

# Adico Care Ltd

# Adico Care

## Inspection report

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## Overall summary

We undertook an announced inspection of Adico Care 17 March 2015. We told the provider two days before our visit that we would be coming to make sure that the people we needed to speak with were available.

Adico Care provides personal care services to people in their own homes. At the time of our inspection 40 people were receiving a personal care service. Most people who used the service funded their own care privately or through direct payments.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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 was the first inspection of Adico Care since registration at this location in October 2014. Whilst we found there were some areas of the service provision that were not fully meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 it was clear that the provider and manager were working in partnership with external agencies to provide safe care for people.

People were kept safe and free from harm. There were appropriate numbers of staff employed to meet people's

needs and provide a flexible service. People received their medicines from staff who had been trained to administer medicines safely. However, the manager did not operate robust recruitment procedures.

The CQC is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and to report on what we find.

People received support to access to healthcare professionals such as GP's and mental health specialists when needed. We found that people received support to eat and drink and were supported by a staff team who had the necessary skills to provide safe and effective care. People told us that staff treated them with warmth, dignity and respect. Relatives were also positive about the care and support provided.

People and their relatives were positive about the staff team and said that staff were respectful of people's privacy and maintained their dignity. We received mixed feedback from people about the consistency of care staff allocated to them. Some people had regular staff however others had experienced many changes of care staff.

Staff supported people to attend health appointments and social events which reduced the risk of them becoming socially isolated. People who used the service and their relatives were involved in developing and reviewing their care plans and relatives told us they had regular contact with staff and the manager of the service.

# Summary of findings

People who used the service and their relatives told us they were aware of how to make a complaint and that they felt comfortable to contact the manager if they had any concerns.

Staff members were always able to access guidance or support either at the office or by the out of hours on call telephone. The manager regularly spoke with people to ensure they were happy with the service they received. The provider had not undertaken any quality monitoring of the service at the time of this inspection however, was in the process of sourcing external support to do so.

At this inspection we found the service to be in breach of Regulation 21 of the Health and Social care Act 2008 (Regulated activities) Regulations 2010 which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report

# 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.

The manager did not operate safe recruitment procedures.

Risks to people who used the service and staff were assessed. Written plans were in place to manage these risks.

People received their medicines from staff who had been trained to administer medicines safely.

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### **Is the service effective?**

The service was effective.

People's relatives praised the staff team for the support they provided for people.

People received support to attend healthcare appointments such as with GP's and mental health specialists when needed.

People received support to eat and drink.

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### **Is the service caring?**

The service was caring.

Staff treated people with warmth, dignity and respect.

People mostly had regular staff to provide their care and support.

People were involved in making decisions about their care and the support they received.

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### **Is the service responsive?**

The service was responsive.

Care plans were in place outlining people's care and support needs.

People were supported to attend social events and this reduced the risk of them becoming socially isolated.

People who used the service and their relatives felt the staff and manager were approachable and there were regular opportunities to feedback about the service.

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### **Is the service well-led?**

The service was well-led

The provider and manager supported staff to provide a good level of care focused on the needs of the people who used the service.

People told us that the management were open, responsive and encouraged communication to ensure that people received good quality care.

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# Adico Care

## 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 17 March 2015 and was unannounced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. One inspector undertook the inspection.

Before the inspection visit we reviewed the information we held about the service, including a notification of an incident that the provider had sent us and feedback we had received from third parties.

This was the first inspection of Adico Care since registration at this location in October 2014.

During our inspection visit we spoke with the company director, the registered manager, four care workers and two office staff. We reviewed the care records of three people that used the service, reviewed the records for two staff members and records relating to the management of the service. After the inspection visit we undertook phone calls to four further care workers, two people that used the service and relatives of nine people that used the service and we contacted external professionals from the local authority to gain their views of the service provision.

# Is the service safe?

## Our findings

Relatives told us they felt that people who used the service were safe. One person told us, “We are delighted, [relative] feels safe and happy which in turn gives us huge confidence and peace of mind”. External professionals regularly involved with the service told us that people received good support from Adico Care. One person said, “I have had good feedback from both the cared for and their families about the services and care they provide, I would say that Adico Care do provide a safe and appropriate service.”

