Adka Independence (East Yorks) Ltd

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Adka Independence (East Yorks) Ltd is a domiciliary care agency registered to provide personal care in Kingston upon Hull. The service provides care for people in the community who may have a learning disability, autistic spectrum disorder, a physical disability or a sensory impairment.

The last inspection was completed on 31October 2013 and the service was found to be compliant with the regulations inspected at that time. This announced inspection took place on 5 January 2016.

The service had a registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service were safe. Staff had been trained to protect people from abuse and avoidable harm. Known risks were managed to ensure people were supported safely. People received support from suitable numbers of staff selected by the people who used the service. Staff had been trained to administer medicines safely. The medicines administration records (MARs) we saw were completed accurately.

Staff had completed a range of training to ensure they had the skills and abilities to meet people's assessed needs. Staff received effective levels of supervision and professional development. People who used the service were encouraged to eat a healthy, balanced diet. When concerns were highlighted with people relevant professionals were contacted for their advice and guidance. Staff supported people to attend healthcare appointments when required.

People had their care and support needs met by caring staff who knew their preferences. During our observations it was clear supportive and trusting relationships had been formed between staff and the people they supported. Staff treated people with respect and helped them to maintain their dignity and levels of independence. Systems were in place to ensure private and sensitive information was stored confidentially.

People were involved with the planning and delivery of their care. People were invited to interview prospective staff and chose the staff who supported them. Care plans and risk assessments were updated as required. A complaints policy and procedure were in place which were provided to people who used the service. We saw evidence complaints were taken seriously by the registered provider and action was taken to improve the service following people's feedback.

Questionnaires were completed by people who used the service, their relatives and staff, the feedback we saw was consistently positive. A quality assurance system was in place that consisted of audits, checks and feedback. When shortfalls were identified action was taken to improve the level of service. The registered provider was involved in the day to day running and management of the service.

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. People were protected from abuse and avoidable harm. Accidents and incidents were investigated and action was taken to prevent their future re-occurrence.

People's needs were met by suitable numbers of adequately trained and experienced staff; who had been recruited safely.

Staff had been trained to administer medicines safely.

Is the service effective?

Good

The service was effective. Staff had completed a range of training which enabled them to meet people's assessed needs effectively.

People's consent was gained before care and support was provided. The principles of the Mental Capacity Act were followed.

People were supported to eat a balanced diet and supported to prepare meals.

Is the service caring?

Good

The service was caring. People were cared for by staff kind, caring and attentive staff.

Staff knew how to maintain people's dignity and understood the importance of respecting people's choices and decisions.

People were involved in making decisions about their care and treatment and their preferences were recorded in their care plans.

Is the service responsive?

Good

The service was responsive. People's care plans contained up to date information and were reviewed regularly. People or their appointed representative contributed to the planning of their care.

Referrals were made to appropriate health care professionals when required.

People were encouraged to express their views about the management and running of the service. When suggestions were made they were listened to and implemented.

Is the service well-led?

Good

The service was well-led. The registered manager and registered provider understood their responsibilities to report notifiable incidents as required.

A quality assurance system was in place that consisted of audits, checks and feedback from questionnaires and other sources. When shortfalls were identified action was taken to improve the service.

Staff we spoke with told us the management team were approachable and treated them fairly.

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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 registered provider was 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 5 January 2016 and was carried out by an adult social care inspector. Due to nature of the service the registered provider was given 24 hours' notice.

We looked at the notifications and reviewed all the intelligence CQC had received to help inform us about the risk level for this service. We reviewed all of this information to help us focus our inspection. We spoke with the local authority safeguarding team prior to our inspection to see if they had any information of concern regarding the service.

We spoke with four people who used the service and three of their relatives. We spoke with five staff, the service's care co-ordinator and the registered provider.

We looked at five care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as accident and incident records and investigations as well as medicines administration records. We looked at how the service used the Mental Capacity Act to ensure that when people were deprived of their liberty actions were taken in line with the legislation.

We looked at a selection of documentation relating to the management and running of the service. These included five staff recruitment files, training records, staff rotas, supervision records for staff, minutes of meetings with staff and people who used the service and quality assurance information such as audits, checks and questionnaires.

Good

Is the service safe?

Our findings

People who used the service told us or used their preferred methods of communication to inform us that they felt safe. One person we asked smiled and gave us a thumbs up. Another person who used the service told us, "I'm safe with [name of the member of staff who supports them], he looks after me."

