

Adelphi Care Services Ltd

Domiciliary Services Adelphi Care Services Limited

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

The inspection was carried out on 27 April 2016 and was announced.

Domiciliary Services Adelphi Care Services Limited is a domiciliary care agency that provides personal care and support to people in their own homes. At the time of our visit the agency was providing a service to 17 people. The provider specialises in delivering care to people with learning disabilities and autistic spectrum disorder. The frequency of visits and duration across the service varied from three hours per week to 24 hours care per day.

There was a registered manager in post who was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported to keep themselves safe from harm and abuse. Staff knew how to recognise the signs of abuse and who to report concerns to. The provider had completed recruitment checks to ensure that potential new employees were suitable and safe to work with people who used the service.

Staff were aware of the risks associated with people's needs and how to minimise the risk of harm without restricting their independence and choice. Staff knew what action to take in the event of accidents or incidents and there were procedures in place to reduce the risk of reoccurrence.

People were supported to take their medicines safely. People were supported to arrange and attend health care appointments as required to promote their health and wellbeing.

People were supported by staff who were well trained and knowledgeable about their needs. Staff received regular support and guidance to carry out their roles effectively.

Staff sought people's consent before supporting them and respected their decision if they declined support. People were given information in a way they could understand to help them make decisions.

People were supported to plan and prepare their own meals where required. People were encouraged to follow healthy nutritional diets.

People found staff respectful and kind. People were involved in decisions about their care and support. Staff promoted people's independence and dignity.

People benefitted from a flexible service that was responsive to their changing needs. People received

support that was tailored to their individual needs and preferences. People felt comfortable to raise any concerns and were confident that they would be listened to and acted upon.

There was a positive working culture where people, relatives and staff found the registered manager easy to talk to. Staff were motivated to deliver the values of the service.

The provider had a range of checks in place to monitor the health, safety and wellbeing of people who used the service. They actively sought feedback from people relatives and staff to drive improvements in the service

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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 to keep safe from harm and abuse. Risks to people's safety had been assessed and measures put in place to minimise the risks without restricting their independence or choice. They were enough staff to meet people's needs. People were supported to take their medicine safely.

Is the service effective?

Good ●

The service was effective.

People were supported by motivated staff who were knowledgeable about their needs. Staff received training and support to meet the individual needs of people who used the service. People were supported to arrange and attend health care appointments to promote good health

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and respectful of their needs.

People were involved in decisions about their care and support. Staff had formed positive working relationships with people and promoted their independence.

Is the service responsive?

Good ●

The service was responsive.

People received support that was tailored to their individual needs and preferences. The service was flexible and responsive to changes in people's needs and circumstances. People knew how to make a complaint and were confident that they would be listened to and action taken.

Is the service well-led?

Good ●

The service was well led.

People found the staff and management team approachable. There was a positive working culture where staff shared the vision for the service. The provider had a range of checks in place to monitor the quality and development 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 inspection took place on 27 April 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for people in their own homes and we needed to make sure there would be someone in the office. The inspection team consisted of one inspector.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are about important events which the provider is required to send us by law. We also reviewed the Provider Information Record (PIR). The PIR is a form where we ask the provider to give some key information about the service, what the service does well and what improvements they plan to make. We asked the local authority and Health Watch if they had information to share about the service provided. We used this information to plan the inspection.

During the inspection we spoke with three people who used the service and three relatives. We spoke with seven staff which included the registered manager, the deputy manager and five care staff. We viewed two records which related to assessment of needs and risks. We also viewed other records which related to management of the service such as complaints, accidents and recruitment records.

Is the service safe?

Our findings

People who used the service told us that staff supported them safely. Relatives we spoke with were confident that family members received the support they required to remain safe without restricting their independence. Staff were knowledgeable about the different forms of abuse and who they could report concerns of abuse to. The registered manager was aware of their responsibility to refer any concerns of abuse to the local authority.

People told us that staff discussed risk taking with them and how risks could be reduced. Staff were aware of the risks associated with people's needs and how to minimise these. They told us and we saw that they had access to detailed risks assessment and support plans. They told us they were able to identify when people were becoming anxious and the action required to ensure both they and other people were safe. Staff also supported people to look out for environmental hazards. The provider employed a health and safety officer who visited properties and assessed any risks. They would help people identify any hazards or areas that required maintenance. One person told us they would contact the health and safety officer direct if they had concerns about their property. Where required the registered manager would liaise with landlords to ensure repairs or maintenance were carried out to ensure a safe environment. For example, they supported one person to get broken electric sockets renewed.