We found that recruitment procedures were not always robust and required checks were not always undertaken before staff started to work with people. Staff attended face to face interviews with the manager and criminal records checks were undertaken before starting to work. However, some staff members told us, and records confirmed that they had started to work before satisfactory references had been received. This meant that people could not be confident that they received their care from staff that were of good character, physically and mentally fit for the role and able to meet people’s needs.

We found that the registered person had not protected people against the risk of people who may not be suitable being employed. This was in breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported by staff who had received training in safeguarding adults. Staff members were knowledgeable in recognising signs of potential abuse and told us they would report any concerns to the management. However, we found that some staff members were not aware of the role of the local authority in safeguarding matters and were not aware that they could report any safeguarding concerns directly to them. No safeguarding concerns had been raised since the agency started operating in October 2014. The manager had arrangements in place to help protect people from the risk of financial abuse. For example, staff members, on occasions, undertook shopping for people who used the service. Records were made of all financial transactions which were signed by the person and the staff member. This helped to ensure that people were protected from the risk of abuse.

Assessments were undertaken to identify risks to people who used the service and to the staff that supported them. These included environmental risks and any risks as a result of the health and support needs of people. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring in and out of chairs and their bed or whilst transferring by a hoist. Staff told us they had received training about how to support people to move safely but some said that their competency to do this task had not been assessed. The manager confirmed that routine competency assessments had not yet been undertaken however demonstrated that they were planned for.

Seven of the eight care staff members we spoke with were aware of the reporting process for any accidents or incidents that occurred. We saw that forms were held in people’s homes so that any incidents could be reported directly to the manager for action to be taken.

People who used the service and their relatives told us they had not always had the same carers to attend to their needs. The manager told us that this was because the service had experienced a shortage of staff recently due to some sickness within the staff team. Staff told us that the current situation was very unusual and that they felt there were sufficient numbers of staff available to keep people safe.

Relatives of people who used the service told that staff were usually punctual and that there were never any missed calls. The majority of people supported by Adico Care and the staff it employed lived locally. This, together with effective planning, allowed for short travel times and decreased the risk of staff not being able to make the agreed appointment times.

Relatives told us that some people received assistance from staff in order to take their medicines. Staff told us, and records confirmed that they had received training to enable them to support people with their medicines. Staff told us that the support people needed ranged from a reminder to take their medicines to staff taking the medicines from blister packs and placing them in people’s hands for them to take. The reasons for this level of support varied from impaired cognitive awareness to a physical disability. Where people required support with their medicines this was clearly documented in their care plans. This helped to ensure that people received their medicines safely.

# Is the service effective?

## Our findings

Relatives told us that the staff team provided effective support for people. One person said, “The staff are really on the ball, they are very good and have exceeded our expectations to be honest. You feel that you can trust them. If anything goes wrong they are marvellous. For example, [My relative] was ill one day and the carer phoned around to find me and stayed with [My relative] until I got there. It is such a comfort for us all.” Another relative told us, “We had misgivings about getting carers into see to [Relative] as you hear such bad stories. But they go over and above, I feel they really know what they are doing, they really care for [Relative] and understand the situation really well.”

Staff members told us they could access management support whenever they needed it. One person said, “Every three months I have 1:1 time with the manager and I can speak to her whenever I want to.” Some staff members told us that a system of formal face to face supervision with line management had not been embedded into day to day practice and did not always take place. Records viewed confirmed that the staff supervision system was sporadic; we discussed this with the manager. They told us that they had successfully recruited a team of office staff to undertake the routine day to day management of the agency which meant they now had the time resource available to commit to the supervision of the staff team. Staff told us that there was always somebody available or advice either at the office or by the out of hours on call telephone.

