

# Mrs Elaine Sonia Longhurst

# Addocare Scole

## 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

Addocare Scole is registered to provide personal care to people living in their own homes situated in villages in Norfolk and Suffolk. During this inspection we were told that ten people were being provided with personal care.

The service had a registered provider who was also responsible for managing the service. A registered provider is a person who has registered with the Care Quality Commission (CQC) to manage and provide the service. 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 announced comprehensive inspection was undertaken on 14 April 2016.

Staff were only employed after the provider carried out satisfactory pre-employment checks. Staff were trained and well supported by their managers. There were sufficient numbers of staff to meet people's assessed needs.

Systems were in place to ensure people's safety was effectively managed. Staff were aware of the procedures for reporting concerns and took action to reduce the risk of people experiencing harm.

People's health and personal needs were effectively met. Systems were in place to safely support people with the management of their medicines. People received their prescribed medicines appropriately.

The provider was acting in accordance with the requirements of the Mental Capacity Act 2005 (MCA) and staff had received training and had an understanding of the MCA.

People received care and support from staff who were kind, caring and respectful. Staff respected people's privacy and dignity and provided care in accordance with people's preferences.

People were encouraged to provide feedback on the service in various ways both formally and informally to ensure that they were receiving the care and support they required. People, and their relatives, were involved in the assessments and reviews of care and support. Care plans were in place to meet each person's needs.

The provider had processes in place to monitor the quality and safety of people's care. The provider had an effective quality assurance system in place to monitor the quality of the services provided for people and to gather their opinions of the care and support that was provided.

People felt listened to by the staff and said that the provider and care staff were approachable and supportive.

## 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.

A risk assessment procedure was in place to ensure people's safety was effectively managed.

Staff were only employed after satisfactory pre-employment checks had been obtained. There were sufficient numbers of staff to ensure people's needs were met safely.

People were supported with their medicines where required.

### Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to provide people with safe and appropriate care.

People's rights to make decisions about their care were respected. The provider was acting in accordance with the Mental Capacity Act 2005 so that people's rights were being promoted.

People's health needs were met.

### Is the service caring?

Good ●

The service was caring.

People received care and support from staff who were kind, caring and respectful.

Staff knew people well and their preferences and routines.

Staff valued people's privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in their care assessments and reviews.

People's care records provided staff with guidance to provide consistent care to each person.

People knew who they could speak with if they had a concern or complaint. A complaints procedure was in place to respond to people's concerns or complaints.

**Is the service well-led?**

**Good** ●

The service was well-led.

The provider had effective arrangements in place to monitor and improve, where necessary, the quality of the service people received.

People and their relatives were able to raise any issues or concerns with the provider and staff when they wished.

Members of staff felt well supported and were able to discuss issues and concerns with the manager

# Addocare Scole

## 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 announced inspection took place on 14 April 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and the provider is sometimes out of the office supporting staff or providing care to people who use the service. We needed to be sure that they would be in. The inspection was undertaken by one inspector

We looked at other information that we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We found that we had not received any notifications in the last 12 months as none were needed. We asked for feedback about people's care from healthcare professionals who had contact with the service

During our inspection we spoke with a total of five people who received care and support and three relatives of people receiving care from the service. We visited three people and their relatives in their own homes and made contact with two people and a relative by telephone. We spoke with the provider, care coordinator and three members of care staff. We also spoke with a social worker from a local authority and an occupational therapist who had contact with the service.

During the inspection we observed how staff interacted with one of the people who used the service. We looked at four people's care records and two staff recruitment records. We also looked at records relating to the management of the service which included audits, recruitment and training and records relating to complaints and compliments.

# Is the service safe?

## Our findings

People we spoke with said that they felt safe receiving their care. One person said, "I feel safe with the carers who come to see me." Another person said, "If there was anything I was not happy with or felt unsafe I would talk to [the provider] and they would sort it out for me."

The staff we spoke with confirmed they had received training regarding safeguarding people from harm and they were knowledgeable about safeguarding reporting procedures. They described how to recognise and report any concerns in order to protect people from the risk of harm. One staff member said, "I would always report any incident of harm without hesitation to my manager." The provider was aware of the notifications they needed to send to CQC in the event of people being placed at the risk of harm.