A relative we spoke with told us they believed their family member was safe. They said, "The staff know what they are doing; I don't have any doubts that [name of person who used the service] is safe when he is out with the staff." Another relative said, "She is very safe, yes."

People who used the service were protected from discrimination, abuse and avoidable harm. Staff had completed safeguarding vulnerable adults training which equipped them with the skills and knowledge to recognise signs of potential abuse and informed them of what action to take if they suspected abuse had occurred. Staff told us they were confident any episodes of poor care would be investigated by the registered manager and registered provider. A member of staff told us, "I would report any problems, different behaviours or anything else that didn't seem right. The managers would investigate and involve the safeguarding team."

People were encouraged to remain safe and supported to take positive risks in their daily lives. A member of staff explained, "They [the people who used the service] don't always make smart choices, sometimes they make choices I don't agree with but I can't stop them from living their lives. I just offer advice to keep them safe and encourage them to make sensible choices." Another member of staff told us, "Everything we do is done so he [the person who used the service] feels in control and safe." This helped to ensure people remained safe whilst not unduly restricting their freedom and choices.

People were supported by staff who had been recruited safely. We looked at the recruitment practices in place at the service and saw relevant checks were completed before prospective staff were employed. This included an interview where the applicant's responses were scored and gaps in their employment history could be explored. The return of two references and a suitable DBS (Disclosure and Barring Service) check were also required. Due to the nature of the service staff also had to provide a copy of their drivers licence and their motor vehicle's M.O.T to ensure they were eligible to drive people who used the service to activities, appointments and other locations as required.

Accidents and incidents that occurred were recorded and investigated to ensure preventive action could be taken. This helped to ensure people who used the service were protected from avoidable harm. The registered provider told us, "We work with the safeguarding team [local authority safeguarding team] to investigate what has happened and why" and "We discuss all incidents with staff, customers [people who used the service] and their families." We saw from team meeting minutes, when incidents occurred learning taken from internal and external investigations were shared with staff to improve the service as required. Care plans and risk assessments were updated to reflect new ways of working and preventative actions.

A risk assessment of people's homes was undertaken at the commencement of the service to highlight any

possible risks staff needed to be aware of. Action had been taken to mitigate and minimise known risks which helped to ensure people received their care and support they required safely. The service's care co-ordinator told us, "We also have fire assessments in place which includes the support people would need and how to evacuate them [in the event of an emergency]."

People who used the service were supported by appropriate numbers of staff. The registered provider told us, "90 per cent of the service we provide is on a one to one basis" and went on to say, "We can cover holidays and staff sickness internally, the registered manager is currently supporting someone on their family holiday because the person's regular staff could not commit to being away for a full week." We were also told that people who used the service chose the people they wanted to support them. The service's care co-ordinator explained, "I have just done an assessment for a new customer [person who used the service] and straight away was matching them up to staff that I know they will get on really well with but it's their choice. We introduce them and stay until the customer tells us they are happy." People and relatives we spoke with confirmed they had selected the staff who supported them and knew they could request support from different staff if they preferred as well as being offered the opportunity to participate in the recruitment process.

A medicines policy was in place that provided guidance to staff and included information on self-administration, covert medicines, administration and refusal. We saw evidence confirming staff had completed a safe handling of medicines course and had their competency assessed before they prompted and supported people to take their medication as prescribed. The staff we spoke with confirmed they were confident to administer medicines and knew who to raise concerns with if they were unsure about newly prescribed medicines.

Each person who required support with their medicines had a detailed medicines care plan in place. One person had to have their medicines administered in a very specific way using a syringe. The care plan was detailed and provided staff with step by step guidance to ensure the person suffered no ill effects during the administration of their medicines. We checked a number of medication administration records (MARs) and saw they were completed accurately without omission.

Good

Is the service effective?

Our findings

One person who used the service told us, "They [the staff] are really good." When we asked another person if they thought their allocated staff were competent and capable of supporting them effectively they smiled widely and indicated that they did."

A relative we spoke with said, "We could not get better staff" and went on to say, "When we were told about them [the service] I was dead against it, we never had help before but now I think they're a godsend. I don't know how we would manage without them." Another told us, "They [the staff] are so good, they all know what they are doing." A third person said, "The support our [name of person who used the service] gets is top quality."

