

Adjuvo (Midlands) Support for Living Ltd

Saffron Court

Inspection report

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Date of inspection visit:
06 January 2022

Date of publication:
04 February 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Adjuvo (Midlands) Support for Living Ltd., Saffron Court is a domiciliary care agency. The service provides care and support to people living in 'extra care' housing. Extra care housing is purpose built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupants' own home. The extra care housing complex was known as Saffron Court and was made up of individual flats.

Not everyone living at Saffron Court receives a service from the domiciliary care service. People receiving care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate the premises. 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. At the time of the inspection, five people were receiving the regulated activity of Personal Care.

People's experience of using this service and what we found

Risks associated with people's individual care and support needs had not been sufficiently assessed to ensure people's safety. Risk assessments had not been regularly reviewed or amended when people's needs changed.

The provider had an incident management system used to review, monitor and manage incidents that occurred. This included oversight and analysis to enable learning to reduce further risks. However, this was not fully effective.

There was a high use of agency staff to cover staff vacancies. The provider did not have details of agency staff to check their identity, and to assure themselves staff had undergone safe recruitment checks and were sufficiently trained. The provider had failed to provide staff with training and support to meet some people's specific health, care, and support needs.

The provider's governance systems and processes used to assess, monitor, and mitigate risks and to develop and make improvements were not fully effective or robust.

Infection prevention and control practice did not fully reflect best practice guidance. This included the monitoring of COVID-19 testing, assessment and risk management for people at high risk, how used personal protective equipment (PPE) was disposed of and was not monitored.

The provider's safeguarding policy did not reflect the local multi-agency safeguarding procedures. However, staff had details of how to make a safeguarding referral. When safeguarding incidents, concerns or allegations had occurred these had been acted upon and reported correctly to external agencies including CQC.

Relatives who gave feedback, raised concerns about the high use of agency staff and their concern of the

impact on continuity and consistency of care. However, they spoke highly of the permanent staff employed.

A person who used the service was positive about the care and support they received. They confirmed staff mostly arrived on time and stayed for the duration of the pre-planned care visit.

At the time of the inspection, people receiving personal care and support managed their prescribed medicines independently. However, the provider's medicines systems and processes reflected best practice guidance.

The new registered manager and service manager who had day to day responsibility, were aware of improvements required and showed commitment and determination to develop the service. The provider was also making changes within the organisation to further develop and improve.

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 Good (published 22 May 2019).

Why we inspected

We undertook this targeted inspection to follow up on specific concerns which we had received about infection prevention and control and staff deployment at the service. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with risk management, staff deployment, training and the provider's governance systems, so we widened the scope of the inspection to become a focused inspection which included the key questions of Safe and Well-led.

Please see the Safe and Well-led sections of this full report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Saffron Court on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to risk management, staffing, including training, and the provider's governance systems and processes used to monitor quality and safety and drive improvements.

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 for 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Saffron Court

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

Adjuvo (Midlands) Support for Living Ltd, Saffron Court is a domiciliary care agency. It provides personal care to people living in flats within Saffron Court. It provides a service to adults living with a range of health and care and support needs including people living with a learning disability and or mental health needs.

Notice of inspection

This was an unannounced inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We used all of this information to plan our inspection.

During the inspection

We spoke with one person about their experience of the care and support they received. We spoke with the service manager, a care worker, an agency worker and the administrator. We reviewed a range of records. This included in part, two people's care records. We looked at one staff file in relation to recruitment. We looked at a variety of records relating to the management of the service, including incident records. We reviewed infection prevention and control practice.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included but was not limited to the provider's training data, policies, procedures, an improvement plan. We also spoke with two relatives for their feedback about the service and we spoke with the registered manager.



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 Good. At this inspection this key question has now deteriorated to Requires Improvement. 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.

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

- Risks associated with people's individual care and support needs had not been fully assessed or effectively reviewed. This put people at increased risk of harm.
- For example, a fire risk had not been assessed to mitigate the risk this posed. A fire had occurred in a person's flat following a discarded cigarette being placed in a bin that caught fire. The service manager told us this was a known risk. However, there was no risk assessment completed to advise staff of actions required to mitigate this. This put the person and others at increased risk of harm.
- A person falls risk assessment dated August 2021 showed they were at low risk of falls. However, incident records recorded the person having had two falls in July and December 2021. A falls / mobility care plan or risk assessment had not been completed. This increased the risk of further falls.
- The provider's incident management system to review, monitor and analyse incidents and learn lessons from them was ineffective. The above examples demonstrate a failure by the provider to take action to reduce the possibility of re-occurrence, putting people at risk of potential harm.
- Risk assessments in relation to COVID-19 for people with additional health care needs had not been completed. This put people at increased risk.

A lack of effective risk assessment of people's care and support needs, and health and safety, and a lack of mitigating actions placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider responded immediately after the inspection and submitted evidence to confirm action had been taken.

Staffing and recruitment

- People receiving care and support had a range of needs, some people were either living with a learning disability, mental health or drug and alcohol needs. The staff training plan showed this training had not been provided. This meant staff had not been fully supported to effectively meet people's individual needs.
- Effective staff recruitment procedures were in place. Checks made included employment history, identity, and criminal records. However, checks on agency staff were not robust. This posed a potential risk to people.
- Relatives were concerned about the high use of agency staff and the impact this had on consistency and continuity of care. We shared this with the management team. They confirmed new staff had been employed and were completing their induction. This would reduce the need to regularly use agency staff.
- A person who used the service was positive about the staff that supported them. Comments included,

"Some of the agency staff you have to explain more than once what you need, but I have no problem, they always introduce themselves and have time for a chat."