Staff told us that they were required to complete an induction programme which was in line with the common induction standards published by Skills for Care. There were no mechanisms in place to provide an overview of the staff training requirements for the service. However, the manager was able to confirm that staff had received

training in the basic core areas such as moving and handling, medicines, safeguarding, infection control and food hygiene and that there were immediate plans in place to refresh the training provision for the whole staff team. One staff member told us that they had been booked to receive NVQ level III training and they were proud of this.

Relatives told us that staff always asked people’s consent to provide care and support even when the person who used the service did not have the capacity to understand or respond. Staff members had not received training in the Mental Capacity Act (MCA) 2005 however; the manager was able to confirm that training had been booked for all staff and the management team.

People were supported at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by people’s relatives and staff members were required to reheat and ensure that meals were accessible to people who used the service. Staff confirmed that they had received training in food safety and were aware of safe food handling practices. Staff confirmed that before they left their visit they ensured that people were comfortable and had access to food and drink.

Relatives told us that most of people’s healthcare appointments were co-ordinated by them or the person themselves. However, they told us that staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. We saw that the district nurse liaised with the agency via records regarding a person’s pressure area care. Staff told us that if a person’s health needs deteriorated they would report this to the office and a senior person would visit the person to reassess their needs. However, if a person was taken ill the care staff said they would access health support as necessary.

# Is the service caring?

## Our findings

A person who received care and support from Adico Care told us, “They treat me with respect and always ask me if I want the bedroom door shut when they provide me with care.” Relatives of people who used the service told us that the staff team were kind and caring. One person said, “They provide me and my family with such a good service, they are so patient. [Relative] is not keen on having a wash, the staff try to think outside the box to try and solve any such issues that arise.” Another relative told us, “We are very happy, ecstatic even. [Relative] really likes the carer, they are fantastic. They do what they say they will do. The carer goes the extra mile to make [Relative] happy and feel special.”

Relatives told us that staff communicated with people well and always spoke kindly with them. A person said, “They ask [relative’s] consent, if they don’t get the response they hold their hand and have a chat with them.” Staff told us that they understood people’s individual communication skills, abilities and preferences and were able to communicate effectively with people who used the service, no matter how complex their needs.

Staff members were respectful of people’s privacy and maintained their dignity. For example, staff ensured that doors were shut for privacy, and staff left people alone

when using the bathroom only returning when they were asked to. Relatives told us that staff respected people’s dignity whilst they provided aspects of personal care, but ensured they also promoted their safety, for example if they were at risk of falls.

We received mixed views from people who used the service and their relatives about the consistency of the staff team allocated to provide care for people. The staff team was not always organised so that people received care from a small number of staff who understood their needs and preferences. Many people said they always had the same carer and that this was such a comfort to them. Whereas some people told us that this was not always the case. A relative told us, “We really do quite like them. [Relative] says the care staff members change quite a bit. It is quite important for [relative] to have continuity of care as they have complex needs.”

People who received personal care from Adico Care had capacity to make their own decisions at the time of our inspection. Those people who funded their care through direct payments had made the choice to use Adico Care and had a contract in place outlining the expectations of both parties. For some people it was their family members that had made the decision to use the services of Adico in conjunction with the wishes of the person.

# Is the service responsive?

## Our findings

Relatives of people who used the service told us that staff supported people to go out and minimised the risk of them becoming socially isolated. One person said, “[Relative] has dementia and lives alone. They get very lonely, we wanted company for them and someone to prepare meals and do basic housework tasks. Staff support [relative] to health appointments as well as social events such as coffee mornings.” Another person told us, “They have been very good; they go above and beyond basic care such as giving me ideas for social groups for my relative to attend.”

People who used the service and their relatives told us that they were involved in developing and reviewing their care plans where appropriate. One relative said, “They regularly involve me in reviews of [relative’s] care. When staff notice something that needs a bit more attention this is discussed with us and incorporated into care plan.” We noted that assessments had been undertaken to identify people’s support needs and care plans had been developed outlining how these needs were to be met. Staff members told us that people’s care plans were updated regularly. They said that if the person’s circumstances changed they informed the office so that a re-assessment of needs could be undertaken and the care plans and risk assessments updated accordingly. This meant that staff had up to date information available to support them to meet people’s needs.

