

Adonai Care Services Ltd

# Adonai Care Services Ltd

## 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?	Good ●

# Summary of findings

## Overall summary

Adonai Care Services Ltd is a domiciliary care agency. It provides personal care to people living in their own houses. At the time of our inspection it provided a service to seven older people who were living with a range of conditions related to their physical and mental health.

We saw that staff responded to people's changing needs by monitoring the care delivered and seeking advice and guidance to ensure positive outcomes for people.

People, and those who loved them, were involved in planning. Staff had a detailed knowledge of people's individual needs.

Communication styles and methods were understood and staff supported people to understand the choices available to them. People were enabled to have autonomy and choice over their lives and staff supported them in the least restrictive way possible; the systems in the service supported this practice.

People were supported by staff who understood the risks they faced and how to support them to reduce these. Staff understood how to identify and report abuse and advocated on people's behalf to ensure their access to appropriate support from other agencies.

People were supported to access appropriate healthcare and staff supported them to take medicines safely.

People were supported by skilled and caring staff who had access to appropriate training and support.

People, staff and a professional told us they could confidently raise any concerns and these were addressed appropriately.

Quality assurance systems involved people and led to a safer and better quality service.

## 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 supported by staff who understood the risks they faced and how to reduce the risks of abuse.

There were enough safely recruited staff to meet people's needs.

People received their medicines safely.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and training they needed to carry out their roles.

People had access to health care and were supported in ways that promoted their physical and mental health.

People were supported by staff who understood the principles of least restrictive care and supported them to make decisions.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who cared about them and promoted their independence and choices.

People were treated with dignity and respect.

### Is the service responsive?

Good ●

The service was person centred and responsive and this was reflected in positive outcomes for people.

People were consulted, listened to and valued by the staff.

Staff had a detailed knowledge of people's needs.

Complaints were managed effectively.

## Is the service well-led?

Good 

The service was Well Led.

People were able to contribute to quality assurance work and this led to changes in the service.

Staff and people spoke highly of the registered manager.

There were robust quality assurance processes in place that reflected the needs of the service. □

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## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection took place on the 18 December 2018. The inspection team was made up of one inspector. The service registered with the Care Quality Commission in January 2018 and this was the first inspection of the service.

Before the inspection we reviewed information we held about the service. This included feedback received from other professionals. The provider had also submitted a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we visited three people in their homes whilst staff were present. We spoke with two members of staff and the registered manager. We also looked at four people's care records, and reviewed records relating to the running of the service. This included two staff records, quality monitoring audits and accident and incident records.

# Is the service safe?

## Our findings

People were supported by staff who understood the risks they faced and were motivated to ensure these risks were reduced. People told us they thought the staff were very kind and skilled and that they felt safe. One person told us: "I always feel safe." People were relaxed in the company of staff and comfortable asking them to do tasks.

Staff worked with people and appropriate professionals to monitor, assess risks and develop plans and responses together. This meant that people were able to retain and regain independence. One person had been supported to access input from an occupational therapist to help them reduce risks associated with their mobility, another person had been able to get advice and input from a dietician. The advice from professionals was evident in care plans and staff understood how they needed to support people to reduce the associated risks.

Risk assessments were developed as potential risks emerged and remained under continued review. One person had developed vulnerable skin and a care plan had been put in place to address this. Environmental risks and emergency planning was also in place to ensure continuity of support.

Staff also understood their role and responsibilities to protect people from abuse. Staff spoke confidently about the indicators of abuse and were able to explain who they could report to both inside the service and to external agencies. Where people had been identified as at risk appropriate professionals had been informed.

People had help from, safely recruited and appropriately trained, staff. Staff recruitment processes were safe and ensured that appropriate checks were made on the suitability of candidates. There were enough staff to ensure people had regular staff. One person reflected on this and told us: "I see the same people. That matters."

