Adriel Care Limited

ADRIEL CARE LIMITED

Inspection report

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31 January 2017

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We visited the office on 20 January 2017, made telephone calls to relatives and staff on 23 January and returned to the office again on 31 December to gather further information and to give feedback. We gave three days' notice of the inspection so we could be sure the people we needed to speak with when we visited the office on the first day were available.

The provider operates a domiciliary care agency that provides personal care to people in their own homes, as well as running an employment agency that provides nurses and care staff to fill temporary vacancies. We inspected the domiciliary care service only, as the employment agency part of the business is not regulated by CQC. At the time of our inspection it had five older people on its books, although two were in hospital.

The service had a registered manager, who was also the owner of the company. 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.

People gave positive feedback on the care they received. However, some areas required improvement to ensure people received safe, high quality care.

Staff recruitment procedures were not fully robust. Criminal records checks and checks of entitlement to work in the UK were made before staff started working for the service. Employment and character references were also obtained. However, most staff files showed gaps in employment, with no written explanation of these or a record showing they had been explored at interview. Without checking gaps in employment, there was a risk unsuitable staff would be recruited. You can see what action we told the provider to take at the back of the full version of the report.

The service's quality assurance processes had not identified the shortcomings we found in relation to checking and recording gaps in employment. We have made a recommendation that the service reviews its quality assurance systems to ensure they are fully effective.

Following the inspection the registered manager advised us that all staff files had been corrected to include a full employment history with explanation of any gaps.

Medicines were managed safely by staff who had the necessary training and had been assessed as competent to handle medicines. Some people had staff apply their prescribed creams and ointments. Staff had clear instructions for how and when to apply these. We have made a recommendation that the service reviews how staff record the administration of prescribed creams.

There was a basic contingency plan that stated the service had access to the provider's agency staff in the

event the regular staff were ill and unable to cover calls. It did not address whether or how particular people's visits were to be prioritised, for example visits that were time-critical because of medication. In practice, within this small service the registered manager and office staff had a good understanding of people's circumstances, including any time-critical visits. We have made a recommendation that the service reviews its contingency plan.

Complaints and concerns were encouraged, investigated thoroughly and responded to in good time. A relative told us, "If I have a query or a complaint they're on to it straight away". However, the service's complaints policy incorrectly referred people to CQC if people were not happy with the way their complaint was handled. This is incorrect, as CQC has no power to follow up individual complaints, although it values hearing about people's experiences of services. We have made a recommendation regarding updating the complaints policy.

The service had identified that keeping accurate, complete and readily available records had not been its strength. Following a commissioners monitoring visit during 2016, they had taken action to address the points raised. This included the recent acquisition of a computerised records and management system. Staff were in the process of being trained to use this before it became fully operational.

People's individual care needs, including their nutritional, hydration and health needs, were met by a small team of caring, competent staff. Relatives told us staff generally arrived on time and that people were informed in the event there was a delay. They said staff stayed for at least the full duration of the visit and provided the care that was required, if not more. When members of staff started working with them, they usually worked a couple of shadow shifts beforehand alongside a familiar staff member, and at the very least were introduced in person by a member of the office team.

Consent was obtained for people's care, from the person themselves or from someone who held power of attorney that authorised them to consent on the person's behalf. The registered manager understood the requirements of the Mental Capacity Act 2005.

The management team kept in regular contact with people and their relatives to check their satisfaction with the service, and acted on their comments. Relatives referred to staff by name and said they knew them well. For example, a relative told us, "It's like being part of the family… everybody knows everybody".

Risks to people's personal safety were assessed and managed.

Staff understood their responsibilities for safeguarding adults. The registered manager was due to undertake training in relation to managers' roles in safeguarding adults. We have made a recommendation regarding updating the service's safeguarding policies.

Staff had training to be able to perform their roles safely and effectively. New staff covered key topics during a day of face-to-face training during their induction. Following this they worked for three days alongside experienced staff and the management team checked they were competent to provide the care required before they worked on their own. No-one currently using the service had complex moving and handling needs, such as using a hoist for transfers. The Care Certificate, a nationally recognised qualification for staff new to health and social care, had been introduced in the service during 2016.

Staff felt well supported by the management team. They said they were able to raise any queries or concerns with them. Staff supervision, which is where staff meet with a more senior staff member for a supportive discussion about their work, had happened on an ad-hoc 'open door' basis when staff needed it. The

management team had identified that more structured, regular supervision was needed and were about to introduce this.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe in most, but not all, respects.

There were sufficient skilled staff deployed to provide all the care people required. However, recruitment processes had not explored gaps in staff employment histories and had not adequately recorded these.

