

Adjuvo (Midlands) Support for Living Ltd

Adjuvo Leicester

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

About the service

Adjuvo Leicester is registered as a domiciliary care agency who provide care and support to people living in supported living properties. 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. At the time of inspection 6 people received personal care support in a supported living setting for people with learning disabilities and autism.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

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 received support to maintain an environment that was suited to their needs and preferences. The provider supported some people who lived in their own flats and apartments, and some people who had their own rooms in a shared house.

Staff supported people to make decisions following best practice in decision-making. People were supported to carry out their daily living activities and pursue their hobbies and interests.

Staff supported people to access health and social care services. Staff supported people with their medicines safely and in their preferred way.

Right Care:

People received care that was person-centred, privacy, dignity and human rights were promoted.

Staff understood each individuals communication ability, and communicated with people in ways that met their needs.

People received kind and compassionate care. Staff understood and responded to people's individual needs. Feedback from relatives was positive, and they felt their family members were well cared for.

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise

and report abuse and they knew how to apply it. The service employed skilled staff to meet people's needs and keep them safe.

People's care plans reflected their needs and wishes and promoted their wellbeing. Risks that people may face were appropriately managed.

Right Culture:

The ethos, values, attitudes and behaviours of the registered manager and staff team ensured people lead confident, inclusive and empowered lives.

People received good quality care and support because trained staff could meet their needs and wishes.

People and those important to them, including social care professionals, were involved in planning their care. The registered manager and the staff team ensured people received support based on best practice, respect and inclusivity.

This service was registered with us on 26 August 2021 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Adjuvo Leicester

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 January. We visited the location's office, and supported living location on this date.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited a supported living location and met and spoke with 5 people who were being supported by the service. We spoke with 2 staff members, the registered manager, and the operations manager. We also sought feedback from relatives of people who used the service via email. We looked at various documents including care plans, risk assessments, training records, and staff recruitment files.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safely supported by staff. One person told us, "Yes I feel safe here." We observed that people appeared to be comfortable in their home with the staff supporting them. Relatives we contacted felt their family members were being supported safely.
- People were protected from the risk of abuse by staff who understood safeguarding procedures, and were trained in this area. Staff confirmed they understood whistleblowing procedures and were confident that any issues raised would be dealt with.

Assessing risk, safety monitoring and management

- Risk assessments had been created to make sure that people were safely supported by staff, and staff knew how to follow them. This included the assessment of risks around communication, health conditions such as diabetes, personal finance, mobility, and personal care.
- Staff we spoke with had a good knowledge of the people they were supporting, and understood risks present in each individual's life. Staff told us they were confident in this area.

Staffing and recruitment

- There were enough staff to ensure people got the support they required safely. People we spoke with told us there were enough staff on shift to help and support them in the way they wanted.
- Staff were recruited safely. This included ID checks, employment references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines safely, and staff were trained in this area. We looked at medicines administration records (MAR) and saw they were completed accurately, to ensure people's medicines were documented safely.
- We visited a supported living setting, and saw that people stored their medicines safely within their own rooms.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- Staff used personal protective equipment (PPE) effectively and safely.
- The provider had an up to date infection, prevention and control policy in place.

Learning lessons when things go wrong

- Systems were in place to record any accidents or incidents. This included analysis of any events, to ensure that lessons were learned. Staff we spoke with told us they regularly discussed any incidents that occurred, to ensure lessons were learnt.

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.

This is the first inspection for this newly registered service. This key question has been rated Good: 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's needs were assessed before they started using the service. Pre assessments included people's holistic, physical and emotional needs to ensure these needs could be met. The registered manager told us that consideration was always given to compatibility of people and their needs, who may be living within the same supported living environment.

Staff support: induction, training, skills and experience

- People received support from staff who had the knowledge and skills to support them effectively and safely. Staff told us they had undergone an induction training package which prepared them well for the role, and included shadowing more experienced staff to get to know people and their routines.
- For staff new to care, the training included the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. This included training to work with people with learning disabilities and autism.
- Our observations of the supported living environment we visited, were that there were enough staff to meet people's needs, and the staff were confident in supporting people.

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

- People were encouraged to maintain a healthy diet. People we spoke with told us they were happy with the meals they ate, and had choices on offer daily.
- Care plans documented what people's needs and preferences were with food and drink, and staff understood this. When required, records were kept of people's intake for health and medical reasons.
- Staff understood risks in this area, for example risks around choking and diabetes, and supported people safely.

