

Adjuvo Care Essex Limited

Adjuvo Care and Support Clacton

Inspection report

The Annex
20a Edith Road
Clacton-on-sea
CO15 1JU

Tel: 01255426024
Website: www.valorumcaregroup.com

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Adjuvo Care and Support Clacton provides support to people living in supported living accommodation. The service is provided across four houses where people have some shared facilities. The houses are situated with easy access to the local community.

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 six people were in receipt of a regulated activity.

People's experience of using this service and what we found
People told us they were happy living at the service.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Staff were employed following the appropriate recruitment checks. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. There were safe medication procedures for staff to follow.

We made one recommendation in the report on medicine records.

Staff had a good understanding of people's preferences of care, staff promoted people's independence. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to eat and drink enough to ensure they maintained a balanced diet. People and their relatives were involved in the planning and review of their care. The registered manager had policies in place to respond to complaints.

The provider had systems in place to monitor and provide good care and these were reviewed on a regular basis.

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

This service was registered with us on 29 September 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this 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.

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.

Adjuvo Care and Support Clacton

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 team consisted of two inspectors.

Service and service type

This service provides care and support to people living in four '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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

We visited the location's office and service on 13 April 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with five people and with six members of staff including, the registered manager, deputy manager quality manager and care workers.

We reviewed a range of records. This included four people's support records and medication records. We reviewed two staff records in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including audits, incident and accident records, meeting minutes and surveys.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they were happy living at the service. One person said, "I feel safe here, it is quite a safe place to live."
- Staff had received training in how to safeguard people from the risk of abuse. One member of staff said, "I would raise any concern with the team leader or manager, if it concerned them, I can raise it on the 'whistle blowing' application which goes to human resources." Staff also knew they could raise concerns outside of the organisation.
- The provider had policies in place to support safeguarding procedures and the registered manager and deputy manager knew how to raise concerns with the local safeguarding authority to investigate.

Assessing risk, safety monitoring and management

- People had risk assessments in place that described how staff could support them in a person centred way to mitigate risks. Risk assessment covered supporting people if they became anxious, safely using the community, their home environment, fire evacuation needs and risks of COVID 19.
- Risk assessments were regularly reviewed and updated.
- Staff knew what to do in an emergency and each person had a crisis management plan containing information and telephone numbers for staff to contact if needed.

Staffing and recruitment

- The registered manager and provider had systems in place for the safe recruitment of staff. This included making checks on staff before they commenced employment at the service, which included references and disclosure and barring checks. This helped ensure that only people of a suitable character were employed.
- The registered manager told us they were currently recruiting and had recently employed new staff.
- People told us there were enough staff available to support them when they needed it. One person said, "I like to have a shower at 10 o'clock every day and staff come and help me."
- Staff told us they had enough time to spend with people and were able to meet their needs.

Using medicines safely

- People told us when needed staff supported them to take their medication safely. One person said, "The staff help me to take my pills, it is in a locked cupboard in my room."
- Staff received training in supporting people with medicines and their competency to give medication was checked.
- Care plans and risk assessments were in place to guide staff whilst supporting people with medicines. We found some of the language used to indicate when as required medication should be offered to help

alleviate symptoms was not descriptive enough. This meant staff may not always be able to best identify when these medicines should be offered to people to alleviate symptoms.

We recommend the provider considers best practice guidance for the administration of as required medicines.

Preventing and controlling infection

- There were effective infection, prevention and control measures in place to minimise the risk to people, in particular from COVID-19.
- We were assured the provider was using personal protective equipment (PPE) effectively and safely. People were encouraged to wear masks when going into the community and wash hands regularly.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed in line with guidance for community settings.
- Staff provided advice and guidance to people about the risks of COVID-19. Where they had capacity, people were enabled to make their own decisions about how to best follow this guidance to keep themselves safe.
- We were assured that the provider was preventing visitors from catching and spreading infections. Risk assessments were in place to manage the risk and support people during visits with family and friends .

Learning lessons when things go wrong

- The registered manager acted to learn lessons when things went wrong. Learning points were discussed and shared with staff.
- The provider sent updates to staff on wider lessons learned through the organisation to keep them up to date on any learning points.
- Following a significant untoward incident, the provider carried out a root cause analysis investigation. We saw an action plan had been put in place to address the findings of the investigation and share lessons learned with staff.

Is the service effective?

Our findings

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

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

Staff support: induction, training, skills and experience

- Training was varied at the service however; it did not always match the needs of the people being supported. For example, the majority of people receiving support had a diagnosed mental health condition, but there was no mental health awareness training to enhance staff skills staff and ensure they could meet people's needs. The registered manager was addressing this with the provider to source relevant additional training for staff.
- The registered manager told us new staff had a twelve-week induction program. This included shadowing more experienced staff members. A number of staff had been supported to complete national vocational qualifications (NVQ).
- Staff told us they received regular supervision and had staff meetings to share information.

