

Adex Care Ltd

# Adex Care LTD

## Inspection report

133 Picton Road  
Wavertree  
Liverpool  
L15 4LG  
Tel: 07921288764  
Website: outlet58@gmail.com

Date of inspection visit: 16 & 20 November 2015  
Date of publication: 14/01/2016

### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

This inspection was carried out on 16 November 2015 and 20 November 2015. We gave the registered manager short notice of our visit to ensure he would be available for us to speak with.

Adex Care Ltd is registered to provide personal care to people living in their own homes. At the time of this inspection they were providing this service to 20 people living in South Liverpool.

On 16 November 2015 we visited the agency's office, spoke with the registered manager and reviewed care records relating to three people who used the agency. We

also looked at training records for all staff and recruitment records for four members of staff. We visited three people who used the agency and a relative to ask them about their care and review the records the agency held in the person's home. On 20 November 2015 we spoke with a further three members of staff and with relatives of four people who used the agency.

The agency had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This is the first inspection of Adex Care LTD since they registered with us at their new premises in July 2015.

Recruitment processes were not robust enough to ensure staff were of good character and therefore suitable to work with people who may be vulnerable. 'You can see what action we told the provider to take at the back of the full version of the report.'

Sufficient staff were available to meet people's needs in an unhurried manner. Systems were in place for checking that staff stayed the contracted length of time in people's homes but these did not always work. People were supported by a consistent staff team who they knew well.

People who used the agency felt safe with the way their care was provided to them. Systems were in place for identifying and reporting any safeguarding adults incidents that may occur.

People using the agency and their relatives had confidence in the competence of the staff who supported them. Staff received training in areas of care related to their work. However training records were not clear and the quality of the training was not always checked to ensure it was meaningful to staff.

People received the support they needed to monitor their health care needs. The content of care plans was variable.

Some provided clear detailed information to staff to follow, others did not. Some care plans had not been reviewed for several months. This meant that changes to people's support needs may not have been noted.

People using the agency and their relatives felt confident to discuss any concerns they had with the registered manager or with staff, they felt they would be listened to. Records relating to complaint investigations were not detailed enough to demonstrate how the registered manager had reached a conclusion. You can see what action we told the provider to take at the back of the full version of the report.

People using the agency and their relatives found staff and the registered manager caring and thoughtful. People's choices and preferences were listened to and met. People using the agency were introduced to new staff before receiving support from them and had a consistent staff team.

Records were not always in place or robust, this included records relating to complaints investigations, staff training and staff supervision.

There was no clear system in place for auditing the quality of the service provided. You can see what action we told the provider to take at the back of the full version of the report.

People using the agency, staff and relatives had confidence in the registered manager whom they found approachable. The registered manager had a good knowledge of the needs and views of people using the agency.

# Summary of findings

## 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.

Recruitment processes were not robust enough to ensure staff were of good character and had the skills and experience to support people using the agency.

Systems were in place for checking that staff stayed the contracted length of time in people's homes but these did not always work.

Sufficient staff were available to meet people's needs in an unhurried manner. People who used the agency felt safe with the way their care was provided to them. Systems were in place for identifying and reporting any safeguarding adults incidents that may occur.

Requires improvement



### Is the service effective?

The service was not always effective.

Staff received training in areas of care related to their work. However training records were not clear and the quality of the training was not always checked to ensure it was meaningful to staff.

People using the agency and their relatives had confidence in the knowledge of staff who supported them.

People were supported by a consistent staff team whom they knew well.

People received the support they needed to monitor their health care needs.

Requires improvement



### Is the service caring?

The service was caring.

People using the agency and their relatives found staff and the registered manager caring and thoughtful.

People's choices and preferences were listened to and met.

People using the agency were introduced to new staff before receiving support from them and had a consistent staff team.

Good



### Is the service responsive?

The service was not always responsive.

The content of care plans was variable. Some provided clear detailed information to staff, others did not. Some care plans had not been reviewed for several months. This meant staff did not always have up to date clear information on the support people needed and how to provide that support.

Requires improvement



# Summary of findings

People using the agency and their relatives felt confident to discuss any concerns they had with the registered manager or with staff. People felt their concerns would be listened to and acted upon. However, records relating to complaint investigations were not detailed enough to demonstrate how the registered manager had reached a conclusion.

## Is the service well-led?

The service was not always well led.