People had individual risk assessments which had been reviewed and updated. Risks identified included maintaining a safe environment to prevent hazards such as falls, assisting people to move and with the management of their medicines. Records gave information and guidance to staff about any risks identified as well as the support people needed in respect of these. Staff we spoke with were aware of people's risk assessments and the actions to be taken to ensure that the risks to people were minimised. An example included ensuring that people used their walking aids to reduce the risk of falling. Staff were aware of the provider's reporting procedures in relation to any accidents and incidents.

Effective recruitment procedures were in place to ensure that only staff who were suitable to work with people using the service were employed. We looked at personnel records of two members of care staff and they showed that the required checks had been undertaken before they had commenced work. Records included evidence of completed application forms, satisfactory references, proof of identity, and criminal record checks. The provider told us that any gaps in people's employment history were explored during the person's interview.

Staff told us there were always sufficient numbers of staff to meet people's needs. Staff told us that there was sufficient time given so that they were able to safely assist people with their care and support needs in their home. Staff told us that they had time to socialise with people whilst providing care to people. People we spoke with confirmed this to be the case. One person said, "The girls [staff] are really cheerful and we have a laugh and a chat together." Another person said, "They [the staff] know me really well and help me very well with what I need."

The provider monitored staffing levels to ensure that sufficient numbers of staff were available to meet people's changing needs and to also cover periods of staff sickness and holidays. Staff we spoke with said that they were supported by an on call process [provided by the provider] outside of working hours if any concerns or incidents occurred. Staff also added that the provider and coordinator were available to cover any shifts when the need arose.

The level of assistance that people needed with their medicine was recorded in their care plan. A relative of person told us that, "The members of care staff always make sure that [family member] receive their tablets when they need them."

The coordinator showed us that they regularly audited the medicine administration records. This was to ensure that records were being safely and accurately maintained. Regular checks of medicines, administration and the associated records were made to help identify and resolve any discrepancies promptly.

We found that the prescribed medicines for one person we visited had been correctly administered and the medicine administration records were accurately maintained. This meant that the person was supported to take their medicine as prescribed.

Medicine administration training sessions were provided during new staff's induction and refresher training was given annually. Staff also received competency checks made by the provider to ensure safe administration of medicines.

# Is the service effective?

## Our findings

People spoke positively about the care workers felt that they knew their care and support needs very well. One person told us, "The carers are very good to me and they help me with whatever I need."

Staff told us that they received essential training prior to providing care to people using the service. They told us this included training in topics such as safeguarding, first aid, administering medicines, infection control, and assisting people to move safely. One member of staff said, "I received a variety of training before I cared for people and I also went out on shadow shifts with the provider and other staff." The provider told us that new members of staff shadowed an experienced member of staff until they felt confident in providing care. One member of staff said, "The provider supported me when I started work which really helped in building up my confidence." A member of care staff told us they received a basic induction prior to commencing work. We saw records of inductions in staff files which had been coordinated by the provider.

Care staff told us they were provided with refresher training and additional training in topics such as dementia awareness. The provider told us that staff were working towards The Care Certificate [a nationally recognised training standard for social care]. This showed that staff were supported with further learning and to achieve nationally recognised qualifications.

Care staff confirmed and records seen showed that they had received supervision and an annual appraisal. This was to ensure that their work performance and development needs were monitored. We also saw that regular spot checks of staff were undertaken by the provider and coordinator to monitor their performance and work practice. One member of staff said the provider was "Very approachable and supportive" and they felt able to raise any issues or concerns with them at any time.

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. The provider confirmed that no one receiving the service was subject to any restrictions on their liberty. They were aware of the circumstances they needed to be aware of if people's mental capacity to make certain decisions about their care changed. The provider was aware of the relevant contact details and local authority procedures regarding this area.

Where the service was providing any meals for people, assessments of their nutrition and dietary needs and food preferences had been completed. People told us that the staff had always asked them about their individual drink preferences and meal choices. One person said, "They always [care staff] ask me what I would like to eat and drink"

People's rights to make decisions about their care and support were respected. Care records showed that



people or their next of kin had signed to agree their plan of care and associated risk assessments.