People received their medicines when they were needed and in ways that suited them. There were systems in place to ensure that medicines were stored safely and that administration was safe. Medicine administration records (MAR) were completed accurately for prescribed tablets and topical creams. A person told us the staff were very good at supporting them with their medicines.

People were supported by staff who understood the importance of infection control and helped them to maintain clean and safe environments. Staff told us they always had access to gloves and aprons to ensure they provided care safely.

There was an open approach to learning. Accidents and incidents were recorded and monitored. Information was shared appropriately. Advice was sought, actions taken and learning shared amongst the staff team.

## Is the service effective?

### Our findings

People told us they were happy with the way their care and support was managed. Records reflected that comprehensive assessments had been carried out with the input, and consent, of the person and those that knew them well. The registered manager explained the characteristics defined by the Equalities Act were reflected at assessment and this meant that care plans protected people from discrimination.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The registered manager understood the need to work with appropriate agencies to apply to the Court of Protection should this be necessary.

Staff understood the importance of seeking the least restrictive option when providing care to people who could not consent. Staff gave examples of how they checked if a person wanted the support and care they were offering. Care plans reflected that people could give or retract consent at each visit. Their views on how and when they wanted care and what they wanted the outcome to be were evident throughout care documentation. Where people could not consent to their care, regular reviews of their care plans were undertaken with people who knew them well, to check that their best interests continued to underpin the care they received. People felt their choices were heard and respected. One person told us: "I am definitely in charge in my house."

People were supported by staff who understood their care and support needs and could describe these with confidence. Staff had received the training they needed to ensure they could provide this support safely. People told us this training was effective. One person told us: "They are all good at what they do." Staff felt the training was relevant and effective. One member of staff described the registered manager's approach to training and skill development: "They are supportive. You get everything you need. They always make it available. They are a trainer and will go out of their way to make things happen. They give you all the tools."

Training covered areas necessary to ensure safe support such as fire safety, safeguarding and health and safety. Where practical competency was required, such as with helping people to use equipment to move safely or giving medicines, this had been checked. Training relating to the needs of people was also provided and this was continually reviewed. New staff would be supported to undertake the care certificate if necessary. This is a national training programme to ensure staff who are new to care have a positive induction. The induction process for all new staff included shadowing which meant staff were encouraged to support each other as they developed their knowledge and skills.

Staff received regular supervision and annual appraisals. People's views were reflected in the staff supervision process. They told us they felt supported by this process and the availability of the registered manager to discuss any concerns or questions informally.

People were supported to maintain their health. Records showed that people were supported to access a range of health professionals and the information necessary to support them to maintain their health was

detailed in their support plans. The registered manger was passionate about people receiving the health care they needed and this was reflected in appropriate referrals that had resulted in significant improvements in people's health and their quality of life. A professional commented on this: "They are not afraid to make recommendations regarding care if they feel it is in the client's best interest."

Where staff prepared meals they understood how to do so safely. People told us that the meals were well prepared and reflected their tastes. One person told us that they had discussed how they liked their tea with staff.



## Is the service caring?

### Our findings

People were supported by staff who knew them well and cared about them. When asked about the support people needed, staff explained their support needs alongside the things they knew that made the person reassured and happy. People valued their relationships with support staff and appreciated that they had a chance to develop these. One person said: "They are always regular faces."

Staff spoke with respect and kindness about people and their discussions with us included examples that reflected their knowledge of the important relationships and interests in people's lives. People told us they liked the staff; making comments such as: "Perfect – I couldn't wish for anybody better. They are so caring and friendly."

Care plans focussed on people's strengths and their independence and autonomy. Where people needed a high level of support the parts of the tasks they could carry out were clear. Staff worked in a way that supported people's independence. One person reflected on this saying: "I could talk to them – the little things I can't do they are only to happy to help." Another person said: "They are very helpful If I can't do something they will immediately help me. But they leave me to do it if I can."

Staff ensured that dignity was promoted at all times with respect for people's well being reflected within people's care plans, the way staff spoke about people and the support they provided.

