

Amethyst Arc Ltd

Adderley Court Apartments

Inspection report

Flat 6, Adderley Court
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Spalding
Lincolnshire
PE12 9EA

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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

About the service

Adderley Court Apartments provides personal care to people in their own homes. At the time of the inspection five people were receiving this service.

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

People using the service were safe. They were supported by staff who were caring, kind and respectful. Staff received appropriate training for their roles and were able to support people safely and effectively. The risks to people's safety were assessed and mitigated and staff encouraged people's independence in the way they delivered their care.

There were enough staff to support people and where people received support with medicines, staff provided this safely. Staff wore appropriate personal protective equipment, in line with government guidance, when supporting people.

The provider had plans in place to manage the service should they be affected by the COVID- 19 pandemic. There were systems in place to learn from events at the service.

Where people required support with their nutrition staff provided this in an individualised way. Staff worked effectively with relatives and health professionals to support people if they had any health concerns.

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; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The model of care supported people to live an independent life with the right support. The attitude of the staff caring for people was to both promote and support their right of choice and independence. The planning of people's care was individualised and personalised.

The service was well led. People and their relatives knew the management team and how to complain if they had concerns. Staff felt supported. There were processes in place to monitor the quality of the care provided and the manager worked in an open and transparent way.

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

Rating at last inspection

This service was registered with us on 4 March 2016. However due to lack of people using the service, there had been long periods of inactivity. They became active in October 2019 when they began to provide personal care for people, this is the first inspection of the service.

Why we inspected

This was a planned inspection as per our inspection programme.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was safe.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

Adderley Court Apartments

Detailed findings

Background to this 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.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission (CQC). However, the regional manager was in the process of registering with the CQC. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. We will continue to monitor this application

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 7 June 2021 and ended on 10 June 2021. We visited the office location on 7 June 2021.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support

our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with four relatives about their experience of the care provided. We spoke with four members of staff including the regional manager, the service manager and two care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People using the service were safe. The relatives we spoke with told us there was a small team of staff who they trusted.
- There had been no safeguarding issues raised to the service. However, both staff and the management team were aware of their responsibilities in keeping people safe.
- Staff were aware of the types of abuse and what they should look out for. They knew who to contact if they had concerns and had received appropriate safeguarding training to support them.

Assessing risk, safety monitoring and management

- The risks to people's safety had been assessed and measures were in place to support people to be safe and encourage their independence.
- People's care plans reflected their individual risks. There was clear assessments of needs and guidance for staff to provide the right support. For example, one person was at risk of forgetting their medicines and staff's role was to offer prompts this ensured the person did not forget their medicines. They also supported with cooking meals and ensuring they budgeted for their daily needs. There was clear information on how to support the person but maintain their independence.

Staffing and recruitment

- People were supported by staff who had been safely recruited. The manager used the Disclosure and Barring Service (DBS) as part of their recruitment process. This service shows if any potential employee has a criminal record.
- Relatives told us the staff came when they were meant to and did not rush people with their care. The manager told us staff were also happy to change timings for people if they wished to go out during the day. They told us staff worked flexibly with people.

Using medicines safely

- People using the service did not require staff to administer their medicines. One person required prompts to take their medicines themselves. We saw relevant staff had received training in safe handling of medicines. The manager had oversight of the management of the person's medicines by ensuring staff signed to say they had prompted the person and conducting a monthly audit.

Preventing and controlling infection

- The provider had an up to date infection prevention and control policy which considered the COVID- 19 pandemic. Their COVID-19 contingency plan set out the arrangements to ensure essential care, based on individual needs and risks, could continue to be provided throughout the pandemic.

- Staff had received training about infection prevention and control which included how to put on and take off PPE. Supplies of personal protective equipment (PPE) were available and staff had access to regular testing for COVID-19. People said staff washed their hands and wore PPE when providing their care. One relative told us, "They (staff) always were the right PPE."

Learning lessons when things go wrong

- The manager had processes in place for learning from events at the service. Staff told us they discussed issues at supervision and hand overs. The manager told us there had been very few concerns raised to them. But they used the processes to ensure staff were consistently up to date with all issues related to people's care.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care needs were assessed using nationally recognised tools. When required the staff at the service had used tools such as the waterlow score to establish people's risk to skin pressure damage. The manager told us these tools were not required for the client group they supported at present. However, everyone's needs were assessed when they started to use the service and if there were changes to their care need, and these tools be required, staff were aware of how they should be used.

Staff support: induction, training, skills and experience

- Relatives told us they felt staff had the right training for their roles. Two relatives we spoke with told us "Staff know what they are doing".
- Staff were happy with the level of training they had received. They told us over the last year most of the training had been delivered as online training. However, they were aware some face to face training was being planned.
- We saw evidence of the provider's training plan which showed staff were up to date with their mandatory training.