The views of people using the agency were obtained but they were not always clearly recorded.

Records were not always in place or robust, this included records relating to complaints investigations, staff training and staff supervision.

There was no clear system in place for auditing the quality of the service, this included ensuring recruitment was carried out robustly and staff training met people's needs.

A registered manager was in place. Staff and people who used the agency had confidence in the registered manager whom they found approachable. The registered manager had a good knowledge of the needs and views of people using the agency.

**Requires improvement**



# Adex Care LTD

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on 16 and 20 November 2015, we gave the provider 48 hours' notice of the inspection as this was a domiciliary care agency and we needed to be sure someone would be available for us to speak with. The inspection was carried out by an Adult Social Care (ASC) inspector.

Prior to the inspection we spoke with the local authority to obtain any views they had of the agency. We also reviewed all information we had received about Adex Care Ltd since they registered with us in July 2015. This included information we had received from people using the agency and or their relatives.

During the inspection we spoke with three people who used the agency and with five of their relatives. We also spoke with four members of staff and the registered manager.

We looked at records including, training records for all members of staff, recruitment records for four members of staff, complaints records, of five care plans for people using the agency and policies and procedures.

# Is the service safe?

## Our findings

People told us that they were supported by the agency in a way that made them feel safe. They said they had confidence sufficient staff would arrive to support them and that they would arrive on time. One person told us, “I could set my clock by them.” Several people said that if their member of staff was going to be late then the registered manager phoned to inform them and made sure someone was with them quickly.

Staff told us that they wore a uniform and identification badge when they arrived to support people. They also told us that before supporting anyone they were introduced to them so the person knew who they were. People using the agency and their relatives confirmed this. These practices help to make people feel safer as they can be confident about the identity of people they are allowing into their home.

We spoke with staff about the use of key safes and were satisfied that the practices in place helped to ensure staff knew the number to access people’s key but that this was held safely so it could not be accessed by people unauthorised to do so.

The agency had policies and procedures in place for safeguarding adults and for whistle blowing. Whistleblowing protects staff who report something they believe is wrong within the work place. Staff we spoke with had an understanding of these policies and their role in identifying and reporting any safeguarding concerns that they had. In discussions with the registered manager he displayed an understanding of safeguarding adults procedures, and his role in identifying and reporting any safeguarding concerns that arose.

Staff told us that they always had sufficient time to meet the needs of the people who used the service. The majority of people using the service whom we spoke with confirmed this. Prior to the inspection one person had contacted us to tell us that they had used the agency previously and staff had not always stayed the agreed amount of time. A relative had also contacted us to tell us that staff had not always stayed the length of time agree with their relative. The registered manager was aware of and looking into this. Sufficient staff were employed to provide a consistent and reliable service to people using the agency. A system was being introduced whereby staff phoned from the person’s

house phone to confirm the time they had arrived and the time they left. We saw that arrangements were in place for senior staff to check this call log regularly to ensure care staff had arrived as planned. If they had not, senior staff quickly made arrangements to ensure the person received their support in a timely manner.

The call system had not always worked as planned particularly in relation to the times care staff left a call. The registered manager advised us that he was investigating this and was also investigating why the phone system had not always worked. The other people we spoke with as part of this inspection including relatives and people using the agency told us that staff always stayed the full length of time.

Adex Care was a family run agency that employed a number of people known to the registered manager. We looked at recruitment records relating to four members of staff. One member of staff’s application form stated they had previously worked in a care home, however the registered manager had not obtained a reference from this care home but had instead obtained one reference from a friend of the member of staff. A second member of staff had two references on file that looked very similar and provided minimal information; there was no evidence that these had been checked. The provider explained that sometimes they sent for references, other times staff brought them in. This meant that a thorough check of people’s work history had not been undertaken.

Risk assessments had not always been carried out for staff where recruitment information including the Disclosure and Barring service check indicated further investigation may be required to ensure the member of staff was of good character.

A second member of staff had no DBS on file despite the provider receiving electronic information advising they check the form for details. Once located, this DBS contained information that should have led to the provider carrying out a risk assessment of the person’s suitability to work for the agency. The lack of a robust recruitment process meant that the provider had not taken effective action to protect people using the service by ensuring as far as possible that staff were of good character and suitable to support people who may be vulnerable.