Preventing and controlling infection

- Due to a COVID-19 outbreak at the service, no new admissions were being accepted. This meant the provider had taken action to mitigate risks.
- We were not fully assured that the provider was using personal protective equipment (PPE) effectively and safely. Used PPE was put in open boxes or swing bins, this increased the risk of cross contamination.
- We were assured that the provider was accessing testing for people using the service and staff. However, monitoring of test results needed further improvements.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Systems and processes to safeguard people from the risk of abuse

- The provider's safeguarding policy did not reflect the local multi-agency procedures such as including the local authority safeguarding contact details. This is important to enable any safeguarding incidents, allegations, or concerns to be reported without delay. Following our inspection, the provider confirmed staff had contact details to report safeguarding incidents, allegations or concerns.
- A person told us they felt they received a safe service. They spoke highly of the service manager who was on site daily, and whom they could raise any safety concerns with. Comments included, "I feel safe, I stay in my flat, I come and go as I please, the manager is always about to speak with."
- Staff were aware of their responsibility to protect people from abuse and avoidable harm. A staff member said, "My only concern is that the place is not staffed 24 hours. Staff start at 8 latest they leave is 7pm. A security guard patrols at night and there is an emergency cord in each flat."

Using medicines safely

- At the time of the inspection, people who received personal care and support did not require help with medicine administration. Individual risk assessments had been completed to support people to maintain their independence.
- The provider had a medicine policy and procedure that reflected best practice guidance.
- Staff had received training in the safe administration and management of medicines, including competency checks.



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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- People were at risk of receiving care and support from staff who were not sufficiently or effectively trained. This put people at an increased risk of harm. The registered manager told us the provider had recognised this need and was in the process of sourcing this training. The provider had failed to develop oversight and ensure people's needs were safely met, as training should have been available prior to care packages commencing.
- The provider's current action plan had no specific date of when it was developed and was not robust. Actions identified for improvement, had no timescale recorded and nothing was recorded to confirm if any of the identified actions had been completed. This showed a lack of oversight and leadership in developing and improving the service.
- People's care plans and risk assessments had not been kept up to date or their care and support needs effectively assessed. Staff therefore did not always have guidance reflective of people's needs to ensure safe care and treatment was always provided. This increased the risk of harm to people.
- Systems and processes used to manage agency staff were not robust. The service manager told us 10 agency staff were used in one week. We asked to review these staff profiles, but only two were available. The service manager told they had requested them, but they had not been received. This meant there were no identity checks completed on agency staff arriving for work, including checks that they had been safely recruited and were sufficiently trained. This put people at increased risk of harm. The service manager told us they personally inducted agency staff, but there was no record of this.
- Lone working procedures were inconsistent. Whilst permanent staff used a personal safety alarm, this was not available to agency staff. This meant the provider had failed to sufficiently support all staff effectively.
- The provider's infection prevention control (IPC) COVID 19 related information stated information should be made available in an appropriate format for people using the service. However, the service manager confirmed this had not been provided, instead information had only been shared verbally to people. This was a concern because some people had short term memory needs and may not have been able to retain the information without information provided in a visual format.
- The provider had failed to ensure COVID-19 best practice guidance was consistently followed. For example, PPE was not disposed of safely.
- The opportunity to share continuous learning and improve care was missed. Incident records had not been analysed effectively to learn, reduce further risks and make improvements.

We found no evidence that people had been harmed as a result of poor governance. However, the systems and processes to record and monitor the quality and safety and learn and improve the service was ineffective. This is a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care calls were monitored to ensure people received their expected care and support at the planned time and for the correct duration.
- Staff spoken with understood their role and responsibilities. The service manager told us they felt well supported and the care staff and administrator spoke highly of the support and leadership of the service manager.
- Feedback from a person who used the service and relatives was overall positive. Comments included, "The service manager has kept things going, they seem to be doing a good job, stepping in for the carers. I think the COVID-19 outbreak has been managed well and there's good communication." Another relative said, "I've been concerned about the lack of consistent staff, but I know new staff are starting. The administrator is fantastic, I don't know how the service would manage without them, they do so much, above and beyond which makes our lives easier."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had quality assurance processes to seek feedback from people about their service. However, a person who used the service and relatives spoken with told us they could not remember being asked for their views.
- The management team were unable to advise when the last quality assurance feedback survey was completed. However, they assured us they had plans to follow this up. They told us any feedback would be analysed by head office and any actions fed into the overall action plan for the service.
- Staff told us they felt supported, consulted and involved in the day to day running of the service.

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

- The provider had met their registration regulatory requirements of notifying CQC of certain events when they happened at the service. They had also displayed the last inspection rating as required.
- A person was positive about the care and support they received and how this promoted their independence and enabled them to achieve positive outcomes. They felt confident to raise any concerns or complaints and told us the service manager would take any required action.
- Relatives overall told us they were satisfied with the care and support provided. They felt the recruitment of permanent staff would bring about consistency and continuity of care. Relatives told us communication was good with the service. They were aware of how to raise a concern or complaint and felt confident action would be taken.
- Plans were in place to provide staff with additional training and support. This would upskill and further develop staff's understanding and awareness, and enable them to support people to achieve positive outcomes.

Working in partnership with others

- Staff supported people to access other services and agencies when required and to follow any recommendations to support their health and well-being.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not taken all practicable action to mitigate risks. This put people at risk of harm.</p> <p>Regulation 12 (1)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have robust systems in place to effectively monitor and improve the quality and safety of the service. This placed people at risk of harm.</p> <p>Regulation 17 (1)</p>