

Advanced Community Healthcare Limited

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Inspection report

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05 March 2020

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger and older adults with various needs including, people with physical disabilities, sensory impairments, and dementia. At the time of this inspection 42 people were using the service. Not everyone who used the service received personal care. The Care Quality Commission (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.

People's experience of using this service

Governance systems required improvement. Enough improvement had not been since the last inspection and audit systems were still not robust. Audit processes did not look at the quality of records and did not identify the issues we found during the inspection.

Improvement was required with medication administration records (MARs). Some MARs contained missing information and the provider's medicine policy was not always adhered to.

People were protected from the risks of abuse and harm and people said they trusted staff to keep them safe. Staff had received training in safeguarding adults and understood how to recognise signs of abuse. Staff knew how to report any concerns.

People told us the care workers arrived on time to deliver their care and they received regular care workers. An electronic system was used to organise rotas and each person's visits (where requested) were either emailed or posted to them, so people were aware of which care worker was due to visit.

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

Staff had a caring approach to their work and they demonstrated kindness and respect when speaking about the people they supported. People told us staff were kind, courteous and sensitive.

Equality and diversity was respected by the service and staff. The provider promoted equality and diversity. Celebration of 'pride' month took place for the lesbian, gay, bisexual, and transgender (LGBTQ) group. International women's day was celebrated with activities and fund raising took place for charities supporting women's rights.

Detailed assessments and care plans had been completed which reflected the person's needs and preferences. The care plans provided guidance for staff about how to support people. The use of technology and electronic mobile applications allowed updates to people's needs to be quickly identified and actioned.

Live links to mobile devices ensured people, their relatives and staff could access information at any time.

Staff felt valued and supported by the management team. Staff were recognised and awarded for their work. Employee of the month initiatives and 'wow' cards to highlight good work were in place. Staff recognition was also published in the provider's monthly newsletters.

People and their relatives we spoke with told us they would recommend the service.

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 requires improvement (published 20 February 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to the governance of the service at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Advanced Community Healthcare Limited

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.

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 did not have a manager registered with CQC. A registered manager is a person who is legally responsible for how the service is run and for the quality and safety of the care provided. It is a requirement of the provider's registration that they have a registered manager. The manager running the service had applied to register with CQC.

Notice of inspection

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

Inspection activity started on 03 March 2020 and ended on 05 March 2020. We visited the office location on 04 and 05 March 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided (we carried out home visits to three people). We spoke with seven members of staff including the manager, care co-ordinator, care field supervisor, care workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to ensure robust processes and audits were in place to identify and improve the quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

Using medicines safely

- Improvement was required with medication administration records (MARs). Some MARs contained missing information. For example, there were various MARs that had not been signed on completion, or did not include information about the person's allergies or GP details. Some people who required creams administering did not always have body maps in place to direct staff. There was limited information recorded on why specific medicines were not administered.
- People's medicines records did not always contain enough guidance about medicines they required on an 'as required' basis. Staff had limited direction about when people may have required specific medicines. When information for 'as required' medicines were in place, they lacked detailed and there was conflicting information between the care plan and MARs.
- The provider's medicine policy was not always adhered to. The provider's medicine policy advised hand written MARs were to be produced in exceptional circumstances and checked and verified by a second member of trained staff. All the MARs we reviewed were hand written and none of the records were verified by a second member of staff.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People received their medicines as needed and daily records confirmed this. Staff had to undertake training before they could administer medicines and received regular competency checks to ensure they administered medicines safely. People told us, "They [staff] give me my medicines fine, no problems" and "I get my medicines on time and regularly."

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding adults and understood how to recognise signs of abuse. Staff

knew how to report any concerns. Staff told us, "I would report any concerns to the office and follow procedures" and "I would report any concerns to management, and go higher if needed, to the chief executive office."

- People were protected from the risks of abuse and harm and people said they trusted staff to keep them safe. Safeguarding information was provided to people in their service user guides. People told us, "I feel safe with the carers" and "I feel safe, I have no problems."

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

- People's care plans included risk assessments in relation to people's specific care needs. The risk assessments were person-centred and contained guidance for staff about how to mitigate the identified risks. People told us, "The carers are meeting my needs and I am happy with the care." A relative added, "We are well satisfied (with the care)."

- Accidents and incidents were recorded and analysed. The manager referred people to other services when required. For example, people were referred to be assessed for moving and handling equipment after a fall. Risk assessments were reviewed following incidents to ensure the service was meeting the needs of people appropriately. A person told us, "[Name] from the moving handling team came out and I got a profile bed and stand aid."

- The service used electronic care monitoring technology for safety monitoring. The technology allowed management to track staff, for both their own safety and the safety of people using the service. The service could see a staff member had logged in and out at the right location, and check they had stayed the correct length of time. Alerts were flagged to management if a staff member had not logged into a visit within 30 minutes of the person's allocated time slot.