People were supported by staff who had completed a range of training to equip them will the skills and abilities to carry out their roles effectively. We saw staff had undertaken training the registered provider deemed as mandatory as well as further person specific training to meet people's individual needs. For example, mandatory training included health and safety, fire, safeguarding vulnerable adults, the mental capacity act [MCA], deprivation of liberty safeguards, food hygiene and first aid. Specific training incorporated autism, dementia, alcohol and drug misuse, Makaton [a form of communication designed to support spoken language; signs and symbols are used with speech, in spoken word order] and epilepsy.

We saw some staff had completed a nationally recognised qualification in care and a nationally recognised induction programme. A member of office staff told us, "They [the registered provider] have been brilliant to me; I've done lots of courses since I've worked here. I am just waiting for my business development NVQ [a nationally recognised award] level three to be marked." Another member of staff said, "I have done a train the trainer course so I deliver that training to everyone else [who works for the registered provider] for first aid and food hygiene."
The registered provider explained, "We used to have to wait for external training providers to put on courses and that didn't fit us very well so we invested in our staff; now they have the skills to deliver training and we don't always have to rely on other companies."

Staff received effective levels of support, supervision and professional development. Records showed staff received a one to one supervision meeting with their line manager on regular basis and appraisals were held annually. During discussions staff told us their one to one meetings were used as an opportunity to discuss the level of support they provided people with, areas for improvement and any training requirements. Providing staff with feedback about their skills and approach helps to ensure they deliver care and support consistently in line with people's preferences.

Staff had the skills and abilities to communicate effectively. A member of staff told us, "We [referring to the person who they supported and themselves] have our own methods of communication, I use signals and hand gestures which we both understand." We saw that when the person used hand gestures to indicate they were experiencing an issue with their eye; this was quickly understood by the member of staff who provided encouragement and reassurance. Another member of staff told us that communication books

were utilised to aid the communication between staff and two people who used the service. They said, "We provide respite care to two people and we have read and signed the communication books to show we know and can use their way of communicating."

We saw that people who used the service or those acting on their behalf had signed a 'care agreement' to confirm they had agreed to the care and support outlined in their individual care plans and risk assessments. Written consent was also in place which allowed the service to share information about people's health needs to relevant healthcare professionals. During discussions staff described the different ways they gained consent from people before they provided care and support. One member of staff said, "I just ask. The people I work with can tell me if they want my help." A person told us, "The [the staff] always get my permission to do things. I'm in charge."

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, 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. For people in the community who needed help with making decision an application should be made to the court of protection. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection no one who used the service was deprived of their liberty.

People who used the service had access to a number of healthcare services and were supported by staff to attend healthcare appointments when required. The care plans we looked at recorded advice and guidance that had been received from GPs, physiotherapists, the long term conditions team, speech and language therapists, neurologists and consultants. This provided assurance that when concerns with people's health or general well-being were identified relevant professionals were contacted for their advice and guidance.

People were supported to eat a balanced diet and encouraged to maintain a healthy lifestyle. The service care co-ordinator told us, "In our supported living service the staff help people to shop and choose health options." The registered provider explained that part of the services role was to equip people with the skills to cook for themselves. A member of staff told us, "I cook his [the person who used the service] evening meal; sometimes we do it together. I always try and encourage healthy things and include fruit or vegetables." A person who used the service said, "I don't like vegetables but I eat them." Another person commented, "I eat better than I ever have."

Good

Is the service caring?

Our findings

A person told us, "The staff are kind, they look after me." Another person gave us a thumbs up and smiled when we asked if they staff who supported them were kind and caring." A third person said, "Yes" and used a particular gesture/action that was recorded in the care plan as a way they showed they liked what had been said and expressed happiness or excitement.

A relative we spoke with commented, "The staff are all very caring." Another relative said, "They [the staff] are caring. It takes a certain type of person to do what they do; we would be lost without them now."

People's needs were understood and met in a caring way by staff. The registered provider told us, "We go in to people's homes, they may not live how I choose to live and vice versa but we are not there to judge or tell people how to live. We respect everyone as an individual." A member of staff told us, "I wouldn't judge anybody because of their sexuality, age, disability, race or religious beliefs; not for any reasons. I'm not perfect myself" and "I love my job. I support some really great people; it's a pleasure to be involved in their lives."

The care plans we saw contained step by step guidance for staff to ensure people received the care and support they required in line with their preferences. Pen pictures had been created for each person who used the service that included their family life, where they grew up, where they went to school, their hobbies and interests, employment history and known aspirations. This helped to ensure staff knew the person they were supporting which enabled them to engage people in meaningful conversations or encourage them to undertake meaningful activities.