Risks were assessed, managed and kept under review.

Medicines were managed consistently and safely.

Is the service effective?

Good

The service was effective.

People's needs were met by staff who were supported through training and supervision to perform their role effectively.

People or their legal representatives were always asked for consent to their care.

People received the support they needed from the service as regards their nutrition, hydration and health.

Is the service caring?

Good

The service was caring.

People received care and support from staff they knew.

Staff treated people respectfully.

People were kept informed about their care and had the opportunity to express their views about their care.

Is the service responsive?

Good

The service was responsive.

People got care and support that met their individual needs.

People and their relatives were involved in developing their care plans, which were kept up to date.

Concerns were taken seriously and explored thoroughly.

Is the service well-led?

Requires Improvement

The service was not wholly well led.

The systems in place to monitor the quality of the service were not wholly effective, as checks had not identified incomplete information in relation to staff employment histories.

People and their relatives had regular contact with the management of the service and their views were listened to.

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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 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.

The inspection took place on 20, 23 and 31 January 2017. We visited the office on 20 and 31 January and telephoned relatives and staff on 23 January. The provider was given 3 days' notice before the first day because the location provides a domiciliary care service and we needed to be sure that the people we needed to speak with would be in. The inspection was undertaken by one adult social care inspector.

Before the inspection the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service. Additionally, we obtained feedback from social workers who had arranged care packages with the service.

During the inspection we spoke on the telephone with three relatives of people who used the service. We also spoke with four members of staff and with the registered manager. We reviewed three people's care records, nine staff files and other records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

Relatives voiced no concerns about the safety of their family members, who they felt received safe care from a regular team of staff. Most aspects of the service were safe. However, there were shortfalls in staff recruitment procedures and record keeping. In addition, some policies and procedures required updating.

Some checks were made before staff started working at the service to ensure they were of good character and suitable for their role. However, these were not comprehensive and there was a risk that unsuitable staff would be recruited. Criminal records checks were made with the Disclosure and Barring Service and there were also checks that staff members were entitled to work in the UK. Employment and character references were sought and verified. Application forms asked staff to give an employment history covering the whole of their working life to date. However, in some cases this had not been provided. Six staff files showed gaps in employment, with no written explanation of these or a record showing they had been explored at interview. A further staff member's employment history contained just years rather than months and years or precise dates so it was not possible to see whether there had been a break of employment.

We drew our concerns about recruitment information to the registered manager's attention during the inspection. They advised us the application form had been changed to reflect gaps in employment. Following the inspection they informed us that all staff files had been corrected to include a full employment history with explanation of any gaps.

These shortcomings in relation to recruitment procedures were a breach of Regulation 19(2)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a small team of regular staff, which was sufficient to cover calls to people who received a service. Relatives told us they had a regular team of staff, and that new staff always worked a couple of shadow shifts so the person could get to know them. They said that staff arrived at the expected time and stayed at least for the scheduled length of the visit. For example, a relative commented, "They've never let me down… very rarely more than five minutes late". Another relative said the only time staff were late was when they were stuck in traffic. Staff confirmed the timetabled length of their visits were sufficient for them to provide the care required and that they were allocated sufficient travel time between visits. The management team advised us they only considered taking on care packages they were able to meet with available staff, taking into account the complexity of people's needs and whether they had a strong preference for care staff of a particular gender.

People were protected against the risks of potential abuse. Staff had training in safeguarding when they started working at the service and this was refreshed annually. They had a good understanding of their responsibilities for reporting accidents, incidents or concerns. The registered manager informed us there had been no safeguarding concerns within the domiciliary care service. They were booked to attend safeguarding adults training with a local statutory agency, and told us they planned to follow this with training in their responsibilities as a manager for safeguarding adults. A copy of the local multi-agency safeguarding adults policy and procedures was available at the office. However, the service's safeguarding

adults policies did not refer to this, nor did they reflect current legislation. The registered manager told us they were aware the policy needed to be updated.

We recommend the service updates its safeguarding policies to cross reference to the local multi-agency safeguarding adults policy and procedures, and to reflect current legislation.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. There was a basic contingency plan that stated the service had access to the provider's agency staff in the event the regular staff were ill and unable to cover calls. It did not address whether or how particular people's visits were to be prioritised, for example visits that were time-critical because of medication. In practice, within this small service the registered manager and office staff had a good understanding of people's circumstances, including any time-critical visits.

We recommend the service reviews its contingency plan to address how visits are to be prioritised in the event of circumstances such as bad weather.

