Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Advanced Care Yorkshire Ltd

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Tel: 01482219808

Date of Inspection: 14 August 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Advanced Care Yorkshire Limited
Registered Manager	Miss Sheena Kurring
Overview of the service	Advanced Care Yorkshire Ltd provides care and support to adults and children in Hull and the East Riding of Yorkshire. 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 small, providing support to approximately 60 people who are supported by 45 personnel. The service is growing steadily.
Type of service	Domiciliary care service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 August 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

We found that people that used the service gave their consent to care in written format and informally on a daily basis before they received support from their personal assistants.

People told us they received a good service. They said, "Carers that visit me are all very good. I am very happy with the service they provide" and "The girls know exactly what X wants them to do. X trusts them implicitly."

We found that care needs were well assessed and planned for and peoples' needs were well met.

We found that people were protected from the risks of harm or abuse because the provider had systems in place to monitor and report poor practice and had taken steps to ensure staff were safely recruited, skilled and trained.

There were systems in place to monitor and assess the quality of the service that had been provided and to make changes to support whenever necessary.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

We spoke with one person that used the service, one relative, the manager, the care manager and two personal assistants about consenting to care and support. We looked at three people's case files.

People we spoke with told us they knew about support plans and had signed them. They said, "I know my personal assistants very well now and whatever I ask them to do they just do it" and "X has a support plan which includes helping her to wash, dress and everything. She gives consent because the help she gets is what she needs. I know X has signed her support plan."

The personal assistants we spoke with told us they always sought consent from people that used the service before they carried out any support. They said, "We never do anything for anyone without their say so" and "We follow the support plan, but always tell people what we're doing and if they don't agree we don't go ahead with the care."

We discussed the Mental Capacity Act 2005 (MCA) with personal assistants and though the one we spoke with had not completed training on this with Advanced Care Yorkshire Limited they had completed it elsewhere. They understood the principles of the MCA and one knew that the service had carried out a 'best interest meeting' in respect of the MCA. 'Best interest meetings' involve care professionals, health care professionals, relatives and other interested parties who help make a decision about a person's life when they are unable to make a decision for themselves.

The support plans we looked at contained information about peoples' care needs and they had all been signed by either the person they pertained to or by a relative.

The manager explained that some people that used the service were children with disabilities or medical conditions and in these cases written consent for support plans and documentation was obtained from parents or guardians. If a child showed any inclination they did not wish to receive support, the personal assistants would not go ahead.

We saw signed consent forms in peoples' files for the service to take photographs and to produce a receipt record for any expenditure personal assistants incurred at peoples' request.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure peoples' safety and welfare.

Reasons for our judgement

Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We spoke with one person that used the service, a relative, the manager, the care manager and two personal assistants about care and welfare. We looked at three support plans. We were unable to observe any support being given as we did not visit the homes of people that used the service.

People told us they received the support they wanted and that the personal assistants were very helpful in other ways too. People said, "I have the same few carers that visit me and they are all very good. They help me bathe and maintain my dignity at all times. They even help with other things, like posting a letter for me. I am very fond of the carers and I am very happy with the service they provide" and "The girls (personal assistants) are brilliant. We cannot fault them. X gets on very well with them and today they all had a 'girly day', doing nails, hair, make-up and the like, while I was out. The girls know exactly what X wants them to do; help wash and dress X for the day and then at night help her get ready for bed. X trusts them implicitly." This meant that people received the support they required and their needs were met.

The personal assistants told us they offered care and support as detailed in peoples' support plans and that they always took into consideration peoples' privacy, dignity and choices. Personal assistants said, "It depends on peoples' needs as to what I would consider when I visit them. I encourage people to be independent, like one lady has a key safe, but I always allow her to let me in herself. I make sure people receive personal care in a dignified way, covering up as much as possible or allowing time to be on their own at particular moments" and "I make sure areas of a person's home are safe before I go ahead with any care and I always respect their preferences about how care should be given."

Personal assistants also told us they respected peoples' diversity. They said, "I would not judge anyone for any reason, I treat people with the same respect while taking into consideration their particular differences, whether they are to do with their religion, culture, sexual orientation or physical disability" and "Everyone is different, has their own views

and I accept that. I just listen, treat people with respect and dignity and I understand that each person is different. If there were any particular diverse needs a person had that I was not aware of I would find out about it so that I could understand their point of view and try to provide the care they needed." They told us they supported people with different religions, disabilities and ages.

The manager and care manager told us how peoples' needs and risk were assessed using assessment and risk assessment tools. We saw evidence of these in peoples' case files. We also saw that case files contained documents which requested an initial referral for services, logged calls between people and the service, explained about their 'good or bad' days, recorded their communication methods and the support they had received, and provided information from other organisations, for example local authority and health authority support plans. We also saw risk assessments for moving and handling, falls and health and safety issues within the environment.

Person centred support plans included information on how to meet peoples' care and health care needs, taking into consideration their ethnicity and culture or their disability and medical conditions. Support plans included the number of hours and times when people needed support, details of their medication, routines for personal care and social support, communication methods and how staff could expect them to behave in particular circumstances. Where appropriate, information was held in pictorial format.

All documentation we saw was subject to the service's policy on reviewing and up-dating and there was evidence that reviews had been carried out.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People that used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People that used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We spoke with one person that used the service, a relative, the manager, the care manager and two personal assistants. We looked at safeguarding documentation and records and we verified personal assistants' training.

