

Adopt Healthcare Ltd

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Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Inadequate 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Adopt Healthcare is a domiciliary care service that provides personal care and support for people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks relating to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection the service was supporting 3 people with personal cares.

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

People were not kept safe from the risk of harm. People did not have appropriate risk assessments in place and environmental safety assessments were not completed. Medicines were not managed safely. The recruitment process was not safe. There was no evidence of lessons learnt despite accidents occurring.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Staff knew people well but could not support them based on their needs as no assessments had been completed by the provider and no care plans were available for staff. There was no evidence of people's consent or involvement in care decisions. There was no evidence of involvement from other professionals vital to people's care and treatment.

The provider did not have systems in place to monitor or audit the quality of the care provided therefore could not drive improvements. Oversight and management of the service was not safe or effective.

Staff received training online and induction prior to commencing employment. However training was not provided on equality and diversity or promoting privacy and dignity.

Staff followed good infection control practices including wearing personal protective equipment when supporting people.

People and relatives told us they were happy with the care staff provided and were supported by consistent care staff. Relatives told us staff were caring and treat people with kindness. Staff told us the registered manager was approachable and supportive.

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

Rating at last inspection

This service was registered with us on 14 August 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We found evidence the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this report.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, medicine management, consent, safe recruitment processes and good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below

Is the service effective?

Inadequate ●

The service was not effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Inadequate ●

The service was not responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Adopt Healthcare Ltd

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

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

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.

What we did before the inspection

We reviewed information we had received about the service and we sought feedback from the local authority and professionals who work with the service. The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information

about the service, what it does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 relatives of the people who use the service about their experience of the care provided. We spoke with 4 staff members, including the registered manager, senior care worker, care worker and the I.T manager. We reviewed all documentation the provider had relating to the 3 people who were in receipt of personal cares.

We looked at 2 staff files in relation to recruitment and staff supervision, and we also requested a variety of records relating to the management of the service, including policies and procedures and training documents.

During and after the onsite inspection we requested multiple documents such as audits and governance records, however we were not provided with these.

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 inadequate. This meant people were not safe and were at risk of avoidable harm.

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

- People were exposed to the risk of harm. There was a failure to assess, monitor and mitigate risks in relation to people's health, safety, and well-being.
- People did not have risk assessments in place where required. For example, one person had complex health needs affecting their mobility. There were no risk assessments in place to manage mobility risks despite this person falling multiple times since receiving care by the service.
- Care records were not in place for people, so staff did not have an up-to-date record of people's current assessed needs or requirements.
- Environmental risk assessments were not completed on people's home prior to or after the provider commenced service to them. This placed staff at risk of harm or injury whilst working in people's own homes.
- The provider did not have systems in place for learning lessons when things went wrong. Accidents and incidents were recorded but were not reviewed or analysed for patterns or trends.

Systems were not in place to demonstrate risks to people's health and safety were managed effectively. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The provider responded after the inspection and provided additional updated care documentation however, these were not sufficient and did not provide assurances.

Using medicines safely

- Medicines were not managed safely.
- The provider did not have systems in place for staff to be able to record what medication they had administered to people or at what time. There were no medication administration records (MARs) in place.
- One person was in receipt of 'as and when' required (PRN) medication. This medication can only be given every 4-6 hours up to a maximum of 4 times in 24 hours. The provider did not have a PRN protocol in place for staff to follow and no process to record the time the medication was given to avoid overdosing.
- Staff did not receive medication competency checks. This left people using the service vulnerable to potential medication errors and unsafe administration of medication practices.
- The medication policy which was in place did not refer to the need to complete medication competencies on staff. These should be completed regularly, in line with current NICE guidelines.

We found no evidence people had been harmed however, medicine management systems were not in

place, and this put people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Staffing and recruitment

- The providers recruitment process was not safe.
- Staff were employed despite only providing one character reference, and checks into staffs' previous employment history were not completed.
- The providers own recruitment policy had not been followed when recruiting staff. This stated staff should have a minimum of a level 2 Health and Social Care qualification and provide 2 references before being approved for a role.

The provider had failed to ensure sufficient checks had been completed on staff, in line with their recruitment policy, prior to employment. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- The provider had conducted Disclosure and Barring Service (DBS) checks on staff prior to their employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- We were not assured the systems in place would safeguard people from abuse. We saw poor oversight of accidents and incidents and there was a lack of care plans and risk assessments. This meant people were not always appropriately protected from harm.
- Staff told us they had received safeguarding training and knew how to raise a concern.
- People and relatives told us they felt safe when receiving cares from the staff. One relative told us, "They are prompt when they come, I think [family member] is safe with them, they are OK."