Risks to people's personal safety had been assessed, such as risks associated with mobility, moving and handling, developing pressure sores and using oxygen. Environmental risk assessments had also been undertaken, to help ensure that staff would be able to work safely in people's home environments. People's care plans included plans to minimise these risks. These were reviewed regularly.

There were no records of accidents in the past year. The registered manager confirmed there had been no accidents and that the only incidents there had been were considered through the complaints process. Action had been taken to ensure people were safe. The service was about to introduce a new computer system that would help the management team monitor accidents and incidents to identify any developing trends.

Where people needed assistance with their medicines, this was managed and administered safely. Most people administered their own medicines with occasional prompting from staff. However, some people had staff administer their medicines. Care plans set out clearly who was responsible for ordering and administering medicines, whether staff, the person or a member of their family. These were clear about any assistance that staff were to provide. Staff had training in handling medicines and medicines competency assessments were undertaken to check they did this safely. There were clear procedures for staff to report any changes to a person's medicines or concerns that people may not be able to manage their medicines safely.

With regard to applying prescribed skin creams and ointments, people's care records contained body maps and instructions for application. Staff signed for the administration of these creams by initialling the relevant section of the evaluation sheets, which were charts recording the care given over the month. They initialled the chart only once on each occasion they administered creams, regardless of how many different creams were administered. The management team confirmed they checked these evaluation sheets when they were returned to the office at the end of the month, for any discrepancies such as missing signatures.

We recommend the service reviews how staff record the administration of prescribed creams, to ensure each different cream is accounted for.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about the skills and abilities of the staff. Comments included: "The carers are quite good", and "The people who have come have been… particularly good at their jobs".

People were supported by staff who had access to the training they needed. Staff had a day's in-house training when they started at the service. This covered key topics including moving and handling people, safeguarding adults, food hygiene, health and safety and infection control. They then had three days shadowing experienced staff. The management team explained that if staff needed to use the hoist, they had an arrangement with a local care home whereby they could get experience with hoisting and have their competency assessed. However, no-one using the service at the time of the inspection required hoisting. The Care Certificate had been introduced for new staff, building on this initial training. This is a nationally recognised qualification for staff with little or no previous experience in health and social care. Besides induction and Care Certificate training, staff had training in handling medicines, and the Mental Capacity Act 2005 including the Deprivation of Liberty Safeguards. The staff working at the service had started during 2016 and so had not needed to complete refresher training.

Staff told us they felt well supported by the management team, saying they could approach them if they needed to. The registered manager explained that supervision (meetings to discuss a staff member's work) had happened on an 'open door' basis, with staff coming in to the office if they needed support or if a concern had arisen. There were also periodic spot check observations. The management team had identified a more structured system for supervision was needed so that all staff had an opportunity for support at least four times a year. They showed us their timetable for this, with each staff member including the management team having a named supervisor and having at least four supervision meetings a year, or two supervision meetings and two spot checks for care workers.

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

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. People or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. Staff were aware of the importance of not providing care against a person's wishes. During the inspection, the service updated the template for their assessment form, to ensure they established whether a person had someone with a power of attorney that gave the legal authority to consent to care on the person's behalf. The service was in the process of consulting with a person's family and professionals in order to establish whether the person was able to consent to assistance with medication, and if not, to make a best interests decision as to whether they should provide assistance.

Any assistance people required in relation to preparing meals and eating and drinking was considered when

their needs were assessed. Where they needed assistance with eating and drinking or food and drink preparation, their care plans set out clearly the assistance that was needed. Where a person's dietary intake needed to be monitored, staff had recorded how much the person ate and drank.

People's routine health needs were known and kept under review. Any concerns about their health or well-being prompted a referral to their GP or other health care professionals.

Good

Is the service caring?

Our findings

All of the relatives we spoke with were positive about the caring approach of the staff, confirming that staff treated people respectfully and kindly. For example, a relative described staff as "very thoughtful as well as doing their job".

People's records included information about their personal circumstances and how they wished to be supported. Office staff were knowledgeable about individual people and their preferences regarding their care. Relatives confirmed staff respected their loved one's preferences. For example, a relative told us their family member responded well to staff laughing and joking, "and every one of them greets [person] like that". Another relative said staff were respectful and sensitive to the way their loved one liked to be approached. A care worker explained how one of their favourite parts of their job was talking with people and getting to know them.

People were given information about the service when they started receiving care and when they needed it. Relatives confirmed people had copies of their care plans, and that they were able to contact office staff or the management team if they had any queries or concerns. They talked about their care workers and office staff by name. Their comments included: "They always ring me up if anyone can't make it" and, "It's like being part of the family… everybody knows everybody".