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

- People's needs were assessed and their support needs planned in partnership with them. Care plans contained all the information staff needed to support people in a person-centred way.
- People had a key worker who they met with monthly to review their support needs to ensure they were still relevant to them.

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

- People were supported to plan and cook meals for themselves. Where people needed support from staff this was provided. One member of staff said, "[Person name] helps to prepare food with me, for example they may help peel the vegetables or help with making cakes by stirring the mixture."

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

- People were supported to attend healthcare appointments, when needed.
- Staff were able to monitor people's health and had contact numbers and names of healthcare professionals should they need to contact them, such as GP's or mental health professionals.
- One person said, "I have been to the dentist and had a couple of fillings." Another person said, "Staff came with me to have my blood taken today."

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.

- People using the service had capacity and no-one was currently being deprived of their liberty.
- Staff had received training on MCA and were supporting people to make their own decisions.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were complimentary of the staff and the support they received. One person said, "The staff are 100% perfect at looking after me."
- Staff spoke with genuine warmth about people and we saw people happy in the company of staff.

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

- People were involved in all aspects of making decisions about the care and support they received.
- Staff supported people to express their opinions on their care and how best they could be supported. One member of staff said, "Everything we do is about their choice."

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy. One person said, "I have a key to my door and staff always knock and ask if they can come in."
- Staff told us how they had supported people to make steps towards being independent. A member of staff said, "[Person name] has started doing their own food shopping, they had not been to a supermarket in years."
- Staff went on to tell us how people have really started to develop new skills since being in supported living including, budgeting for themselves, cooking and accessing the community independently.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Before people started to use the service a full assessment of their needs was undertaken. The registered manager told us they gathered all the information they could, including from social workers and met with people to discuss their needs.
- People were invited to view the properties to see if it was somewhere, they would like to live. Once people began living at the service the registered manager regularly met with them to review their care needs.

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.

- When people first made contact with the service their communication needs were assessed so staff knew the best way to support people to communicate.
- The registered manager provided information and guidance in an easy read format to people when required.

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

- Staff supported people to maintain contact with their families and when required supported them to visit their families.
- People had made links in the local community where they attended activities at clubs or went out to shops and local cafes.
- One person told us, "I like going to a local farm and stroking the animals." Staff told us, "We go with [person name] to the beach sometimes and take a picnic with us."

Improving care quality in response to complaints or concerns

- The registered manager had a complaints procedure in place. People and their relatives were made aware of how to raise concerns or complaints.
- The registered manager told us they fully investigated complaints and addressed any issues. A relative had recently raised a complaint because they had been unable to get through to one of the supported living services on the phone. The registered manager addressed this with staff to ensure they always carried the service phone with them so they could answer calls promptly.

End of life care and support

- There was no-one receiving end of life care during this inspection. However, people's preferences around end of life were being considered as part of their overall care planning.

Is the service well-led?

Our findings

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

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

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

- People were provided with person centred care by staff who were supportive and empowering to promote their independence and achieve good outcomes for people.
- Staff spoke positively about helping people to become more independent. One member of staff said, "We are supporting people to have a better quality of life." Another member of staff said, "It is all about giving people choice and supporting them."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 had a number of systems in place to help support the management team. There was a stable management structure at the service. The management team maintained a good oversight of the service.
- Staff were clear about their roles and felt supported by the management team. One member of staff said, "We have regular meetings and supervision to discuss what we are trying to achieve for people."
- The registered manager understood their responsibility under duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager had a number of ways of engaging with people who used the service. There were regular reviews of care plans, face to face meetings and a yearly provider survey to gain people's views on the service they had received.
- The registered manager also organised tenant meetings so that people could discuss communal living. Where issues were raised about the environment the registered manager reported these to the landlord to organise any repairs.
- Staff worked in partnership with other healthcare professionals and supported people when needed to attend healthcare appointments.

Continuous learning and improving care

- There were governance systems in place to monitor the effectiveness of the service. The registered manager also received support from the providers quality team. Where issues were highlighted the registered manager had action plans in place to work through.
- The provider supported the registered manager to source training for staff and since our inspection they

had sourced additional mental health awareness training.

- The provider had training resources and had developed good support networks to support the registered manager and ensure they kept up to date with current legislation and best practice guidance.
- The registered manager told us they also kept themselves up to date with national guidance through local networks they had links with such as the local authority.