Staff showed genuine concern for people's well-being and responded quickly to their changing needs. The registered provider told us they had recently noticed a decline in the general health of one person who used the service. They said, "We have supported [name of the person who used the service] for a little bit less than a year and have just seen a drop in his general abilities. We have involved social services and the continuing healthcare team. We have also increased the hours of support we provide and are trying to provide all the support we can."

During discussions staff told us how they respect someone's privacy and uphold their dignity. Comments included, "Don't invade their [the people who used the service] space", "Allow them to make choices and respect what they have decided", "I listen to what they are telling me and don't think I know what they are going to say", "I always discuss things in private, I'll take people to one side or ask to talk somewhere quiet" and "I don't talk about the people I support outside of work, that would be wrong."

People were supported to maintain their independence. A member of staff told us, "I support people in our independent living service so my job is to help them develop their skills so they don't need support anymore. I help and advise but they [the people who used the service] do most things themselves." The registered provider told us, "We don't really provide care in the traditional sense. We provide support and encouragement and help people achieve things in their lives, big or small."

Systems were in place to ensure people's private and confidential information were held securely. A confidentiality policy was in place at the service for staff to refer to as required. The registered provider told us, "We have just purchased a new software package where we can store all relevant information. All of the office staff will have restricted access which will be password protected" and "Staff will be given mobile phones that are linked to the system so they can see people's care plans and risk assessments when they are out; again that will all be password protected." We were given assurance from the registered provider that all information would be uploaded to a secure server which ensured people's private, sensitive and confidential information could not be lost or deleted in error.

Good

Is the service responsive?

Our findings

People who used the service or those acting on their behalf confirmed they were involved in the initial and on-going planning of their care. One person said, "I get involved [during review meetings], I tell them what I want and what I don't want." A relative told us, "We [referring to the person who used the service and themselves] make decisions together; we have reviews and give our input." Another relative told us, "When it all started [the commencement of the service] we were asked loads of questions then they [the service] did the care plans. Everything is in there, what she [the person who used the service] likes to do, what help she needs."

When we asked people if they were aware of the registered provider's complaints policy we were told, "I'd tell them [indicating the registered provider] if I wasn't happy." A relative we spoke with told us, "I have never had to complain but whenever I ask for anything to be done differently or for any little changes they are sorted out without a fuss." Another relative said, "Whenever I have wanted to raise anything [name of the registered provider] makes himself available, listens to what I have to say and sorts it. What more could I ask for?"

People or those acting on their behalf were involved with the initial assessments which were completed to ensure the service could meet people's needs. The initial assessment captured people's abilities, support needs and levels of independence. The information was then considered along with the placing authorities 'my life, my way' plan to develop a number of individualised care and support plans.

The care plans we saw were created alongside a risk assessment so that known risks could be managed effectively. For example an eating and drinking care plan had a corresponding choking risk assessment and a transferring using a hoist care plan had a corresponding loss of balance/falls risk assessment. The care plans provided step by step guidance to staff to ensure people's independent living skills were nurtured whilst their preferences for how their care and support should be delivered were respected. Care plans also contained information about the equipment people required and any relevant professional advice and guidance.

Reviews of people's care and support were completed periodically. People or their appointed person were asked, 'what's working well', 'what's not working well', 'what changes need to be made' and what people's aims were and what action was required to achieve these. Their comments were recorded and used to develop and shape the care and support they received. This helped to ensure, as far as reasonably practicable, people had control of the support they received and their wishes and choices were respected. A member of office staff told us, "The new system we have makes you put a review date in when you produce a care plan. We get alerts when things need reviewing so nothing can ever be missed or forgotten."

People who used the service were supported to follow their interests and to undertake education or employment opportunities. A number of people who used the service attended college and were supported in specific classes as required. Records showed people undertook a wide range of activities including going to the sea front, going for bike rides, having guitar lessons, making music videos, going to the theatre and

going bowling.

The service's care co-ordinator told us, "One person had not really been out and about for a good few years; our staff have worked with them, encouraged them, supported them and now they get out, they are doing photography and all sorts." A member of staff told us, "Some of the people we support wouldn't get to do too much without us so helping them to achieve things and seeing how that affects them is a real privilege." A relative we spoke with said, "She [the person who used the service] gets out all the time now, she is volunteering and does dog walking." The registered provider told us, "One person we support is an actor, I've taken him to casting sessions in Manchester and London, he has met quite a few famous actors doing it."