**This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities)**

## Is the service safe?

**Regulations as the provider had not ensured sufficient information was obtained to ensure persons employed were of good character and had the qualifications, skills and experience to carry out their role.**

Staff and people using the agency told us that there was always a supply of disposable gloves and aprons in people's homes. Relatives and people using the agency told us that staff always wore these when providing personal care or making meals. This helps to keep people safe by preventing the spread of infection.

A policy was in place for supporting people to take their medication. None of the people we spoke with received support from staff with their medication. Staff we spoke with told us they did not give people their medication but on occasion reminded or prompted them to take it. They said any medication people had was blister packed by the person's chemist. Staff told us that they recorded when people had taken their medication to ensure everyone involved with supporting the person was aware of this information.

# Is the service effective?

## Our findings

People using the agency told us they had confidence in the knowledge of the staff who supported them. One person said, “They know what they are doing.” Another person said, “They have had training. They are friendly but professional.” A third person told us staff communicated well with other people who supported them.

Three members of care staff we spoke with told us that before they began supporting people on their own they had two weeks induction with the agency. They explained this included attending training and shadowing other care staff. Records of staff training confirmed that all staff had undertaken an induction with the agency.

Staff told us that they could contact a senior member of staff at any time and get a reply. They said they had always received the support and advice they needed from senior staff.

The registered provider identified a number of subjects that they considered mandatory training for staff and records indicated that the majority of staff had undertaken these. However we found training records difficult to follow. It was not easy to establish which members of staff were still working at the agency.

We saw no evidence that training was planned around the individual needs of people using the agency. A number of staff had received training in giving eye and ear drops but when we asked the registered manager if any of the people using the agency required support with these we were advised they did not. Practical moving and handling training was taught by a member of staff who was not qualified to teach this subject.

Records showed that one member of staff had received training in ten different subjects on the same day, other members of staff had received training in seven subjects in the same day. This concerned us as it was not clear

whether the quality of the training and learning had been always been checked. There were no records indicating that the registered manager had checked staff had received sufficient training in these subjects to enable them to meaningfully apply them to their work.

The registered manager told us that he carried out spot checks on staff whilst they were supporting people, this helped him to check the quality of their work. He also told us that he regularly met with staff to discuss their work. People using the agency told us that the registered manager had ‘popped in’ and checked on how staff were working. However no records of these checks were available.

Staff told us that they had regular informal meetings with the registered manager and that they attended regular team meetings. No record of staff supervisions or appraisals were available. We saw records of staff meetings which took place in June and July 2015 and were informed minutes of a September 2015 meeting were waiting to be written up.

One of the people using the agency told us that staff always kept an eye on their health including monitoring their skin condition. They explained that if staff had any concerns they informed the person so they could decide what action they wanted to take. They also told us that staff recorded the information so that other people involved with their care were informed.

We looked at care records for four people and saw that staff had noted and recorded any concerns they had regarding the person’s health along with the action they had taken.

Care plans contained information about support people needed with their meals. During a visit to one of the people who used the agency we observed a member of staff listening carefully to someone’s meal request and making sure they provided the meal in the way the person preferred.



# Is the service caring?

## Our findings

People using the agency and their relatives consistently told us that they had been impressed with the service the agency provided to them and had found it caring towards them. One person told us, “I have a lovely set of girls. We get on well.” Another person told us, “They are very good, personable, that’s the good thing.” A relative told us, “I’ve got exactly what I want, they are so caring. I am so proud to be with them. I trust them.”

A relative told us staff had gone “above and beyond,” and had stayed longer than their allocated hours so the person could finish watching a football match on television. Another relative told us they had rung very late one evening to ask if staff could come earlier the next day as their spouse was uncomfortable. They told us the registered manager came out there and then to help them support the person. They also told us that the registered manager had assisted their spouse to go on an outing, this was not part of the persons paid for care but was “because he cares.”

One of the people using the service told us they preferred a female carer and the agency had always met this request. A second person told us they preferred to have a male carer and again this had always been accommodated.

People told us that they liked the fact they usually got the same carers and if anyone new was due to support them they were introduced first and the new member of staff shadowed other staff. They told us the registered manager had then contacted them to ask if they were happy with their new staff member.

We looked at the results of surveys carried out by the agency and found that people had been satisfied with the service they had received. Comments included, ‘They treat me and my home with respect. I have nothing but praise.’

