsive?

Our findings

People we spoke with felt their needs were being appropriately met. They talked about receiving good care from support workers and that those workers allocated to them were consistently the same ones, in the main. Details of the support and times of calls that people required were clearly recorded within their support plans. People and their relatives acknowledged that their care packages were reviewed with them every six months.

We looked at two care files for people that used the service and found that the support plans gave clear details about people's support needs. Support plans were person-centred and contained people's personal details, their ailments or conditions, their funding arrangements, whether or not a key safe was in operation, a care package timetable from the local authority and a 'personal care support plan' where required. These personal care support plans included information on how best to meet people's needs in seven areas, for example, with medication, communication and personal care.

Another example was that one support plan stated that the person needed all meals preparing for them and food was to be chopped into bite-size pieces, that their finances were handled by a relative and that they were to be carefully manoeuvred through doorways when in their wheelchair to ensure elbows were not bumped on the narrow door frames.

Support plans contained a support agreement that was signed by people wherever possible. They contained a comprehensive risk assessment form to show how risk to people would be reduced, for example, with falls, moving and handling, nutrition, bathing and the safe maintenance of their environment. Where other family members lived in the house the risk assessment reflected this and parts of it were recorded as not being applicable.

One risk assessment looked as though it had not been updated, as there was no evidence of the risk assessment document being reviewed, but significant changes in their needs taken place. This was brought to the attention of the registered manager who explained that no changes to the risk assessment had been necessary since then, in spite of changes in need. The registered manager showed us that this fact was recorded on a review sheet to the front of the person's file. This review sheet stated that there had been no changes to the person's mobility risk in 2014 and 2015.

The registered manager informed us that where people used equipment for assisting them to move around their homes it was used safely and effectively and only by staff that received full training in its use and with the particular person that needed it being involved. People were assessed for the use of equipment and there were risk assessments in place for support workers to follow to ensure it was used correctly. People had also signed a contract for care which was between the person and the service.

Support workers told us that it was important to provide people choice in all things, so they continued to make decisions for themselves and stay in control of their lives. One support worker said, "I say to people 'No, it is your house and whatever you want is what counts.' But I always get people's agreement first."

People chose what they ate and when, how their personal care was provided and whether or not they engaged in any entertainment or activities out in the community. People's needs and choices were therefore respected.

The service had a complaint policy and procedure in place for everyone to follow and records showed that complaints and concerns were handled within timescales. People we spoke with told us they knew how to complain and had no concerns about the support they received. One person said, "If I had a complaint I'd talk to the person I was unhappy with first, as I like to be up-front with any issues." Another person said, "I'd ring the manager up and explain I wasn't happy, if that were the case, but I am very satisfied at the moment." There had been no complaints about the service that people received for over two years. Support workers we spoke with were aware of the complaint procedures and had a healthy approach to receiving complaints as they understood that these helped them to get things right the next time. They said they had not been aware of any complaints for many months.

One issue brought to our attention in June 2016 was an allegation about the organisation's viability. However, this was looked at by East Riding of Yorkshire Council Quality Development and Monitoring Team who found there were no concerns. We also checked with the registered manager who gave us an assurance that there were no concerns with the viability of the company.

Is the service well-led?

Our findings

People we spoke with felt the service had a business-like atmosphere, where support workers were friendly and helpful. Staff we spoke with said the culture of the service was, "Positive and caring" and "Family-orientated." Support workers told us there was a good atmosphere at Advanced Care Yorkshire, as they worked in area teams and no one ever got into any confrontations with each other. One support worker said, "It's a lovely atmosphere here, small family business and we all know each other well. We can share issues and problems in the confidence we know they would be sorted."

Support workers felt they were treated well by the service and were supported by the policies and procedures in place, for example, on such as lone working or late working. They said they received texts from the office to remind them to ensure people they supported drank plenty in hot weather, but also to tell them to take time for fluids as well. The office also sent texts to support workers when floods were happening, to ensure they kept themselves safe.

The registered provider was required to have a registered manager in post and on the day of the inspection there was a manager in post who had been the registered manager since the service was registered with the Care Quality Commission in February 2012. The registered manager was also one of the directors of the company.

The registered manager and registered provider were fully aware of the need to maintain their 'duty of candour' (responsibility to be honest and to apologise for any mistake made) under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We saw that notifications had been sent to us over the last year and so the service had fulfilled its responsibility to ensure any required notifications were notified under the Care Quality Commission (Registration) Regulations 2009.

We found that the management style of the registered manager and management team was open and approachable. Staff told us they could express concerns or ideas any time and that they felt these were considered.

The service had written visions and values: honesty, reliability and integrity. It had a 'statement of purpose' and 'service user guide' that it kept up-to-date (documents explaining what the service offered). These contained aims and objectives of the service, as well as details of what people could expect to receive from the service and the support workers.

The registered manager told us they kept up to date with best practice and legislation via updates from CQC, Healthwatch publications, NHS England alerts, regular training and health and safety updates from the HSE. They told us they disseminated key information about best practice and any legislative changes to staff in team meetings and through the issuing of weekly memos, which we saw samples of over the last few weeks.

The service had a library of information books, leaflets, magazines, policies and procedures that it used in its

training sessions but that were also available for staff to use for reference any time they needed to.

We were told that all staff had become 'Dementia Friends' (an Alzheimer's Society initiative to encourage carers and the public in general to learn a little bit more about what it's like to live with dementia and then turn that understanding into action).

Advanced Care Yorkshire Limited was registered in February 2012 and has not had any changes to its registration except to relocate the business address from a site in Kingston-Upon-Hull to a new address in Hessle.

We looked at documents relating to the service's system of monitoring and quality assuring the delivery of the service. We saw that there were quality audits completed on some areas of the service delivery and that satisfaction surveys were issued to people that used the service, relatives and health care professionals.

The quality assurance and monitoring system was not developed beyond seeking people's views and carrying out audits. There was insufficient analysis, action planning and feedback provided to people that contributed information to the monitoring system and so the service could not evidence how improvements had been made as a result of the surveying and auditing that took place. Support workers told us they did not have many staff meetings, which are an addition to the quality monitoring systems, because more emphasis was placed on regular assessments of their practice and on one-to-one supervisions. We recommend that the registered provider seeks advice and guidance with regard to the quality assurance and monitoring systems.

The service was assessed every six months by East Riding of Yorkshire Council who looked at records relating to rosters, safeguarding issues and so on, but also consulted service users about their care and support. This was regular and frequent in order to ensure that not only was the care and support provided to people of the Council's required quality but also to ensure that training was of the necessary standard to continue providing other businesses in the area with training packages.

The service kept records on people that used the service, support workers and the running of the business that were in line with the requirements of regulation and we saw that they were appropriately maintained, up-to-date and securely held. Support workers confirmed they maintained confidentiality of information at all times, particularly in relation to people that used the service and would only pass on information to their area officer if it was of a safeguarding nature.

We were told by the registered manager that the service provided contracted care to people in the Hull, East Yorkshire and North Lincolnshire areas of the region and privately purchased care to people that used the service as referred to them by the NHS City Health Care Partnership. It also provides services to people who are not funded via local authorities and can therefore change packages as and when to suit people individually.