The registered provider had a complaints policy and procedure in place at the time of the inspection. The procedure was provided to people at the commencement of their service in the 'customer service plan'. It provided guidance about people's right to complain and who the complainant could escalate their complaint to if they felt the response from the service was un-satisfactory.

Complaints were used to develop the service when required. A member of office staff told us, "If anyone rings the office with a concern or a complaint I log it and arrange for the member of staff to come in so we can discuss what has happened." The registered provider commented, "When things go wrong we always investigate. If people don't want to complain that's their choice but we still need to learn from it and take action to stop it happening again."

Good

Is the service well-led?

Our findings

People who used the service told us the service was well-led. One person said, "I am happy; I think everyone does a good job." A relative commented, "I think it's a brilliant service, I couldn't ask for more."

A visiting professional said, I think it's a fantastic service, it's really well run, the owners are really hands- on and the staff know everything there is to know about the clients."

Meetings were held with the people who used the service which provided an opportunity for them to provide feedback and comment of the service they received. We saw that activities, attending college, meals, behaviours and staff were all discussed. We saw evidence to confirm action was taken from the feedback provided, for example changing staff rotas so people could be supported by certain staff at certain times in line with their preferences.

The service also sent questionnaires and surveys to people, their relatives and staff. This helped to ensure there were inclusive and accessible ways for people to provide feedback. The registered provider told us, "We had a massive response to the questionnaires this year; nearly everyone completed it and sent it back." We saw the feedback provided to the service was consistently positive from people and staff.

During discussions staff told us the management team were approachable, supportive and fair. A member of staff said, "I have just had my yearly appraisal. I got some constructive feedback; we looked at what I do well and what I could improve on. I left feeling really positive." Another member of staff said, "To help me do the job they [the registered provider] bought me a bike [push bike]. I am paying it back bit by bit from my wages but I'd have really struggled if they hadn't helped me." We were told by a third member of staff, "All the managers are brilliant, I can go to them whenever I need anything" and "If I ask something more than once because it's not clear in my head they don't get annoyed they just come and show me again; they are very supportive." Staff meetings were held regularly and provided staff with an opportunity to discuss people's support needs, developments in best practice, training requirements and any other issues they saw fit to raise.

At the time of our inspection the registered manager had been in post for six years. They were aware of their responsibilities to report accidents, incidents and other notifiable events to the Care Quality Commission as required. The registered provider told us they had an open door policy and people and staff often popped in to the office. They said, "Staff are often in and out and some customers [people who used the service] do too. One man likes to come in and get his rota [staffing rota] every week, he sits and has a chat with us all and has a cup of tea."

The registered provider was aware of the key challenges to the service and confirmed they had the resources available to develop the team and drive improvement. They told us, "We are in a good position financially; we have never been in a situation where we don't have the funds to put staff on training or recruit new staff" and "We have just made investments in systems and technology and increased staff wages." The services care co-ordinator said, "Most of the staff have worked here for years. I think that says a lot about the

company and it allows us to provide continuity which is exactly what our customers need."

The philosophy of the service was declared in the statement of purpose. It read, 'We recognise ethnic, religious and social needs and characteristics of customers and provide care appropriate to meeting those needs', 'We are providing individual opportunities for greater citizenship' and 'independence with independence'. People who used the service were invited to be involved during interviews of prospective staff which helped to ensure they were comfortable with the people who supported them and that they contributed to the delivery of their care.

We saw evidence to confirm audits and assessments of the staff training, staff supervision, care plans, risk assessments, medicines and accidents and incidents were carried out periodically to ensure any shortfalls were highlighted and action could be taken as required. Health and safety audits were completed annually by an external health and safety officer; we saw any recommendations made were implemented without delay. The service's care co-ordinator told us, "I do mini reviews of people's care and support, looking at what is working well and what improvements are needed."

Checks were completed of equipment and facilities such as fire extinguishers, fire alarms and manual call points. An evacuation plan was in place at the registered provider's headquarters and annual portable equipment testing (PAT) was carried out. We checked the gas and electricity certificates and saw they were in date.

The service implemented guidance from the National Institute for Health and Clinical Excellence (NICE) guidance and the Medicines and Healthcare products Regulatory Authority (MHRA) to ensure treatment and support followed current best practice. Alerts from the Central Alerting System (CAS) were used to ensure equipment and facilities were fit for purpose. The registered provider explained, "We receive regular updates from Care Matters and liaise with the commissioners to implement best practice." The service's care co-ordinator said, "We try and learn from all of the professionals we work with, we do everything we can to continually improve."