Preventing and controlling infection

- Staff received training in infection control and told us personal protective equipment was stocked in the office and readily available to them. A person told us, "The carers wear aprons and gloves when helping me to have a wash."

Staffing and recruitment

- Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. Staff had the necessary safety checks in place before starting work and they completed a full induction. A relative told us, "Whoever is recruiting is doing a good job in finding the right people."

- Staff rotas confirmed staffing levels remained consistent, which meant the provider had sufficient systems in place to monitor staffing levels and ensure people received their visits. An electronic system was used to organise rotas and each person's visits (where requested) were either emailed or posted to them, so people were aware of which care worker was due to visit.

- People and relatives (with people's consent) had access to an electronic mobile application which they could use to view their personal rotas. People could see live updates or changes to the rotas. A relative told us, "On the application, you can see if the time has changed at a short notice."

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using the service and electronic care plans were developed according to people's needs. People and their relatives were involved in their care planning, which was reviewed at regular intervals or when people's needs changed. Relatives told us, "We get regular reviews, someone comes out and checks everything is going okay. Only last week, they came out and spend the morning checking if everything was okay" and, "Reviews are done regularly and they [staff] come out more often when [relative] is not doing well."
- The service was flexible and responded to people's needs as they arose. For example, the service could accommodate increases to care packages when people required additional support. A person told us, "I got chest infections and they [staff] helped me a lot. They were ever so good with me, they looked after me well."

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

- Some people independently managed their food and nutrition or had support from their relatives. Where people required support with their food and nutrition, the level of support was agreed and documented in their care plan. People's food preferences were recorded in their care plans and people told us they were happy with the level of support they received with their nutrition and hydration.
- Staff were required to complete training in food hygiene, so that they could safely make and serve meals. A food hygiene policy was in place.

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.

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.

- Staff received training in the MCA. Staff understood the MCA and were able to identify their responsibilities in order to comply with the legislation. Staff told us, "The MCA looks at whether people have the mental

capacity to make an informed decision. If I felt someone was having trouble with their capacity, I would report it to the office. I would not assume someone does not have capacity [to make a decision]."

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

- Staff worked in collaboration with people, their relatives and healthcare professionals involved in people's care. Management used online resources to strengthen staff's knowledge about people's individual health conditions. One person told us, "The carers seem to know about my medical conditions. They know what to do and have knowledge about my capabilities and are sensitive to it."
- Oral healthcare was incorporated into people's care plans. Staff had received training in oral healthcare and hygiene during their inductions and supported people (where required) to maintain their oral health. Electronic daily logs contained a tick box which prompted staff to support people with oral healthcare during visits.
- People told us the care workers arrived on time to deliver their care, and if they were delayed people were informed of this. People's comments included, "Carers arrive on time and I get regular carers coming in", "I get the same carers and I know everybody" and, "The carers arrive on time and stay as long as they need to. I am never made to feel rushed, if they go over their time, they never complain."

Staff support: induction, training, skills and experience

- Staff had received an induction into the service when they first started working there and relevant training had been provided. Staff told us they shadowed more experienced staff carrying out care tasks until they felt confident to work alone. Staff's comments included, "The induction was enough for me" and "I was comfortable after the induction and I had not done the job before."
- Staff received regular supervisions and observations were carried out to ensure staff were competent. People and their relatives said staff had the right skills to meet people's needs. A relative told us, "I learnt a lot from these people [staff]. I watched them and took notes of how to care for [relative]. They have taught me a lot. I am grateful. I am able to look after [relative] with the help of my family [reduced number of care visits]."

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

- Staff had a caring approach to their work and they demonstrated kindness and respect when speaking about the people they supported. People told us staff were kind, courteous and sensitive. People's comments included, "I get on with them [staff] and have a laugh. They are kind and caring" and "They [staff] are kind and caring, very nice and we have chats." A relative added, "If I am out shopping and the carers see me, the first thing they will ask me is if [relative] is okay. They [staff] are very caring."
- Equality and diversity was respected by the service and staff. The provider had an equality and diversity policy in place. Staff received training in equality and diversity and were committed to ensuring people had equal opportunities. One staff member told us, "We would ask people about their cultural or religious needs and how to go about our duties to meet their needs. The information would be in the care plans which we would read."
- The provider promoted equality and diversity. Celebration of 'pride' month took place for the lesbian, gay, bisexual, and transgender (LGBTQ) group. Interactive drop in sessions were held for people, their relatives and staff. International women's day was celebrated with activities and fund raising took place for charities supporting women's rights.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity was respected. People told us, "Yes, they respect my privacy and dignity" and, "They [staff] respect my privacy and dignity, they are mindful of this when they help me get washed and dressed." Staff gave examples about how they respected people's privacy. One staff member told us, "We always close the doors and curtains, we use towels to cover people up [when supporting with personal care]."
- The service promoted people to live as independently as possible and people's care plans encouraged independent living. Staff said, "We always encourage people. If we are giving someone a wash, we ask them to wash their own face." People told us, "I do need a lot of help, but they [staff] do encourage me also. They encourage me to do little things, I wash my face every morning by myself."

