

Adolphus Care Ltd

# Adolphus Care

## Inspection report

3 Pikes End  
Pinner  
Middlesex  
HA5 2EX

Date of inspection visit:  
13 June 2023

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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Adolphus Care is a care agency providing personal care and support to people living in supported living schemes. They can provide a service to people with learning disabilities, autistic people, and people with mental health needs.

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.

At the time of our inspection, 2 adults with learning disabilities were receiving personal care and support in 2 different supported living schemes. The provider supported 11 adults in total across 5 different schemes. They had the staffing and facilities to provide additional personal care support to others if they needed this in the future.

### People's experience of using this service and what we found

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

**Right Support:** The service supported people to have the maximum possible choice, control, and independence. The staff focused on people's strengths so people could have meaningful and active lives. People were supported to pursue their own interests. The staff did everything possible to avoid restraining people. The staff supported people to access health and social care support in the community. Staff supported people with their medicines to achieve the best possible health outcome.

**Right Care:** Staff promoted people's equality and diversity. They understood people's cultural needs. Staff were kind and caring. They protected and respected people's privacy and dignity. Staff understood how to protect people from poor care and abuse. The service worked well with other organisations to help protect people. There were enough skilled staff to meet people's needs and care for them safely. People were able to communicate with staff and understand information because the staff met their individual communication needs.

**Right culture:** People led inclusive lives and were empowered by the ethos and values of the organisation. People were supported by staff who understood about best practice in caring for autistic people and people

with learning disabilities. Staff placed people's wishes and needs at the centre of their work. They valued people's beliefs and choices. Staff felt well supported and respected by managers.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was good (Published 6 June 2018).

#### Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support, right care, right culture.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

# Adolphus Care

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was conducted by 2 inspectors.

#### Service and service type

This service provides care and support to people living in up to 5 different 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this. We visited 2 of the supported living schemes and the registered office location on 13 June 2023.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We looked at all the information we had received about the service since the last inspection. This included notifications of significant events.

During the inspection

We met both people who used the service and the relative of 1 person when we visited 2 of the supported living schemes. We met the registered manager, regional manager, 2 team leaders and 4 support workers. We received feedback from a 5th support worker by telephone. We were able to see how the staff supported and interacted with people when we visited the supported living schemes.

We visited the registered office location and looked at records used by the provider for managing the service, including the care records for both people, records for 6 members of staff, meeting minutes, audits, and quality checks.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People received their medicines safely and as prescribed. The staff worked closely with prescribers to understand about people's medicines and to help review these to make sure they were appropriate and not excessive.
- The staff had been trained to safely handle medicines. Managers assessed their knowledge and competencies in this area.
- There was enough information about people's medicines needs, including plans for taking PRN (as required) medicines and emergency medicines.
- Medicines were safely stored, and the staff kept records to show when and how these had been administered. We identified where some minor improvements in records were needed. The provider responded to this and sent us evidence to show they had made the improvements.
- There were regular audits of medicines management to make sure any problems were identified and responded to.

### Preventing and controlling infection

- There were systems to help prevent and control infection. The staff supported people to keep their homes clean and tidy. We identified some improvements could be made to help improve cleanliness. The registered manager assured us they would make these improvements.
- There were procedures and policies relating to infection prevention and control. Staff had training in these.
- There were procedures regarding COVID-19. Risk assessments had been carried out for staff and people using the service to identify if they had specific vulnerabilities and how they should be supported to stay safe. Staff and people using the service were informed about, and encouraged to, make use of vaccination programmes against COVID-19 and seasonal flu.

### Systems and processes to safeguard people from the risk of abuse

- There were suitable systems to help keep people safe and protect them from abuse. The company had policies and procedures for safeguarding and whistle blowing. Staff received training to understand about adult and child safeguarding. The staff were able to tell us what they would do if they suspected someone was being abused.
- The provider had taken appropriate action when there had been allegations of abuse. They had carried out investigations, worked with other agencies, such as the local safeguarding authority, and taken steps to protect people from harm and abuse.
- There were appropriate systems to help manage people's money and protect them from financial abuse.

These included work with independent financial advocates to help understand how to best support people.

#### Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed, planned for, and managed. The staff had developed in depth assessments which looked at how to promote people's independence. They considered risks and how to minimise these. They also supported people to make choices and learn new skills.
- The risks within people's home environments had been assessed and planned for. These included risks relating to fire safety and equipment being used.
- The staff had worked closely with other professionals to help plan how best to support people who became agitated, and physically or verbally aggressive. There were clear guidelines for staff to follow in order to deescalate situations and to support people to understand how to communicate their needs appropriately.. The staff knew people well and were able to understand triggers which adversely affected people. They used strategies to help direct people's focus and support them to have fulfilling lives where they felt safe and well supported. The staff kept records and shared information with professionals involved in people's care. This helped the professionals to understand about the best treatment plans for people.
- The staff did not use any form of physical restraint or seclusion when supporting people. They followed plans to help support people without physical interventions. The area manager had arranged for staff to take part in workshops with professionals involved in people's care. This enabled them to have a better understanding about why people expressed themselves in certain ways and how best to respond. The staff fed back this was a useful insight and helped them in their work.