People and their relatives told us there were enough staff and people received support from regular staff. Staff told us they felt there were enough staff to meet people's needs. The registered manager told us they had experienced some staffing problems the previous year and had to use agency staff. They were able to have regular agency staff who were familiar with people's needs. They had since recruited more staff, retention had improved and they were no longer using agency staff. We saw that there were effective systems in place to monitor people's support levels and the amount of staffing required to meet them. Staff told us that the provider had ensured that pre employments checks were completed before they started working with people. These included references from their previous employers and Disclosure and Barring Services (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable employees working with people. Records we looked at confirmed that the provider had followed safe recruitment processes.

Staff were able to demonstrate that they would take appropriate action in the event of an accident or incident. They would then complete an electronic incident form which sent an alert to the registered manager. The registered manager looked at what action had been taken and whether things could be done differently to avoid reoccurrence. For example, where people had become anxious they would speak with the person about the incident. They would encourage them to reflect on what had happened and how they could better manage their anxiety. The registered manager also developed a report to analyse if there were any trends or patterns in incidents. Where there was evidence of repeated incidents they would discuss these with the psychologist employed by the provider. If necessary they would refer the person to the challenging behaviour team for support.

One person we spoke with told us staff supported them to take their medicine as needed and helped them

reorder their prescriptions. Only staff who had received training to administer medicine would do so. Staff told us they had received competency assessments to ensure the on-going safety of medicine management.

Is the service effective?

Our findings

People and their relatives told us they thought staff were well trained and knowledgeable about people's needs. One person told us that the staff and management were both good. One relative said, "I've nothing but praise for them (staff), they treat [Family member] as I would". Another relative said, "Staff are good and look after [Family member]".

People were supported by motivated staff who received training to enable them to meet the individual needs of people who used the service. Staff told us they had regular one to one meetings with their line manager. They told us that they were able to discuss their training and development needs and were given constructive feedback on their practice. Staff felt that they had good training opportunities. One staff member had requested Makaton training and this was being arranged. Makaton is a form of sign language which helps people communicate. Staff talked of the benefits of training to help them manage people's anxieties which reduced the risk to people and staff. They had also had training on autism which increased their understanding of the condition and how it impacted on people. We saw that the registered manager had clear systems in place for monitoring staff training. Any identified training needs were reported to the provider's training officer who would arrange the necessary training. New staff we spoke with told us they had completed a structured induction. This included mandatory office based training, an induction workbook as well as working alongside experienced staff for two weeks.

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. Staff had received training on the MCA and were clear about issues of consent. People told us staff always asked their permission before supporting them and respected their wishes if they did not want their support. Staff confirmed that they offered people the choice. For example, one staff member said they would ask, "Is it ok?" or "Would you mind?". Where people had difficulty making decisions staff would explain things in a ways they could understand and give them choices. If people were unable to make decisions staff would speak with the registered manager to ensure decisions made were in their best interest. The registered manager was able to demonstrate that they were aware of principles of the MCA. Where required they would complete best interest meetings with the person, their relatives and relevant professionals.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Depriving a person who lacks capacity to consent to the arrangement for their care and treatment of their liberty in settings such as the person's home will only be lawful following an order of the Court of Protection on a best interests personal welfare matter. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager informed us that no one they supported was subject to DoLS. They were able to demonstrate they would take appropriate action should they need apply for a DoL. They had a close working relationships with the local authority DoLS and had

previously spoken with them about a DoL application.

People told us staff supported them to plan and prepare their own meals where required. This included supporting them to plan and do their own food shop. Staff told us they gave people advice on healthy food options to maintain a healthy balanced diet. They supported people to be as independent as possible and would prompt and assist only where necessary.

During our visit we saw one person approach the registered manager about a forthcoming appointment they had. The registered manager showed the person that they had put this in the calendar to ensure that staff were aware and could support them to attend. People told us that staff supported them to arrange and attend health appointments as and when required. This was confirmed by a relative who said staff supported their family member to visit the dentist.

Is the service caring?

Our findings

People told us they liked the staff and management team. One person said, "All the staff are nice, I get on with them". Another person told us, "Staff are alright and I'm happy with how they help me". Relatives we spoke with were complimentary about staff approach. They felt staff had built up good working relationships with people. One relative told us, "They are so nice". They explained that they were careful who they trusted with their family member and were happy with the service provided. Staff were positive about their caring role and the relationships they had built with people. One staff member said, "It is all about them and what is important to them". Another staff member said, "They come first no matter what".

People and their relatives were involved in decisions about their care and support. One person told us they had discussed their care and support plans with staff. They were able to choose what they wanted to do and who supported them. Other people explained the different things staff supported them with such as attending appointments and helping them with correspondence. A relative told us they were fully involved in care planning and a review had been arranged for their family member the following week. Staff told us they spent time with people to establish what they would like to do and what support they needed to achieve their goals. One staff member explained this was the person's chance to say what they wanted. They said, "We just help them to put their goals in the form of words". Where staff had difficulty communicating verbally they used other forms of communication to obtain their views. This included picture cards and body language.