People and their relatives told us they had regular contact with their care worker and the manager of the service. One person told us “The manager is very personable, efficient and talks straight. She will phone me and keep me up to date.” People who used the service were given contact details for the office and who to call out of hours so they always had access to senior managers if they had any concerns. Staff told us that they had good communication with relatives and this usually took place by messages in the care records in the person's home.

A relative told us that they found the management team to be, “Instantly responsive.” For example, where a person had told the manager that they were not completely satisfied with a staff member allocated to their provide care and support the manager had immediately changed the rota to accommodate this. Another person told us that the manager was responsive in changing the times of people’s appointments and accommodating last minute additional appointments when needed.

Relatives told us that staff encouraged people to maintain their independence and undertake their own personal care as much as they were able. Where appropriate staff prompted people to undertake certain tasks rather than doing it for them.

People who used the service and their relatives told us they were aware of the formal complaint procedure and that they felt comfortable to contact the manager if they had any concerns. One person told us, “I have no reason to complain at all and never have.” A relative said, “I am confident that they would respond to any concerns I may have.” We saw that the service’s complaints process was included in information given to people when they started receiving care. We viewed records of one complaint that had been received by the service and noted that the matter had been dealt with appropriately.

Satisfaction questionnaires had been distributed to obtain feedback from people who used the service. At the time of our inspection the responses received had not been effectively used to monitor the quality of the service provided. The manager informed us that they had secured the services of an external agency to undertake a feedback survey on their behalf. However, people told us they felt there was also good communication with the staff at Adico Care and there were opportunities for them to feedback about the service they received.



# Is the service well-led?

## Our findings

People spoke positively about the manager's approach to running the service and about how accessible they were. Relatives told us they had confidence in the management of the service. One person said, "I have no problems with Adico, they are good and professional. Everything has been of a high standard as far as Adico is concerned. We are more than happy." Another person told us, "I have no reason to complain at all and never have. The management is excellent, without good management they wouldn't be as good would they?"

A local authority representative told us they found Adico Care to be a very professional and supportive care agency. They said that Adico Care were efficient when reporting back and very involved with meetings and ongoing reviews. They told us, "They don't lose sight as to the care and support clients needed and remain very thorough and professional at all times." Another external professional told us, "Judging by the feedback we have received, this agency do offer safe and appropriate care, mainly due to the very good management that is in place; it is clear that the manager is taking the time to recruit and train carers who do 'care'. It is really refreshing to come across an agency such as this and a pity more cannot develop the same ethos and principles."

The manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. The management team undertook unannounced spot checks to review the quality of the service provided. This included arriving at times when the staff were there to observe the standard of care provided and speaking with people outside visit times to obtain feedback from the person who used the service or their representatives. A person who used the service told

us, "Occasionally one of the management will visit to make sure I am satisfied." This showed that the manager gauged quality from the perspective of the people who used the service.

The provider told us that they had not undertaken any quality monitoring of the service. However, we found that they were in the process of securing an external agency to solicit impartial feedback of the service and to support the manager in the development of a robust quality assurance process within the service.

The manager encouraged staff to express their views about the agency. Completed staff survey forms included the comment, "There is always support available and you are never made to feel stupid when asking questions." Staff told us that they felt they worked well together as a team and that there were good communication systems in place than enabled them to keep up to date with any changes in the needs of the people they supported. For example, staff made detailed notes at each visit documenting the care and support they provided that were read by other carers and senior staff who visited. Staff told us that staff meetings were held every couple of months so that the team could get together to share views, information and gain support. They said that one had taken place in December 2014 and another had taken place in February 2015. The manager told us that attendance at staff meetings had not been good in the past. The provider had agreed to pay staff for the time taken for attending staff meetings in order to ensure that staff attendance. This showed that the provider was keen to make changes needed to improve the service provided.

CQC records showed that the manager had sent us notifications of any reportable events promptly. A notification provides details about important events which the service is required to send us.

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

### Regulation

Personal care

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

**The provider did not operate robust recruitment procedures.**

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.