Preventing and controlling infection

- The provider had an up-to-date infection prevention and control policy.
- Staff were provided with sufficient supplies of person protective equipment (PPE) to carry out their roles safely.
- Relatives confirmed staff wore PPE appropriately when providing cares

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 inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

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

- The provider was not working in line with the principles of the MCA. There was no evidence of consent to restrictions placed on one person with regards to the amount of food they were provided with. No capacity assessments or best interest decisions accompanied this decision made by the provider on behalf of the person.
- One person may have lacked capacity due to cognitive impairment however, the provider had made no attempts to have assessments done on capacity, and no documentation was available with consent to cares by the person or their next of kin. They held no documentation to show whether the next of kin had legal power of attorney for health decisions and the person did not have a court protection order.

The provider failed to ensure consent to care was provided and documented and failed to follow principles of the Mental Capacity Act 2005. This was a breach of Regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

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

- Pre assessments were not completed by the provider prior to commencing care packages for people. One relative told us, "In the beginning I just rang them up and told them what we needed done. I haven't seen a care plan."
- Care plans were not in place for people, and we saw no evidence of appropriate consent to cares from people who used the service.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- We saw no evidence of effective partnership working with other professionals despite some of the people who use the service having complex needs. Conversation with the provider determined other professionals such as district nurses and mental health teams were involved in people's care, but they did not work together or maintain communication channels regarding care and treatment for the person.

Staff support: induction, training, skills and experience

- Staff received an induction and online training prior to commencing care shifts for the service, and staff told us they enjoyed the training and found this informative.
- Staff received regular supervisions and told us they found this useful and felt the registered manager was supportive.

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

- Staff supported people with their meals when this was required, however we were unable to ascertain their needs and preferences as there were no care plans in place detailing this.
- Daily records showed food was being prepared and provided to people but this lacked detail consistently as to what food was provided, how much was eaten and whether the person had chosen this meal.
- People and relatives, we spoke to told us staff supported them with food and drink well. One relative told us, "Well some of the meals were a bit cold sometimes (ready meals) so I told [registered manager] and she sorted it out and it hasn't happened again."

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 requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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 did not have care plans and we found no evidence of their involvement in making decisions about their care.
- Staff did not have access to information about people's likes, preferences, and preferred routines.
- The provider did not have robust record keeping showing how they were meeting and promoting people's privacy, dignity or promoting independence.
- Staff did not receive training around promoting dignity.

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

- Staff did not receive training in equality and diversity.
- Feedback from relatives was positive. They told us their family members were well cared for and the staff were caring.
- One relative told us, "Staff are nice to [relative name] and [relative name] likes them". Another relative told us, "Staff are very nice and very attentive to [relative]."

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 inadequate. This meant services were not planned or delivered in ways that met people's needs.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- The provider did not have care plans in place for people therefore we were not assured people were receiving personalised care specific to their needs, wishes and preferences.
- Reviews of care were not completed routinely, and relatives told us, "I don't know about the care plans or reviews, never had one."
- There was no one on end-of-life care at the time of the inspection. The registered manager had received end of life training but was the only staff member who had.

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.

- The provider could not evidence how they were embedding and meeting people's communication needs due to the lack of care documentation available.

Improving care quality in response to complaints or concerns

- We saw an example of a compliment on the providers website which praised the registered manager for providing care to their relatives. They said, "[Registered manager] has become an invaluable and trusted source of support for [relatives]."
- No complaints had been received or shared with us as part of the inspection.

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 inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- Significant shortfalls were identified at this inspection. We found breaches in relation to safe care and treatment, medicine management, consent, and good governance. The issues we found had not been addressed as the provider did not have any governance systems in place.
- We were not assured the provider understood regulatory requirements and the importance of quality improvement.
- The provider had no audit system in place, therefore, no audits had been completed on call monitoring, medicine management, record keeping, recruitment processes, spot checks and competences, care plan and risk assessment audits.
- There was a lack of robust systems to manage the risk to people. No care plans or appropriate risk assessments were in place, no environmental risk assessments and no audit or review process following accidents. This meant people were at increased risk of harm or recurring injury.
- The provider did not have a safe recruitment process in place. We found staff had been recruited without appropriate prior employment checks or sufficient references gained. The provider did not follow their own recruitment policy or process.
- The provider could not demonstrate continuous learning and improvement as they did not have any quality assurance processes in place.

Systems to assess, monitor and improve the service were not sufficiently robust. This was a breach of regulation 17(1) of the Health and Social Care Act 2008(Regulated Activities Regulation) 2014.

- The provider had failed to submit a Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make.

This was a breach of Regulation 17(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering

their equality characteristics

- People did not have care records in place which meant it was not clear how staff were to provide person centred care to people. We found no evidence people were involved in decisions about their care.
- One relative told us, "I can always get hold of someone if I need to." However, relatives also told us they had not received any surveys or questionnaires to provide their feedback on the quality of care.
- The provider had sent out surveys to people using the service. They had received responses but had not audited or analysed these. Despite this the feedback was positive from people.
- Staff felt well supported by the registered manager and regular staff meetings were held.

Working in partnership with others

- We found no evidence to show how the provider or staff engaged with other health and social care professionals.