Relatives said people usually knew in advance which staff would be visiting them, and at what time. They confirmed people had a small, regular team of staff. They told us people were always introduced to new staff, usually through shadow shifts in advance, where they worked alongside existing staff. Staff also told us this, saying they were never asked to go alone to provide care for a person they had never met before. They said they usually worked shadow shifts with new people, and at the very least went out to meet the person accompanied by one of the management team.

From time to time people were asked to complete a questionnaire, giving their views about workers. Those forms we saw were positive. Relatives told us the management staff also checked in regularly with people and their relatives, to see how they felt about the service they were receiving and whether anything needed to change.

Good

Is the service responsive?

Our findings

Relatives were positive about the quality of people's care. Comments included: "The girls that come here are lovely and are very willing to do what you want them to do" and that staff often went above and beyond what was listed for them to do.

People and their relatives were involved in developing their care, support and treatment plans. A relative described their family member's care plan as "absolutely excellent… plain, simple English… every single detail you would want – a breath of fresh air". They were concise but set out clearly the care staff were to provide at each visit. The exact areas covered depended on the needs of the particular individual, but care plans typically addressed issues including personal hygiene and dressing, medicines, continence, moving and assisting, mobility, mental state and cognition, nutrition and hydration, pain, communication and social interaction. Care plans were reviewed each month to ensure they were still relevant and up to date.

People got the care they needed at the time they expected it. Care records reflected that people had received the care they required. Relatives told us staff were generally on time unless they were stuck in traffic, in which case they were kept informed. There had been only one missed call recorded during 2016, where a care worker had not turned up when expected. This had been investigated thoroughly through the service's complaints process, the person having not come to harm, and procedures changed to help prevent a similar incident happening again.

Complaints and concerns were encouraged. Relatives told us they had been given information about making a complaint, and that the service was prompt to respond. For example, a relative said, "If I have a query or a complaint they're on to it straight away". There were four complaints on file from 2016 onwards. These had been investigated thoroughly and responded to in good time. However, the service's complaints policy incorrectly referred people to CQC if people were not happy with the way their complaint was handled. This is incorrect, as CQC has no power to follow up individual complaints, although it values hearing about people's experiences of services. There was no reference to the statutory agencies that would be able to investigate.

We recommend the service updates its complaints policy to direct people towards the statutory agencies that are able to investigate individual complaints.

Requires Improvement

Is the service well-led?

Our findings

Relatives were broadly positive about how the service was run. For example, one of the relatives told us: "I do think they're run very professionally" and "It's been excellent… they've never let me down". We also had positive feedback from health and social care professionals about clear communications and the professionalism of office staff they had spoken with.

However, although there were positive aspects to the leadership and management of the service, we also found some shortfalls.

The systems in place to monitor the quality of the service were not wholly effective. Regular checks were made of records, including care records and recruitment records, for completeness. An additional member of office staff had been recruited in order to do this. However, these checks had not identified that staff files did not contain full records of staff employment with a satisfactory written explanation of any gaps. Consequently, the current policies and procedures were not sufficient or operating effectively to ensure the regulations were fully met.

We recommend the service reviews its systems for assessing and monitoring the quality of the service to ensure it is fully effective.

Records were not all clear or readily available. Some records we needed to see were available on the second day of the inspection. These included a person's risk assessments; the management team explained that these had not previously been copied into the person's office file as they should have been. Some documents, such as induction checklists and some people's environmental risk assessments, were not dated so it was not possible to see when they had been created.

The registered manager acknowledged that maintaining organised and up to date records had been challenging and they had already identified this needed to improve. Following a commissioner's monitoring visit in 2016 that had highlighted issues with record keeping, the service had introduced additional monitoring checks and had invested in a computerised recording and management system. The management team were in the process of being trained to use this.

We recommend the service continues to evaluate how its record keeping can become more accurate, contemporaneous and readily available.

People and those important to them had opportunities to feed back their views about the quality of the service they received. Relatives reported regular contact with the management team to check their satisfaction with their care, and that their views were listened to. For example, a relative said they had "Regular visits from the hierarchy [to ask] 'How are we doing and what can we do to improve'". People's care records contained feedback forms, where they had rated their experience with particular members of staff; these ratings were all positive.

We were not aware of any whistleblowing concerns at the time of the inspection. Staff told us they would feel able to raise any concerns with the management team.

The registered manager had not notified CQC about significant events, such as deaths and serious injuries. They were aware of the kinds of events they should notify, and we saw no record of any such events. CQC uses notifications to monitor services and ensure they respond appropriately to keep people safe.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 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 Some staff did not have on file a full employment history with a satisfactory written explanation of any gaps. There were no records showing these gaps had been explored during the recruitment process.