People told us that staff supported them with their health care needs. Records further confirmed that people were supported to access the services of a range of healthcare professionals, such as district nurses, GPs, physiotherapists, occupational therapists and a specialist nurse providing advice regarding diabetes. This meant that people were supported to maintain good health and well-being.

We spoke with a social worker from the local authority they said that they found the service was proactive and responsive to requests and they had received positive feedback from people and their relatives about the care that was being provided. We also spoke with an occupational therapist who also confirmed that their contact with the service had been positive and that the care staff had followed any advice they had given.

## Is the service caring?

### Our findings

People made positive comments about the staff. One person told us, "The staff are really kind and caring and I look forward to seeing them. They are always very kind to me and they [care staff] take their time and never rush me." Another person said, "The staff are very good to me and always make sure that I am comfortable before they leave. They [care staff] have prepared some vegetables for my evening meal which was very kind – I can't fault them at all." They also said, "I know which carers are coming to help me which is very reassuring." A relative said, "Yes they do respect my [family member's] dignity and privacy. They are very kind and cheerful and I have no concerns at all." People also told us that staff were polite and respectful when they visited them to provide care.

The staff and healthcare professionals who we spoke with were positive about the care and support being provided by the service. A social worker told us that they were in regular contact with the provider regarding any changes that may be needed to people's care to ensure a consistent approach.

During our inspection we visited three people in their homes and we observed warm and kind interactions between the provider and the person receiving support from the service. One person told us that, "The staff and provider are all very good and nothing is too much trouble."

The provider and staff believed that people were at the heart of the service and the provider and staff were keen to ensure that people were regularly involved in decisions about their care and support. We saw records showing that people were frequently asked for their views and their overall satisfaction with the care being provided. People confirmed that staff had taken time in talking with them about things which were important to them in a respectful way. One person told us they felt involved in decisions about their care and preferences. One person said, "[The staff] don't rush me and they help me to get washed and dressed and to help me get to bed in the evening."

People and their relatives told us they were aware of their care plans and were involved in reviewing these. One person said about their care plan, "Yes we did talk about it, and I agree with what is written and the help I get from the girls [care staff]." A relative told us that they had regular contact with the provider regarding any required changes to their family member's care and support needs.

The provider and staff we spoke with were enthusiastic about their work and the care they provided for people. One member of staff said, "I really love my job and we do my best to provide the best possible care." One person told us that, "They [the staff] are lovely caring people and I have no concerns."

We saw that people's privacy and dignity were respected. For example, whilst we were visiting people we saw that the provider knocked on people's front doors and waited for an answer before entering. We saw that the provider addressed people using their preferred name. They spoke calmly to people and there was a good deal of warm and good natured banter between people and the provider.

The provider told us that no one currently had a formal advocate in place but that local services were

available as and when required. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

## Is the service responsive?

### Our findings

People told us that staff had a good understanding of, and met, their care needs. One person told us, "My care and support needs are met and the staff help me very well." A relative said, "They provide my [family member] with the care that they need and I am very happy with it." Another relative we spoke with said, "The staff really know [family member's] needs and have got to know them well." We also saw a number of positive written compliments that had been received from relatives about the care and support that had been provided. One comment included, "We were able to get help from Addocare within 12 hours of asking. A member of staff came and helped which was a real help in the last two days of my [family member's] life. She was [staff] kind and friendly and very respectful of our wishes."

People told us that care staff was usually on time, had never missed a call and always stayed for the allotted time for their care visit. People told us that they were informed if staff were running late due any unforeseen circumstances. People said that staff always made sure that everything had been done and that they were comfortable before they left.

People's care needs were assessed by the provider and the care coordinator prior to them receiving care. This helped to ensure that staff could effectively meet people's needs. These assessments were then used to develop care plans and guidance for staff to follow. Assessments and care plans included information about people's health, physical, social and emotional needs. They also included information about what was important to the person and how the person preferred their care needs to be met.