Information about the agency had been made available to people via a file in their home. We saw that this also contained contact details for a number of other agencies who could provide the person with help and support. This included advocacy agencies who could support and advise the person.

We saw that information relating to people using the agency was stored securely in the office. The three people we spoke with all had copies of their care plan in their home and told us that they felt able to read these and the daily notes staff wrote if they wished to do so.

# Is the service responsive?

## Our findings

People told us that staff listened to them and responded appropriately. One of the people using the service told us that they had in the past raised informal concerns with the provider who had listened and acted quickly to address their concerns. They also told us staff, “Do ask and do know what you want.”

A relative told us “Nothing is too much trouble. They are a godsend, flexible, really brilliant I would recommend to anyone.” Another relative told us, “Oh yes they really do listen, we look forward to them coming.”

The registered manager told us that he was in the middle of re-writing care plans to make sure the information was easier to understand and gave more details about the person and their choices and needs.

We looked at care plans for five people who used the agency. One of these was in the new format the registered manager was introducing and we found that it was written in a respectful way that gave clear guidance to staff on how to meet the person’s needs in the way they preferred. The other care plans contained basic information about the care and support the person needed but did not always contain sufficient detail to guide staff on how to provide this care. For example one plan stated, ‘full body wash, cream as needed.’ It was not clear when the cream may be needed or where it should be applied. Plans contained a date for when they should be reviewed however a number

of these reviews had not been carried out. For example one plan had last been formally reviewed in July 2014. Another plan contained inaccurate details as to the person’s daily activities.

Care plan reviews that had taken place included a section to ask the person if they had any concerns. This was good practice as it provided people with the opportunity to discuss any concerns that they may have with a senior member of staff.

We saw that one complaint was recorded for 2015. This concerned the length of time carers stayed in the person’s home. We discussed this with the registered manager who explained he had arranged a meeting with the person who had raised the concern. However no records of how the complaint had been investigated were recorded. The registered manager was able to explain to us the initial conclusions he had reached but was not able to produce any evidence to demonstrate how he had reached this conclusion.

We looked at three care files people had in their home from the agency. These all contained a list of contact numbers for the person to use, this included social services, the Care Quality Commission and an advocacy service that could support the person to speak out. This meant that in the event the person had concerns or felt unsafe they had access to people who could provide them with support or advice.

# Is the service well-led?

## Our findings

The registered manager of Adex Care is also the provider of the service and is very 'hands on' both in managing the service and in interacting with people using the service and their relatives.

People who used the service and their relatives all knew the registered manager well. They told us that he regularly visited or called them to ask if they were satisfied with the care they had received. They also told us that if needed the registered manager would help or provide their care so they received it in a timely manner. A relative told us, "If I want something they are always there to listen, I trust them." A second relative told us, "Nothing is too much trouble, really brilliant I would recommend them to anyone."

Staff told us that they felt supported by the registered manager and senior staff. They said they were able to speak to someone for advice whenever they needed to. One member of staff told us, "They are always there to talk to," another member of staff commented, "It's lovely, if I had a problem I would ring them. They are a good company to work for."

The majority of people we spoke with told us that if they contacted senior staff they got a reply or a call back quickly. However we had been contacted before the inspection by a

relative who had been unable to get a reply in a timely manner. The registered manager told us that this had been due to an issue with phone numbers and he had now taken steps to address this.

People using the service and their relatives told us that the registered manager contacted them regularly via the phone and also in person to check they were satisfied with the care they had received. We saw that surveys had been sent out to people in July 2015 and the results of these were positive.

No clear systems were in place for the registered manager to audit and plan improvements to the quality of the service. For example the registered manager was aware that care plans required reviewing and had bought a system to help with this. However no plan was in place to prioritise this or plan dates by when it would be done. Similarly a lack of quality assurance systems meant that issues we found during this inspection with recruitment and with training records had not been identified.

**These were breaches of Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had not ensured that systems and processes at the home operated effectively to assess, monitor and improve the quality of the service provided.**

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems and processes did not operate effectively to assess, monitor and improve the quality and safety of the service provided.

Regulation 17 (1)

### Regulated activity

Personal care

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Recruitment procedures were not established or operating effectively to ensure persons employed at the agency were of good character and had the necessary qualifications competence, skills and experience to carry out the regulated activity.

Regulation 19 (1) (a)(b) (2)