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

- People's views and decisions about care were incorporated within their care plans. This helped staff to support people in a way that allowed people to make day to day decisions. People told us, "Yes I am given choices, the carers ask me what I want to eat for my lunch and tea every day" and, "Yes I get choices."
- People were supported to express their views about their care. Advocacy information was provided to people in their service user guides and staff signposted people to advocacy services where needed. The

service has built links with local advocacy services. Advocacy is a process for supporting people to express their views and concerns.

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

- Detailed assessments and care plans had been completed which reflected people's needs and preferences. Care plans provided guidance for staff about how to support people. Staff completed daily care records for people which showed staff were meeting people's individual needs in accordance with their care plans. A person told us, "The carers know my routines, they know what I like and what I don't like."
- It was evident people had been involved in the development of their care plans which were written in the first person. Cultural and religious preferences had been recorded. Life histories provided clear information about important events and relationships in the person's life and what activities they were interested in.
- The use of technology and electronic mobile applications allowed updates to people's needs to be quickly identified and actioned. Live links to mobile devices ensured people, their relatives and staff could access information at any time. One relative commented, "I use [the application] to see who is coming, who has been and when staff are on site. I look at the logs [daily records]. It is very handy."

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.

- The manager was aware of the AIS and each person's specific communication needs were detailed in their care records. At the time of the inspection, there was no-one using the service who required information in an alternative format. The manager told us they were able to supply information in different formats upon request.

Improving care quality in response to complaints or concerns

- People and relatives were aware of how to make a complaint. The service had a complaints policy in place. People were given a service user guide and 'raising a complaint' leaflet when they started to use the service, which contained information around how to make a complaint.
- Complaints were investigated and responded to. We reviewed the complaints log and found complaints were minimal, and the service had responded to formal complaints in line with the provider's policy. People told us, "I have not needed to complain, I have no complaints" and "I will ring them [service] if I need to make a complaint, I have no complaints."

End of life care and support

- The service did not routinely provide end of life care. There was a policy which outlined how people at the

end of their lives could be supported to consider their wishes and needs. Those people who chose to make their end of life wishes known had the option to document this in their care files. The manager told us the provider had an online end of life training module and staff would be completing this training.

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Enough improvement had not been since the last inspection and audit systems were still not robust. Audit processes did not look at the quality of records and did not identify the issues we found during the inspection. MAR audits were in place, however the audit tools used did not prompt the auditor to look at the quality of MARs and other factors. For example, the adequate completion of MARs, information for 'as required' medicines and body maps were not considered.
- Governance systems required improvement. A provider level audit was done annually and had not picked up on the issues we found. The manager recently started to implement a care plan audit tool, however this tool was not robust as it did not consider the quality of the care plan. The audit tool failed to identify that the information in people's care plans about medicines they required on an 'as required' basis was outdated, lacked detail or conflicted with the information on people's MARs.

The provider had not operated robust systems and processes to assess, monitor and improve the quality of the service. They had not maintained accurate and complete records. This contributed to the continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was no registered manager in post during the time of the inspection. However, a manager had been appointed and they had submitted their application for registration to CQC.
- Staff felt valued and supported by the management team. Staff told us, "The management are wonderful, very supportive and attentive. They have really accommodated me and supported me", and "They [management] are really helpful and always around if you need them. [Manager] is really nice and approachable."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives' views had been sought through regular contact, surveys and quality monitoring. We reviewed the results of the surveys and found an action plan had been devised from any negative comments. All actions had been completed.
- The management team had regular contact with staff members each week. They regularly sought feedback about what had gone well and what could be improved. Regular staff meetings took place and a monthly carer engagement budget was used for outings and team building exercises.

- Staff were recognised and awarded for their work. Employee of the month initiatives and 'wow' cards to highlight good work were in place. Staff recognition was also published in the provider's monthly newsletters.
- The service worked effectively in partnership with other health and social care organisations to achieve better outcomes for people using the service. For example, they worked with people's social workers and the local authority. Staff members told us, "We ring doctors and GPs for clients as needed."

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

- Person-centred care was promoted. People told us the staff knew them well and responded to their needs in a person-centred way. People's comments included, "They [staff] know my routines, my likes and dislikes" and "The carers know my preferences and routines." A relative added, "They [staff] are good, they know how to look after [relative]."
- The management team and staff demonstrated a passion and commitment to people and they displayed strong person-centred values. People's choices were respected, and they were supported to live in the way they wanted. A relative told us, "We moved over from another company. They [the service] are so much better. Staff do the job because they want to help people and the staff are so nice."
- The provider understood their responsibilities under the duty of candour. We saw the service had let people and their relatives know if something went wrong. We saw the rating from our last inspection was displayed in the office building.

This section is primarily information for the provider

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not operated robust systems and processes to assess, monitor and improve the quality of the service. They had not maintained accurate and complete records.