Care plans provided information for staff to follow to assist people with their personal care needs. Examples included assisting people with bathing and dressing and assistance with their medicines. We found that staff were knowledgeable about people's care and support needs and preferences. They also said that they felt that the care plans provided them with guidance regarding the care to be provided during person's visit. Staff involved people and, where appropriate their relatives, in writing care plans. People we spoke to and their relatives confirmed that they had been involved in planning and reviewing the care and support being provided so that care was accurately recorded and summed up their needs.

However, we found that more step by step guidance to fully explain the care to be provided would further assist staff. We saw that phrases such as 'assist the person with a wash' did not always fully explain what the care staff needed to do and how much the person could do for themselves. We discussed this with the provider and they told us that they recognised this was an area for further development. They advised us that care plans would be reviewed and more step by step guidelines would be implemented within the next few weeks.

People and staff told us, and records showed that care plans were updated regularly and promptly when people's needs changed. We saw that there had been reviews completed regarding the care and support that was being provided. Additional information was added in care plans where the person's needs had changed. This included when a person had a medical appointment or where there was a health care change.

Daily notes were completed by care staff, detailing the care and support that they had provided during each care visit. Staff told us they read people's care plans and the records of the last few visits to see if there were any changes or significant events. This ensured that staff were up to date with any changes in people's care.

People told us they had never felt the need to complain about the service, but they said they knew who to speak to if they had any concerns or complaints. One person told us, "I would tell them, [the care staff], or the manager [provider] but I have never needed to make a complaint." Another person said, "I have no complaints at all but if I did I would always talk to the manager [provider] if I was not happy about anything."

We saw that a copy of the service's complaints procedure was included in people's care folder which was kept in their homes. The provider told us that they had not received any formal complaints. They also said that as they were in such regular contact with people and their relatives any concerns or issues were promptly dealt with as part of their regular contact to monitor satisfaction with the service. One person said, "I feel confident that if I had to raise any concerns or a problem it would be dealt with properly." Another person said "I see the manager quite often and they are always keen to know that I am happy with everything." A relative said, "I would phone the office and speak to [provider] to sort out any worries I may have."

## Is the service well-led?

### Our findings

People made positive comments about the service they received and the way it was run. Several people complimented on the quality of the service they received and said that staff met their needs satisfactorily. One person told us, "I would recommend [the service] to others." Another person said, "She [the provider] has often come to see me and asked me if everything was going okay."

The provider and coordinator were responsible for the day to day management of the service and the care and support being provided for people. The provider was supported by a care coordinator and eight members of care staff. Staff had a good understanding of their lines of accountability and the reporting structure within the service. This included use of the whistle blowing procedure to raise concerns within the provider's organisation.

Staff confirmed that there was an open culture within the service. They told us that they felt the service was well managed and that the provider was 'hands on' (they work alongside care staff providing care) and were available and approachable. Staff we spoke with were aware of the whistle-blowing policy and said that they would not hesitate in reporting any incidents of poor care practice if ever they needed to do so. Staff told us that they had not witnessed any incidents of any poor practice.

One member of staff said, "I feel that I would be confident in reporting any concerns to my manager [provider]." Staff said they felt well supported both informally and through regular supervision sessions. They told us that they were always able to contact the provider and that they would be confident that they would address any issues they raised.

The provider sought people's views about the service. We saw surveys and that regular contact was made with people and their relatives to gather opinions about the care and support being provided. The provider was also planning to send surveys to staff and professionals in contact with service to gather their opinions and identify any areas for improvement and development.

Audits of care and medicines records had been undertaken. These identified any errors or improvements that were needed and included the action that to be taken, by when and who was responsible for the action. Regular audits also included observations of staff at work support being provided, care records, reviews of care, discussions with people who used the service and their relatives, staffing, training and health and safety arrangements. This meant the provider had effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service.

The provider was committed to driving improvement in the service. For example, ensuring that staff had received updated training and all people's care had been reviewed to ensure their needs were being effectively met.

The provider and staff worked in partnership with other organisations and this was confirmed by health care professionals we spoke with. Comments we received a social worker and an occupational therapist were

positive and indicated that communication with the service regarding any issues and queries were responded to professionally and promptly.