#### Staffing and recruitment

- There were enough staff to keep people safe and meet their needs. Care was provided by the organisation's own staff team. They knew people well because the management team organised staffing in a way that meant people were supported by the same regular staff. They had a keywork system where key staff took a lead role in organising and supporting people with their needs.
- There were suitable systems for recruiting staff. These included a range of checks on their identity and suitability, a thorough induction and training and assessments of their knowledge, skills, and competencies.
- People using the service were involved in staff recruitment and inductions. This helped to ensure they had input into finding staff who were right for the service and who they liked and felt comfortable with.

#### Learning lessons when things go wrong

- Lessons were learnt when things went wrong. The provider had systems for investigating complaints, accidents, incidents, and other adverse events. The outcomes from investigations were discussed with staff so they could learn and improve practice.
- Staff knew what to do if something went wrong and felt confident speaking up and being part of learning how to put things right.
- Following incidents involving people who used the service, the staff reviewed their support plans and risk assessments. They worked with multidisciplinary teams and helped people to understand how they could make positive changes in their lives.



# 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 our last inspection we rated this key question good. The rating for this key question has remained 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 needs and choices were assessed before they moved to the service and then regularly reassessed. The staff developed support plans to show how people's needs should be met. There was an emphasis on people learning new skills and gaining independence where possible. People were able to make choices about their lives and support. These were reflected in their plans.
- The staff worked closely with other professionals to understand about best practice for supporting people with learning disabilities, autistic people, and those with mental health needs.

Staff support: induction, training, skills and experience

- People were supported by staff who were appropriately trained, skilled and experienced. The staff accessed a range of training online, in person with external training companies and with the management team.
- There was a thorough induction for new staff which included training based on national guidance and legislation. There were good systems for staff to communicate with each other. Staff told us they felt supported and worked well as a team. They had the information they needed for their work.
- The provider had also organised bespoke training from external professionals in the form of workshops about the people they were caring for. This had helped the staff to get to understand about people's complex needs. All staff had completed training about autism and learning disabilities.
- The area manager told us they adapted training and support when needed to help meet the different needs of staff members. For example, they had identified a member of staff who found learning using online courses challenging. They had supported the staff to access the courses in the office with a member of the management team. This had helped them to get the most out of the training.
- Staff spoke positively about the training they had received. They also said they had regular opportunities to meet with senior staff and managers, as a team and individually. They were able to review and appraise their work and any professional needs they had with managers. We saw evidence of regular meetings.

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

- People were given the support they needed to eat, drink, and maintain a balanced and nutritious diet. They were able to make choices about their meals which were prepared individually for them. The staff knew people's preferences and dietary needs.
- For people who were at nutritional risk, the staff had consulted with relevant professionals. There were plans in place to help make sure people received the right support. People's nutritional intake and weight were monitored when needed.
- We saw people's homes were well stocked with a range of food. Menus were personalised and people told

us they were happy with the food they received.

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

- Staff supported people to access healthcare services. The staff communicated well with other professionals and followed their guidance. People had regular healthcare appointments.
- The staff had developed support plans which outlined people's healthcare needs. Staff understood about their different healthcare conditions.

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 MCA 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.

- The provider was acting within the principles of the MCA. They had assessed people's mental capacity to make different decisions about their care and support. The provider involved other professionals and people's representatives to help make decisions in their best interests when needed. People had consented to their care and treatment. Staff offered choices to them and explained about these.
- The staff had undertaken training about the MCA and were able to describe how they implemented this in their work and in supporting people.

# 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 our last inspection we rated this key question good. The rating for this key question has remained 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

- People were well cared for and supported. They had good relationships with the staff and felt safe and comfortable with them. People and their representatives told us they were happy, describing the staff positively. Their comments included, "The staff are nice" and "It is important the staff are relaxed and they always try their best to provide consistency and ensure [person] feels safe."
- The staff respected people. A member of staff told us, "I feel I need to be of service to people it gives me joy to help honourable people and the most rewarding thing is doing something for someone who does not pay you back, it is humanity."
- People's religious and cultural needs, social history and personal preferences were all recorded in their support plans. This helped to make sure staff knew how to support them in a person-centred way which respected their lifestyle choices.

