

Adex Care Ltd

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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

Adex Care Limited is a domiciliary care agency registered to provide personal care to people living in their own home. At the time of the inspection 84 people were being supported.

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.

At the last inspection we found that safe recruitment practices were not always being followed. This had improved on this inspection.

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; however, this was not always evident in care plans. We have made a recommendation regarding this as some information was confusing in parts. People were supported to eat, and drink where needed, and staff were trained, supervised and appraised in line with the policy of the organisation.

Everyone we spoke with told us they felt safe receiving care from Adex. There were comprehensive risk assessments in place which were tailored to reflect each person's assessed need. People confirmed they received their medications and calls on time. Staff knew how to report safeguarding concerns and staff were recruited safely.

Staff treated people with kindness and dignity, and people confirmed they were involved in choices and decisions regarding their care and support. People's diverse needs were catered for.

Care plans were person centred and reflect the needs of each person. Routines were discussed with people, and they had been involved in completing their care plans. Relatives confirmed communication from staff was good, and staff supported people to make healthcare appointments were needed. Complaints were investigated and responded too, and staff were trained in end of life care.

There was one statutory notification the registered manager had not made us aware of, which was an oversight on their behalf. There were audits and quality checks in place, complete with action plans.

Rating at last inspection- rated good (3 March 2017)

This was a planned inspection based on the previous rating

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?

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.

Adex Care 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

This service is a domiciliary care agency. It provides a service to older adults and younger disabled adults. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks relating to personal hygiene and eating. Where they provide wider social care we also took this into account.

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.' 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 in the office to support the inspection.

Inspection activity started on 12 September 2019 and ended on 12 September 2019.

What we did before the inspection

Our planning took into account information the provider sent us since the last inspection. We also considered information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them. We assessed the PIR. This is information we require providers to send us at least once annually to give some key information about the service, what

the service does well and improvements they plan to make. We contacted and received feedback from the local authority. We used all this information to plan our inspection.

During the inspection, we spoke with eight people using the service or their family members about their experience of care on the telephone. We also spoke with the registered manager, the office manager, the coordinator, the training manager and four members of staff.

We looked at four people's care records and a selection of other records including quality monitoring records, recruitment and training records for three staff.

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 requires improvement. At this inspection this key question has now improved to good.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe receiving care from Adex. Comments included, "I feel safe." Also, one relative told us, "The staff give me peace of mind." Someone else said, "I feel so much safer being supported by Adex."
- Safeguarding referrals had been appropriately made by the registered manager and investigated where appropriate.
- All of the staff could clearly describe what course of action they would take if they felt someone was at risk of harm or abuse.
- There was an electronic monitoring system (ECM) in place which was checked throughout each day by the service co-ordinator' ensure people were not subject to missed call visits.

Assessing risk, safety monitoring and management

- The registered manager had detailed and concise risk assessments in place for each person which focused on minimising the risk of harm whilst still making sure the person's needs were met. Risk assessments were in place for people in areas such as food and drinks, falls, and pressure area care.
- Each person's care plan had an environmental risk assessment included which had been completed at their homes before the care staff attended. This focused on risks in the environment, such as smoking, poor lighting, and flooring.

Staffing and recruitment

- Recruitment had improved since our last inspection. Staff recruitment procedures were safely managed, and all required pre-employment checks were completed.
- Staff said that their call times were evenly spaced, and they did not have to 'cram calls in'.
- Rotas were developed using the Electronic Call Monitoring system. This is when staff are expected to 'log in and out' of their calls using a smart phone.
- There were enough staff in post to provide a safe and consistent service.
- Staff said that their rotas were well organised, and they had clear communication from the coordinators if any changes were made to their rotas in advance.

Using medicines safely

- Where people needed medication as and when required, often referred to as PRN medication, there was a separate plan in place which had more detail about the medication, what it was used for, and when the person required it.
- Medication processes and systems were in place. Medication was stored in a designated area of the person's choice. We saw that if the person lacked capacity to make the decision around where their

medications were stored, this was made on their behalf following a best interest processes and in association with national guidance.

- Only staff who had completed medication training and regularly had their competency assessed supported people with their medications.

Preventing and controlling infection

- There were stocks of Personal Protective Equipment (PPE) available for staff to use.
- Staff were provided with a summer or winter uniform to wear when they were completing people's personal care calls and there was hand washing guidance and infection control techniques communicated to staff via team meetings.

Learning lessons when things go wrong

- There were clear processes in place to learn from any incidents. For example, there had been some issues with medication charts being completed incorrectly. Following an audit of the current system the registered provider had invested in a new medication electronic system.

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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There was currently no one being deprived of their liberty.
- Capacity assessments had been undertaken as part of the assessment process.
- Some of the capacity assessments viewed were generic in areas and did not always specify what decisions people could make and what they required support with. For example, one person's care plan stated they 'did not have capacity and needed help with decision making' however; it also said they liked to go out alone to the shops as this was important to them. We discussed the fact that this could be confusing and was told it was only certain decisions the person needed support with, others they could make independently, however this was not clear.