People we spoke with told us they had confidence in the service providing safe support and that the staff were honest and reliable. People said, "I'm very fond of the carers. I feel safe with them, but a lot of the time I have my partner with me anyway" and "X trusts the girls (personal assistants) and she never says she feels uncomfortable with them. They are skilled in providing the care X needs."

Personal assistants told us they had completed training in safeguarding adults and children either in a previous job or with Advanced Care Yorkshire Ltd. The manager and care manager told us they followed the local authority referral procedures regarding safeguarding issues and they told us they had completed safeguarding training at the appropriate manager's level. The manager was also a trainer for safeguarding. We saw evidence of training in personal assistants' files.

Personal assistants demonstrated their knowledge of the signs and symptoms of abuse and of the different types of abuse people could be subjected to. They knew the procedure for reporting concerning information to their seniors and the manager and they knew about passing information to the local authority, but they were not entirely sure who investigated safeguarding incidents. The provider may find it useful to note that personal assistants were not fully aware of the whole procedure for making referrals.

We asked to look at the records for safeguarding incidents but as no incidents had been reported and recorded yet there were no records to view. We discussed one particular issue with the manager regarding an inappropriate discharge from hospital, which the manager considered might require a safeguarding alert.

We found that the service used an 'umbrella' company for obtaining staff security checks from the Disclosure and Barring Service (DBS and formerly the Criminal Records Bureau) and we saw details of these in personal assistants' files and on the organisation computer system.

All of this meant that people that used the service experienced safe outcomes from adequate recruitment systems and appropriately trained staff.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development and were able, from time to time, to obtain further relevant qualifications.

We spoke with people and personal assistants about skills and training. People told us they thought the personal assistants were suitably skilled to do their job. Personal assistants related information about the training they had completed and when we looked in their files we saw evidence of the courses they had completed and the qualifications they had gained.

We saw evidence in files that the staff team had completed training in first aid, moving and handling, use of hoists, food hygiene, health and safety, infection control, safeguarding, 'passport to care' and medication administration. We also saw that the staff team had qualifications in care at certificate and diploma level, while those in senior posts had achieved level three or above in leadership and management.

The service qualification matrix showed that 80% of the staff team had already achieved or was working towards achieving a suitable qualification. We spoke with a visiting assessor from the company 'Learn Direct' who told us the service was highly committed to training among the workforce and that all of the candidates she assessed were receptive to learning.

The service invested heavily in training its workforce and accessed in-house training and development, as Advanced Care Yorkshire Ltd also ran a training arm within the company. The manager was involved in many projects regarding competent staff in the work place and these included connections with Bishop Burton College and The City Healthcare Partnership. The training arm of the service had developed a 'Gateway Project' system of learning.

The service showed immense commitment to ensuring its workforce was suitably trained and qualified, which meant the people that used the service benefitted from having skilled and trained personal assistants supporting them with their needs.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

People that used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The provider took account of complaints and comments to improve the service.

We spoke with people and personal assistants about the systems for seeking views on satisfaction with the service. People told us they had not yet been surveyed by the service but they felt they could speak with personal assistants and the management team regarding any concerns. People said they had not needed to make any complaints as the care and support was what they wanted it to be.

A relative we spoke with said, "Neither me nor my spouse (who received the service) have been asked to complete any satisfaction surveys yet." One person we spoke with said, "I have no complaints to make whatsoever. I don't recall having seen a complaint procedure and I haven't been surveyed, but I am very happy with everything."

The manager told us that satisfaction surveys had recently been sent out to people that used the service, their relatives and the personal assistants. Only a few had been returned so far. We saw the ones that had been completed and returned so far. There were eight satisfaction surveys from personal assistants and four from people that used the service.

Answers to questions about receiving enough information, having confidence in personal assistants (arriving on time, maintaining confidentiality, handling them and their affairs safely), finding the organisation approachable and feeling in control of their lives, had all been answered positively. Only one person said their personal assistant did not always arrive on time.

We were informed by the manager about 'spot checks' being carried out on personal assistants to ensure they were wearing appropriate clothing, were arriving at people's homes on time, were assisting people according to support plans and were following risk assessments. The checks were also used to observe care and support skills and to see that personal assistants were using equipment properly.

The manager and the service secretary told us about and showed us some sample documentation and computing systems for audits that had been carried out with regard to staff training, support planning, reviewing of care and recruitment practices. The provider may find it useful to note that there was a lack of recorded evidence in the form of audit tools to show what the audits consisted of and when the audits had taken place. For example the secretary told us they updated personal assistants' training files almost daily and in doing so checked that courses were up to date. However they did not record any of these checks. The manager checked people had their care needs reviewed and that recruitment procedures were followed, but again these checks were not logged using an audit record tool.

We saw evidence in their files that personal assistants received supervision and appraisals. We saw evidence of staff meetings and compliments and thank you cards that had been received. There had been no complaints, but there was a complaint procedure in place which was clearly written in the 'service user guide' and 'statement of purpose'. We saw that new users of the service were visited soon after the service began to check they were satisfied with the personal assistants that had been allocated to them. We saw this was repeated again six months later.

The manager told us that all information received form surveys and audits would be collated to inform the future performance of the service, and an annual report would be produced. These undertakings would be assessed at the next inspection of the service to ensure compliance with regulation 10 continued.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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