

Adico Care Ltd

Adico Care

Inspection report

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16 December 2019

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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

About the service

Adico is a domiciliary care service. The service is registered to provide care and support for older people, some of whom may live with dementia and younger adults.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People told us they felt safe being cared for by staff from Adico. People were kept safe from harm. Staff demonstrated they knew the process to follow if they were concerned about people's safety or if people may be at risk of abuse.

People had their individual risks assessed and where risks were identified. Measures were put in place to reduce the risk of harm. People's medicines were managed safely, and people received their medicines regularly. Staff were aware of how to reduce the risk of the spread of infection and were provided with personal protective equipment.

Staff received induction and ongoing training and supervision and felt well supported. Where people were assessed as needing support with eating and drinking staff supported them. People were supported to access healthcare professionals when required. People had consented to their care, and staff were aware of people's rights in relation to offering choices.

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

People told us they felt the staff were caring and thoughtful. Feedback from people and relatives was positive. People's dignity was maintained and people's right to privacy was respected. People's personal information was stored securely to ensure it remained confidential.

People's needs were fully assessed before they started using the service. Care plans were developed and kept under regular review to ensure information remained current. People were encouraged and supported to participate in events organised by the provider and follow hobbies that were of interest to them. People and their relatives were aware of how to raise concerns should the need arise. Many compliments had also been received by the service.

The provider had quality assurance systems and processes in place to assess the quality and make continual improvements. People, their relatives and staff members were positive about the way the service

operated and was managed. People were asked their views and feedback obtained was analysed so that any shortfalls could be addressed.

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 18 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was Well Led

Details are in our well led findings below.

Good ●

Adico Care

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

One inspector carried out this inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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

Inspection activity started when we visited the office location on 06 December 2019 and ended on 16 December 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We obtained feedback from the local authority and professionals who had knowledge about the service. 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 used all this information to help plan our inspection.

During the inspection

We spoke with four people who used the service and five relatives about their experience of the care provided. We spoke with four members of staff, the registered manager, and the provider. We received emailed feedback from three people/relatives.

We looked at records relating to people's care, staff recruitment files and training. We looked at other records relating to the overall management of the service, including quality assurance and audits, staff support meeting minutes, and social events information.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two professionals.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us that they felt safe being supported by the staff from Adico. One person told us. "The staff are very good, they know what they are doing, and I have never felt unsafe".
- People were supported by staff who had been trained in how to identify possible abuse. Staff received safeguarding training and demonstrated they knew how to raise concerns. One staff member told us, "I would have no hesitation in reporting anything even if I was not sure, I would rather report it than not."

Assessing risk, safety monitoring and management

- People had individual risks assessed and where any issues or concerns were identified measures were put in place to reduce the risk of a reoccurrence. Information was provided to help staff care for people safely.
- Staff had received training in the safe use of equipment and told us that they always 'shadowed and observed more experienced staff using equipment before they were able to use the equipment themselves.
- Environmental risk assessments were carried out in people's homes to help ensure it was a safe area to provide care.

Staffing and recruitment

- People, relatives and staff told us there were enough staff available to meet people's needs safely. One person told us, "I have never had a visit missed and they do not rush me. They let me go at my own pace." A relative told us. "They arrive when we expect them to and stay the full duration of the visit so have time to provide safe care, they don't have to rush."
- People told us that if staff were running late due to being delayed at the previous visit or through heavy traffic they were usually notified. For example, one staff member told us "If someone was taken poorly or we had to call a GP or ambulance we would wait with the person and inform the office, so they could let our other clients know."
- The provider completed a range of pre-employment checks as part of the recruitment process to help make informed recruitment decisions. This included taking up references and a DBS. Where appropriate people who used the service were invited to participate in the recruitment process. For example, following some difficulties with a service user they considered how best to meet the person's specific needs. They recruited a care worker specifically to work with the person who matched their profiles which helped ensure that the staff who supported the person had a similar background and therefore understood the person's needs.

Using medicines safely

- People received their medicines regularly. We saw that medicine administration records were completed.