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

- People received the support they required to manage their healthcare needs. Care plans documented any health conditions people had and how best to support them. One staff member told us, "I have recently supported [name] to have a diabetes review with the nurse. Everyone gets support with their appointments."
- People had health action plans in place, which ensured all relevant information was recorded and passed over to any health or social care professionals as required, for people's ongoing health and wellbeing.

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 MCA 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 , whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was supporting some people who lacked capacity to keep themselves safe at all times. Where this was the case, we saw that appropriate legal authorisations had been applied for, and staff worked in the least restrictive way possible . Care plans documented people's abilities to make 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.

This is the first inspection for this newly registered service. This key question has been rated Good: 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 felt well cared for by a staff team who knew them well and respected their equality and diversity. One person we spoke with said, "The staff are nice to me, I like it here." One relative of a person using the service told us, "We have been very pleased with the overall way [name] is being looked after. [Name] is always calm and well presented." Another relative said, "The staff give good care and are helpful and friendly."
- Staff told us they treated people with dignity and respect, and had positive relationships with the people they were supporting. One staff member said, "I think we (the staff team) are caring towards the residents. We give emotional support which is important. We have a joke and a laugh."

Supporting people to express their views and be involved in making decisions about their care

- Staff understood the importance of supporting people to make their own decisions wherever possible. The registered manager told us the staff team were focused on building people's independence as much as possible, as in some cases, people had experienced care and support in the past which did not recognise their independence or individuality.
- Care plans documented people's ability, and encouraged staff to understand what people could do for themselves. Interactions we witnessed between staff and people were positive, and staff were enthusiastic about supporting people to achieve what they could, and reach their goals.

Respecting and promoting people's privacy, dignity and independence

- Staff understood people's right to privacy and dignity. Staff were able to explain how they ensured people were treated with dignity and respect when supporting them and completing personal care tasks.
- People's personal information was not shared inappropriately. People's personal information was stored securely. Staff were aware of keeping information safe and data protection.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good: 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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager and staff team had good knowledge about the people they were supporting, and understood their history, needs and preferences well. Staff were aware that some people's previous history within care had not always been positive, and had not always enabled them to be as independent as they could be. Staff and the registered manager were enthusiastic about promoting people's independence and skills, to maximise what people could do, at a pace suited to them.
- Staff explained examples of how people's confidence and skill sets had improved over time, for example, making food and drink, becoming empowered to ask for things they wanted, rather than wait to be offered, looking after their own environment, developing improved communication with staff and other people, and more.
- People were supported and encouraged to take part in activities that were important to them. We saw that some people accessed day time activity centres away from their home, as well as having things to do at home such as art and crafts activities.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans had information regarding their communication needs. The registered manager understood the need to make sure people had access to the information they needed in a way they could understand it, including the use of easy read and large print.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place. At the time of inspection, no formal complaints had been made. The registered manager was aware of the requirement to ensure complaints were dealt with in a timely manner.

End of life care and support

- At the time of inspection, nobody using the service required this type of care. Care plan templates were in place should people wish to record their plans and preferences for 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.

This is the first inspection for this newly registered service. This key question has been rated Good: 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

- People received support from staff who treated them as individuals, and worked with them and their families to achieve good outcomes. One relative told us, "My relative was in hospital and rehabilitation for a few weeks recently, and I was very happy with the communication and updates I received from staff." The provider's visions and values were positive and followed by members of staff, who aimed to create an open and empowering culture.

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 registered manager and the provider understood information sharing requirements, and knew that when concerns had been identified, appropriate notifications should be sent to the CQC and the local authority as required by law.

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

- Staff we spoke with were largely positive about their roles and the support they received. Staff members acknowledged that management staff had at times been busy, but one staff member said, "There are always managers to talk to. We have very good team work. I get the support that I need. The registered manager always listens and helps us any way they can. They have been very flexible with me."
- The registered manager and operations manager had comprehensive audit tools in place, and were continuing to develop this side of the service. We saw that audits and checks took place, and actions created when required. The management team were aware of their regulatory requirements.

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

- Staff felt able to feedback and make suggestions on the service. Staff meetings were held to discuss any matter including training, recruitment, and any updates on the people that were being supported and their routines.
- People were able to feedback formally and informally. This included the use of questionnaires to feedback on the quality and satisfaction of care, staffing, wellbeing and leadership. Results we saw were positive and people we spoke with felt engaged with and had their equality characteristics respected.

Continuous learning and improving care; Working in partnership with others

- The registered manager and operations manager had a clear vision for the direction of the service, and improvements they wished to make. This included implementing an electronic care planning system to improve consistency and access to up to date records.
- The management team were open and transparent throughout the inspection.
- The staff worked well in partnership with other health and social care organisations, which helped to improve the wellbeing of the people they supported.