Care plans detailed how people communicated and staff used this information to ensure that people were able to make as many decisions as they could about how they lived their day to day lives.

## Is the service responsive?

### Our findings

We heard and saw that staff were responsive to people's needs and preferences. For some people it was clear that their health and general well-being had improved as a result of the personalised care and support people received. A relative had written a letter to the registered manager commenting on: "the quality and thoroughness of work and for the very pleasant and professional way in which you go about it." They continued to acknowledge that this had, "contributed to the improvement in (their loved one's) health".

Care was personalised to individual needs and staff were able to describe the detail of how people were supported. Responsive care was provided each day because staff shared and recorded information effectively. Daily notes were consistently completed and enabled staff to get a quick overview of any changes in people's needs and their general well-being. These daily records were directly reflective of support plans and were reviewed by the registered manager at least monthly. This enabled ongoing review of whether the support provided was appropriate.

People had their health monitored to ensure staff would be quickly aware if there was any change that might necessitate an alteration in how their care was planned and delivered. Action was taken promptly to ensure health needs were met at all times. We saw, for example, that a potential infection was flagged to the person's GP immediately. Another person was referred for additional professional input when their mobility deteriorated. Staff told us they felt they had all the information they needed to provide the right care for people. This ensured that people received consistent care and support.

Staff had a clear understanding of how people communicated best and used this to support them. This information about communication was recorded clearly and was made available to other professionals. Information was also provided to people in ways that suited them best. The service met the Accessible Information Standard. The Accessible Information Standard, which became law in 2016 aims to make sure people with a disability or sensory loss are given information in a way they can understand.

People were supported by staff to maintain their personal relationships. Staff understood who was important to each person, their histories and the culture of their families and friends. People were also supported appropriately to retain autonomy and dignity within their personal relationships.

The service had a complaints procedure which was given to people and their relatives when they moved into the service. People said if they had any concerns or complaints, they felt they could discuss these with the staff and the registered manager. One person said: "(the registered manager) is very helpful" another person told us: "(The registered manager) comes round. Sometimes they just chat - checking everything is ok." They felt any concerns and complaints would be responded to appropriately.

The service was not, at the time of inspection providing end of life care to anyone. If it was appropriate care plans outlined how and where people would like to be cared for when they became very unwell. There was open discussion where appropriate and staff were able to support people to express their concerns and wishes. Some staff had been trained in supporting people at this time and the registered manager told us

they planned to ensure this training was available to all staff.

## Is the service well-led?

### Our findings

Staff were proud of their work and felt involved in improving the service alongside people, and the management. All the staff we spoke with were proud of their work and made comments such as: "I am happy to work for Adonai." When asked to explain this, they gave examples related to the support they received and their belief that the leadership of the service was skilled and committed to ensuring high quality care. They told us they were listened to and supported by the registered manager and that their ideas were valued and adopted. The registered manager told us they ensure the staff all know "this is yours as well". They were clear in their understanding of the values of their work and how this underpinned the team.

Staff understood their roles and responsibilities and understood who they could seek guidance from. There was a registered manager who knew the staff and people using the service well. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager understood their responsibilities to notify the Care Quality Commission and had done so. People, staff, and professionals all commented on the skills of the registered manager in ensuring a smooth running service where people could be open with their views. A number of members of the registered manager also worked in the service in various roles which can lead to challenges for staff who are not relatives. However, staff told us they felt absolutely confident that they could address any issues openly. The registered manager reflected on this saying: "All staff are treated as family. There is no compromise on professionalism."

People and relatives were asked about their view of the service and this contributed to plans to improve the service. We saw that the comments people had made had been checked with them and where appropriate actions had been taken.

Quality assurance processes were effective in identifying areas for development and in reinforcing values. Robust monitoring was in place that reflected the needs of the service. The registered manager was committed to ensuring this remained the case as the service grew. They explained the plans in place to ensure this by maintaining meaningful oversight and working relationships between people and small teams of staff.