- Staff received training and had competency checks to make sure they remained competent and followed good practice.
- The field care supervisor completed spot checks in the persons home and audited medicine records to check medicines were being administered correctly.

Preventing and controlling infection

- People were protected from the risk and spread of infection through training and effective use of personal protective equipment (PPE) such as disposable gloves, aprons and foot covers.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed, and appropriate actions taken as a result.
- The provider and registered manager reflected when things went wrong to help ensure they put actions in place to prevent a similar incident happening in the future.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs fully assessed before they began using the service. Information from the assessment was used to develop their personalised care plans. One family member told us "They asked lots of questions to make sure they got all the information they needed."
- Care plans were reviewed regularly and when people's needs changed which helped to ensure that the care and support provided remained current and up to date.

Staff support: induction, training, skills and experience

- People were cared for by staff who had the appropriate skills, training and experience to meet their needs effectively. New staff completed a comprehensive induction when they started working at the service.
- Staff had ongoing training, and support which included shadowing.
- Staff received individual supervision and told us they were well supported by management team. One staff member said, "I feel well supported and I can talk to the manager whenever I need to. They are very helpful for example, if I need to change my rota, they are very accommodating."

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

- People, where required were supported with tasks associated with eating and drinking. If staff had any concerns in relation to people's nutritional intake they were monitored through a food and fluid chart. The staff were also aware of the referral process for example if a person needed to be referred to the speech and language therapy team [SALT].
- Where people were supported with eating and drinking, staff were aware of people's likes, dislikes and any known allergies. Staff were aware of any cultural needs or special dietary requirements.

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

- People were supported where required to access a range of healthcare professionals. The management team and staff had developed good working relationships with other organisations and services which helped provide seamless and joined up care for people.
- Professionals told us they were happy with the service provided by Adico staff. One professional told us "I was working with them, with a difficult case and found them to be very supportive I would have no hesitation with working with them. They are a very good agency."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- Staff knew broadly what MCA and Dols meant but some were less clear about how it related to their day to day work. For example, they did not refer to best interest decisions or when these may apply. The registered manager told us that no-one who used the service was deprived of their liberty.
- The registered manager told us they had arranged refresher training for staff as a result of feedback. Staff understood that using certain equipment for example bed rails would be a restriction and therefore the best interest process would be completed.
- Where people had fluctuating capacity to make certain decisions, staff supported people in the least restrictive way, and supported them with decision making, and making choices.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives were very positive about the staff and the care they received. One person told us, "I am really happy with the service and support I receive from Adico. They arrive when you expect them, and nothing is too much trouble." Another person told us, "They are a very good agency. They send me a diary sheet every week so that I know who is coming and the times. I am really happy to have them caring for me."
- A member of care staff had recently won a care award for making an outstanding difference in care. In particular it recognised the difference this staff member had made to a person. The person had initially not engaged at all with staff and was in a low mood. With the persistence of the care staff they had really improved in terms of engagement and the positive impact on this person's life.
- People received consistent care and support from a small team of staff who they had got to know well. This ensured people received care from staff who knew them and their preferences well and enabled them to have meaningful relationships. People's positive feedback demonstrated they were happy with their care and felt staff were respectful of them as individuals.
- People were treated with dignity and respect. Staff were aware of equality and diversity and had received training in this topic to ensure they treated people appropriately and did not make any assumptions about people.
- One staff member told us "I treat people in the same way I would want someone to care for me or my family member. I respect their privacy when I support them with personal care I always make sure they are covered up and have a chat to help them feel relaxed."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us the staff were kind and caring and that they always felt consulted and involved. People told us that staff were not rushed and always had time if they needed anything extra done." A relative also confirmed that quality of care prevailed at all times and this was really important to their family members wellbeing.
- Staff told us, and records confirmed they had enough time to be able to engage with people rather than rushing in doing the task and rushing off. Staff were able to describe what was important to people and had a really good understanding of each person.
- People told us they and where appropriate their family members were fully involved in the entire assessment process and also after the care commenced with regular reviews of the care plan.