People told us they found staff respectful of them and their belongings. Relatives found staff supported people with dignity and respect. One relative said, "They treat them [Family member] as an equal. Staff were mindful that they were working in other people's houses and they should respect the person and their belongings. They told us they knocked on people's doors and waited to be invited in. We saw that staff spoke with and about people in a positive and respectful manner.

The registered manager was keen that staff promoted people's independence. They supported some people to manage their finances. They were working with people to empower them to manage these themselves. We saw them explain to one person how this would work. The person understood and was happy with the arrangements that were being made.

Is the service responsive?

Our findings

The provider offered bespoke care packages to people with diverse needs. People and their relatives told us their support was tailored to people's individual needs and preferences. One person told us they could choose what they wanted to do and who they were supported by. A relative told us their family member preferred to be supported by male staff and this was respected. The registered manager told us they took a person centred approach to care planning. They always started with the person and what they wanted from the service. They would discuss their needs with relatives and involve other professionals where appropriate. They looked at people's interests and paired them with staff with similar interests. They found this enhanced people's enjoyment of the activities they wanted to take part in. This was confirmed by a relative who found their family member was better motivated when supported by a staff member who shared the same interests. Staff were able to demonstrate they knew people well and were aware of their preferences.

People and their relatives felt that service offered flexibility and was responsive to changes in people's needs and circumstances. People told us that staff supported them with many different aspects of their lives. Some people had gained employment with support from staff. Others were able to access leisure and education. Relatives we spoke with told us they were kept fully informed and were involved in care planning and reviews. One relative told us their family member had received support from other services that had not been successful. They felt that this service knew what was expected of them and made every effort to enable their family member to achieve their goals. They found the service to be very amenable to change. For example, they had to attend an event which their family member would not have been able to go to and the staff rearranged their family member's support to suit. We saw that staff had access to detailed care and support plans which promoted an individualised approach to care delivery. These were regularly reviewed as people's needs and wishes changed. Staff were able to update people's care plans as changes occurred. They ensured that team members were notified of any changes to ensure a consistent approach which enabled people to achieve their goals.

People told us they would tell staff or management if they had any complaints and were confident that they would be listened to. One relative told us they would go straight to the registered manager if they had any concerns. They said, "I would go straight to [registered manager] they are smashing, they always sorts things out". Staff said they would support people to make a complaint where necessary. The provider had a complaints process that was available in an easy read version. We saw that complaints that had been received had been responded to in an appropriate manner.

Is the service well-led?

Our findings

The registered manager told us the values of the service were to ensure people led happy rewarding lives. They aimed to support people to develop their skills and to be as independent as possible. This vision was supported by staff who told us their focus was to promote people's independence and support them to achieve their goals. One staff member told us they were part of a good strong team who put every effort into their work.

People told us they saw the registered manager on a regular basis and found them easy to get along with. They said they were asked their views on the support they received and the registered manager listened to them and took action where required. One person said, "I think it is a great service". A relative told us they were asked their views on the quality of the service at their family member's care plan review. We saw that people approached the registered manager with confidence to discuss their support needs.

People and their relatives felt that communication with staff and management team was good. People could contact the office for support and the management team would get back to them if they were not available. The registered manager had made use of technology to ensure key information was shared with the staff team in a prompt and effective manner. This was confirmed by staff who received regular updates through their mobile telephones. They explained they could access the internet to view the online staff communication book and daily diaries. They found this supported effective communication between the management team and colleagues.

There was a clear management structure in place and staff were clear about their roles and responsibilities. The registered manager was supported by the area manager, a deputy and senior support staff. There was a 24hour on call system in place to support staff outside office hours. Staff told us they found the registered manager very approachable. They could contact the management team for support at any time and they always responded in a timely manner. Regular team meetings were held and staff said they were invited to give their views on the development of the service.

The registered manager strived for continual improvement and development of the service. They told us they kept abreast of best practice through liaison with managers of other services. They maintained links with the local college about courses they offered and utilised skills for care resources. They and senior staff monitored staff development by working alongside them. They had developed spot checks to ensure staff were competent and put their training into practice. They were keen to give staff recognition for good work and would praise their efforts accordingly. They felt that this gave staff confidence which enabled them to build positive relationships with people who used the service.

The registered manager told us they maintained links with the local community. There were various resources and support services people attended. A number of people had worked in local charity shops as well as in local businesses. They had recently sourced an allotment for people who had an interest in gardening. They continually looked for opportunities for people they supported to take part in to meet their social needs.

The provider and registered manager completed a range of checks to monitor the quality and safety of the service. The area service manager completed audits of the service every two months and developed an action plan from their findings. The registered manager had a monthly action plan that they shared with their seniors. They used the information gathered to drive improvements in the service.