We recommend the registered provider seeks guidance from a reputable source and updates its processes for working within the principles of the MCA accordingly.

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

- There was pre-assessment information available in people's care plans to determine their care and support needs.
- People's choices and preferences for support were identified during these assessments and their care plans was completed based on their choices.
- Daily records were well detailed and reflected people's support.

Staff support: induction, training, skills and experience

- Staff had completed training to enable them to fulfil their role.
- Training was monitored by the training manager using a matrix, and staff were booked onto refreshers when needed.
- People we spoke with confirmed the staff had good skills, knowledge and experience. One person said, "They are far more confident than others I have had before."
- Staff confirmed they were required to attend supervision, as well as spot checks and an annual appraisal. We saw dates of these documented within the training matrix.

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

- People's support needs in relation to eating and drinking were assessed when they began receiving care from Adex.
- Where needed, there was detailed information recorded for staff to follow which described the level of support each person required. This varied from staff making people sandwiches to helping them cook a meal.

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

- There was information recorded to show staff had contacted district nurses and GP's on people's behalf when they were ill.
- We spoke to one relative who told us staff always followed instructions left by the district nurses for their relative.
- People told us the staff would always offer to come back to see them or call their relative if they did not feel well during a visit.

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 questions 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 commented on the caring nature of the staff. Comments included, "They are lovely." Also, "They all treat me very well indeed, I am very impressed."
- Examples of how staff supported people in a diverse and respectful manner were recorded throughout their care plans.
- People's preferences for support, and what they needed staff to do for them, was the focus of their care plan, and this varied from person to person depending on the type of support needed.
- For example, we saw how one person required full support with their personal care needs, whereas another person just required some guidance with this until they 'got back on their feet'.

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

- People were consulted regarding their care plans and arrangements for support.
- People told us staff asked them what they needed and confirmed they were involved in the completion of their care plan. One person said, "Yes, one of the office staff came and sat with me and we completed it together."
- Where possible, there was documentation which evidenced care plans had been signed by people in agreement.

Respecting and promoting people's privacy, dignity and independence

- Care plans were written in a way which focused on promoting people's dignity and independence.
- There was an emphasis on the choice of words within care plans, such as 'ask', 'involve' and 'respect' to ensure staff supported people in a dignified way.
- People told us staff knocked on their doors, announced themselves politely, and involved them in conversations while providing personal care and support. One person said, "They also treat my home with respect, and will help me tidy anything up."

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 the key question 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

- Each person's care plan was written in a way which was meaningful for them.
- There was attention to detail recorded within the care plans that reflected people's preferences and routines for example one person liked staff to cook them bacon for breakfast. This was recorded as part of their plan of care.
- Information was recorded with regard to people's likes, dislikes and their backgrounds.
- Staff used the paperless electronic system to make notes about people's care and support.

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.

- Information, such as the service user guide, was available in different formats to support people's understanding. The registered manager discussed their intention to develop more accessible documentation.

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

- Most people had support from their families or next of kin. People were supported by staff to maintain communication with their relatives.
- One person was supported to access the community independently, as this was something they had highlighted was important to them.

Improving care quality in response to complaints or concerns

- There had only been one formal complaint since our last inspection. This complaint had been responded to in line with the registered providers complaints procedure.
- Everyone we spoke with said they knew how to complain. One person said, "I would call and speak to the office, but I have never had cause to do anything formal, they just sort it for me."

End of life care and support

- There was no one receiving end of life care at the time of our inspection.
- Staff had undergone training in end of life care.

- People's preferences in regard to end of life wishes were discussed with them as part of their care plan.

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

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

- We checked that we had been notified of any reportable events. We found when checking the incident and accident log there was one incident from a few months prior which had not been reported to the Care Quality Commission.
- We discussed this at length with the registered manager, who admitted this was an oversight on their part.

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

- The registered manager and registered provider had ensured people's views and opinions of the service and the support they received was sought and obtained.

Continuous learning and improving care

- The registered provider was committed to ongoing investment to achieve continual improvement.
- A recent full audit of the service had identified the need for more robust medication systems. A new electronic system was implemented to ensure better record keeping and smarter ways to work for staff.

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 had audits and checks in place to identify areas for development and improvement.
- Spot checks on staff practice and the support provided were undertaken regularly to ensure it was of a good standard.
- Actions following audits were clearly documented and assigned to the appropriate person. For example, medication audits had highlighted a need to improve practices in line with current guidance.
- The registered manager had acted upon feedback from the last inspection and had improved their approach to staff recruitment, to include more thorough reference checks.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People confirmed they knew who the manager was, and felt the service was well led. One person said, "You can tell the managers are good because of the attitudes of the staff."

- The service worked in partnership with social services and other local health professionals to ensure people's support needs were met.
- When referrals to other services were needed, we saw that these referrals were made in a timely way.