- Care plans were written with the person and people had signed their care plan to indicate they agreed with what had been written. This ensured that staff had the information in place to know how to support people in the way they preferred.
- People told us the staff encouraged them to be as independent as possible. One person told us "They always ask if I would like to wash what I can reach. This makes me feel better as I am not so fully reliant on them supporting me."
- Staff told us they encouraged people to do even the smallest task for themselves which gave them a real sense of importance and dignity."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us staff supported people in a way that met their individual needs and preferences. People repeatedly told us how happy they were with the service. One relative told us "Responsive, yes definitely, you only have to ask and its done. It really is one of the better services for sure."
- People's care plans provided staff with clear and up to date information about the level support people needed. These were written in a person-centred way which was clear to staff and contained the level of detail to include small things that were important to the person.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us Information could be provided in other formats, if required and or in alternative languages. People at the time of the inspection were all able to communicate their needs with staff so did not require this.
- Staff were aware of people who had a sensory impairment and had developed a way of communicating effectively with them. For example, by ensuring they were facing them and spoke clearly.

Supporting people to develop and maintain relationships to avoid social isolation

- People and their relatives felt the service and staff helped them to avoid isolation. The registered manager and provider had arranged many social events at the office for people to attend like coffee and cake mornings. People also told us that staff encouraged them to follow hobbies and things that were of interest to them.
- One person told us, "I really do look forward to them coming, it's nice to have a bit of company and I like the fact that I see a few different faces then we don't run out of things to talk about."
- Staff encouraged and supported people to maintain relationships that mattered to them, such as with family and friends, as well as getting involved in events in the community.

Improving care quality in response to complaints or concerns

- People were aware of how to raise a concern. Two people we spoke with told us they had minor grumbles and were not happy with a particular staff member. They told us the registered manager listened and acted. They were confident that they were listened to.
- There was a robust complaints policy and procedure in place to ensure they learnt from complaints and

shared any lessons learnt.

Many positive comments and feedback had been received demonstrating that people were very happy with the service they received.

End of life care and support

- Staff were not supporting anyone with end of life care at the time of our inspection.
- The registered manager and staff were able to show us the way they would support people who required end of life care should this be required. Information was gathered as care plans were developed so staff were aware of any wishes.
- Training was provided for staff, so they fully understood end of life care.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and registered manager operated an open inclusive culture which achieved positive outcomes for people who used the service. Staff were also positive about the overall management of the service.
- Relatives told us they felt the service had a person-centred culture. One family member told us, "I have had experience of several care agencies and Adico is the best by far. They are so well organised and that is from the top including [Name of registered manager] They really do strive to make a difference."

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 and registered manager demonstrated they knew their responsibilities under duty of candour and notified the CQC of incidents that they were legally obliged to.
- Staff were able to demonstrate they understood the importance of their roles and responsibilities. They were able to tell us the type of thing that would require reporting for example accidents or incidents or a medicine error. This supported the 'open' transparent culture found at the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People, relatives and staff told us they had a good relationship with the registered manager. Most of the people we had spoken with told us they knew the registered manager by name and that they had met them and on occasions even supported them with their care. People were very positive about this approach.
- People and relatives told us they felt the registered manager was approachable and available. They told us they felt that the service was well managed. One relative told us "I think the good thing about [Name of registered manager] is she is not afraid to roll her sleeves up and help out. The service is definitely well managed."
- The registered manager demonstrated throughout the inspection process that they understood the regulatory requirements and had systems in place to manage risks and the overall quality of the service.

Working in partnership with others

- The registered manager and staff team worked in partnership with colleagues from other agencies along with representatives from partner organisations. These included GP's and other health and social care

professionals to help ensure people received joined up care and support.

Continuous learning and improving care

- Feedback was sought from people and relatives and this was analysed and used this to help drive improvement. The provider and registered manager demonstrated a passion and appetite to make continual improvements.
- The registered manager told us "We work so hard here to make a difference." It was clear that their hard work was recognised by the people they supported family members and the wider staff team. All of whom told us they were proud to work for Adico.