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

- The staff at the service only supported one person with their meals. The care was centred around shopping and preparation. The manager told us staff were working with the person to ensure they maintained both a healthy diet and improved their cooking skills. The information in their care plan clearly showed the level of support the person required.

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

- People's care plans showed what their health needs were. Where needed, staff supported people to their hospital appointments.
- People's level of need varied in terms of the support they required. Some people living with relatives had the support of their immediate family to manage their health needs. People who lived alone were well supported by staff should they need any medical interventions. Relatives told us staff were quick to contact them if there were any issues and offered support when this was required.

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. No one receiving care from the service required this application at the time of the inspection.

We checked whether the service was working within the principles of the MCA.

- People's mental capacity had been considered and the manager worked with relatives and health professionals to ensure relevant information was available to support any specific decisions people may need support with.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Relatives we spoke with told us the staff supporting their family members were caring and respectful towards both the people they supported and the rest of the family. Relatives felt staff had got to know their family member and built positive relationships with them. One relative said, "Yes they (staff) are caring and friendly - they treat the whole family with respect."
- The manager told us they felt the small consistent team was beneficial to people and felt their staff had worked hard to build good relationships with the people they supported and their relatives.
- Staff told us they enjoyed working at the service and worked to support people in the way they had chosen. One member of staff said, "I enjoy working with the clients."
- Staff we spoke with were very clear about how they supported people to retain their privacy dignity and independence. There was clear guidance in their care plans on how to support everyone and to maintain their privacy and independence.

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

- People's views on their care were clearly shown in their care plans. One relative told us the staff had worked with them and their family member to ensure the person's views and choices on how they wanted their care delivered were incorporated into their care. One relative gave an example, they said, "They (staff) support [Name] with their personal care how they want it."
- There was clear evidence of how staff had supported a person choose how they wanted their finances managed. There had been collaboration between the person, their family and health professionals, resulting in the person, with some support from staff, managing this, increasing their independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People's care plans were written in a very person-centred way. Relatives told us their family member had input into the plans. There was a flexibility in the way people's care was provided. For example, if a person wanted to go out for the day their support times were moved to accommodate this.
- Staff were knowledgeable about people and their needs. They were aware of the need to support people in the way they wished but also to increase the person's independence. One staff member described how they supported a person with cooking. They told us the person would let them do everything, and they encouraged the person to do as much as possible to develop and maintain their cooking skills.

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.

- Staff worked to ensure people were treated equally, considering the protected characteristics of the equality act. This included providing staff with guidance on how to support people with disabilities such as speech impediments. Staff worked with people in ways of their choice to support their communication.

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

- The staff at the service had limited time built into people's care package to offer social activities. They were able to support people with shopping or special trips out such as visits to the Zoo.
- The staff were aware of how socially isolating the COVID- 19 pandemic had been for some people using the service and have been working with community teams to encourage people to undertake more activities. They had recently secured a place at a club for one person who lived alone. The manager told us they hoped this would reduce the person's isolation.
- One person enjoyed taking part in events related to their culture. Staff supported them by changing call times to accommodate the person and their family's wishes.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place, and in each welcome pack sent to people there was guidance in a suitable format to support people who wished to raise a concern or make a complaint. The manager told us they had one complaint and had worked with the person and their family to address issues. This had resulted in a more positive relationship with the person and their relative.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People received care that was person-centred, inclusive and empowering. The information from relatives, staff and managers showed how staff at the service worked with people to improve their independence. Relatives told us the service was friendly and well run. They were aware of who to contact if they had any concerns and told us the manager was always accessible.
- People's care plans gave clear guidance for staff on how to support people. The manager worked with people, relatives and staff to keep the information in their care records up to date and in line with people's needs.
- People and their relatives had been asked their opinions on the service provided. This included informal discussions with the manager or questionnaires. The relatives we spoke with were happy with the service and the attitude of the staff who supported their family member. One relative said, "Yes, happy, wouldn't change anything."

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

- The service had a service manager in post and a general manager who was in the process of registering with the Care quality Commission, we will continue to monitor their application.
- The service manager and general manager worked together to monitor the quality of the service they provided. We saw where they had undertaken audits and identified issues, they had taken action to improve standards of care.
- The management team had notified us about events which happened in the service.
- The management team had been open and honest with people and relatives about any changes in the service. For example, during COVID- 19 they had worked to provide up to date information on the safety measures in place. They had ensured that relatives were kept up to date with any concerns about people's care needs.

Continuous learning and improving care; Working in partnership with others

- The management team continued to work together to build the service, learn from events and maintain the standards of care. The service manager was supported by her senior management team to ensure they were equipped with the skills to eventually apply for the registered manager's post.

- Staff told us they were supported with ongoing learning and supervision from the managers.
- Staff worked with health professionals to ensure people received high quality care with good outcomes.