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

- People were supported to express their views and be involved in decisions about their lives. People lived in their own flats and were able to make choices about how they spent their time. They confirmed this.
- Staff explained how they supported people to make choices. They used various ways to communicate different choices to them. The area manager told us they had observed how the staff were able to identify subtle communication clues and what these meant for 1 person, who could not use words to communicate.
- People were supported to make choices about other aspects of the organisation. For example, there were representatives on staff recruitment interview panels and as part of the staff induction. The area manager was setting up a forum for people so they could discuss different issues together.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. They and their representatives confirmed this. We observed staff speaking with people and treating them respectfully.
- People were supported to make choices and gain independence skills, such as being involved in preparing food and snacks and laundering their clothes. For people who were not able to contribute to the tasks, they spent time with staff when they were doing these tasks and felt involved in this way.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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 received personalised care which met their needs and reflected their preferences. The staff had developed comprehensive support plans and guidelines. These reflected guidance from external professionals. Each person had a key worker and a team of core staff who knew them well and who helped to develop and review plans.
- People using the service and their representatives felt happy with the care they received and felt it was personalised.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The staff met people's individual communication needs. They knew people well. One person did not use words. However, staff were able to explain how they ensured the person was understood and able to understand information presented to them. The staff used a range of different objects of reference, signs, simple words, and body language. We observed this and this was confirmed by the management team and the person's relative.
- Information was presented to people in a range of different formats if needed. For example, easy to read words and symbols.

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

- People were supported to pursue individual hobbies and interests. People had individual staff support and therefore were able to take part in a range of different activities inside and outside the home. This was demonstrated through support plans and records of care they had received.
- Whilst people lived in their own flats, they were part of a larger community of all the people who they were supported by the organisation. The management team had organised some group events, including a recent party to celebrate their 20th anniversary.
- People were supported to stay in touch with friends and families. One person's relative told us they were in regular contact with the person, and visited them. They explained the staff also stayed in touch with them to let them know how the person was.

Improving care quality in response to complaints or concerns

- People were supported to pursue individual hobbies and interests. People had individual staff support and therefore, were able to take part in a range of different activities inside and outside the home. This was demonstrated through support plans and records of care they had received.
- Whilst people lived in their own flats, they were part of a larger community of all the people who were supported by the organisation. The management team had organised some group events, including a recent party to celebrate the service's 20th anniversary.
- People were supported to stay in touch with friends and families. One person's relative told us they were in regular contact with the person, and visited them. They explained the staff also stayed in touch with them to let them know how the person was.

Improving care quality in response to complaints or concerns

- There were systems for responding to and learning from complaints. There was a clear complaints procedure, and people using the service, other stakeholders and staff knew about this.
- We saw the provider had responded appropriately to complaints. They had investigated these, leading to improvements and changes to the service.

# 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 our last inspection we rated this key question good. The rating for 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.

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

- There was a positive and person-centred culture. People were given individual support which empowered them and reflected their needs and preferences. People told us they were happy. They had good relationships with staff. Relatives thought the support people received had improved their quality of life. A relative told us, "The staff know [person] so well. They have become like and extended family."
- Staff enjoyed working for the provider and felt well supported. They told us they were supported to develop their careers and gain new qualifications. They liked the vision and values of the organisation.
- Comments from staff included, "I like the way the provider supports people to live the life they want and to be integrated into society" and "I enjoy it here. I get on well with other staff, managers, and people we support. There is good communication, and it feels nice coming to work."

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 provider understood their responsibilities under the duty of candour. We saw they had apologised when things had gone wrong. They had taken action to investigate these events, to explain what had happened and how they would improve things.
- The provider notified CQC of any adverse events affecting the service or people.

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

- The registered manager was suitably experienced and qualified. They had previously worked at the service in different roles. They had a management in care qualification. They knew the service well, including about individual people and staff.
- People and staff spoke positively about the registered manager. A relative explained, "[Registered manager] knows [person] so well. And [person] is very happy when [the registered manager] is around."
- Staff were well informed and supported to understand about regulatory requirements. There were a range of suitable policies and procedures, regular staff meetings and engagement, training, and guidance for staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged with people using the service and other stakeholders. They were in the process of setting up a forum for people using the service. Relatives told us they had good communication and felt

involved.

- Staff felt valued and listened to with opportunities to contribute their ideas and develop lead roles.
- Staff completed training about equality and diversity. They were able to explain how they supported people to meet their diverse needs.

#### Continuous learning and improving care

- There were systems for monitoring and improving the quality of the service. The provider undertook a range of checks and audits. They made improvements where needed. They communicated these clearly with staff and other stakeholders.
- The staff regularly reviewed people's care to make sure this continued to reflect their needs and they were happy.
- The provider learnt from accidents, incidents and complaints to improve the service.
- People using the service and other stakeholders were asked to feedback about their experiences.

#### Working in partnership with others

- The staff and management team worked well with others. Other healthcare professionals had been invited to provide workshops for staff to help with their training and development. The staff also liaised closely with other professionals to help make sure people received the right support.
- The management team worked with other managers and the local authority to share ideas, good practice and lessons learnt.
- The provider had liaised with advocacy organisations to help make sure people had the support they needed to speak up and have an independent voice.