

Adada Ltd

Adada Care Services(Cheshire)

Inspection report

Unit 1, Church Farm Court
Capenhurst Lane, Capenhurst
Chester
CH1 6HE

Tel: 07415071342

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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

Adada Care Services(Cheshire) is a domiciliary care service providing care and support to people living in their own homes. At the time of our inspection the service was providing personal care to 114 people.

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

Adada Care Services (Cheshire) had an open and transparent culture resulting in an effectively organised, supportive and well-run service. The registered manager and nominated individual were clear about how the service should be provided and they led by example. Care workers who supported people and the office staff team were passionate and fully committed to delivering high quality person-centred care and support to people.

People's needs were comprehensively assessed before they start using the service, people and their relatives were fully involved in the assessment and care planning processes. Staff had established supportive relationships with people and knew them extremely well. Staff provided people with person-centred care. Staff supported people to access healthcare professionals when required and supported people to manage their medicines safely.

The provider was driven in supporting their staff and provided access to resources to benefit the health and wellbeing of employees. Care workers spoke very highly about working for the service. People told us their care workers were caring and kind. Care workers had a good understanding of how to support people in a way that promoted their privacy, dignity and independence.

The provider ensured people's needs and choice were met and involved people in making decisions about their care. People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible and in their best interests.

People's care records were thorough, accurate and reflected people's needs and how they were met. Staff went above and beyond to ensure people were safe.

The provider had systems in place to protect people from the risk of abuse and people told us they felt safe. Risk assessments were completed to help identify and minimise risks people faced. Infection control measures were safe. Steps were taken to learn lessons if things went wrong.

Mental Capacity Act

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.

This service was registered with us 17 February 2021 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below

Good ●

Adada Care Services(Cheshire)

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 carried out by one inspector.

Service and service type

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

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 unannounced.

What we did before the inspection

We looked at the information we held about the service. This information included statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. 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 used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with twelve members of staff including the registered manager, nominated individual, care coordinators and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at a range of records. These included six people's records related to their care and support, medicines records, five staff recruitment records, staffing rotas, minutes from meetings and records related to the auditing and monitoring of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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

- Systems and processes ensured people were safeguarded against the risk of abuse and lessons were learnt when things went wrong.
- Staff received safeguarding training and had a good understanding of how to keep people safe from abuse. Staff told us they felt confident about raising concerns and that the registered manager and nominated individual would act on them promptly.
- The provider had robust accident, incidents and safeguarding procedures in place. Staff completed the relevant reports, investigations took place when necessary and lessons were learnt and shared with staff.
- Staff were aware of the providers whistleblowing policy and told us they would be confident in using it if they felt it necessary.

Assessing risk, safety monitoring and management

- Safety monitoring, assessment and management of risk was established and regularly reviewed.
- Risk assessments were completed and care plans provided specific to the person. For example, assessments were in place to manage falls and nutrition. Risk assessments highlighted specific risks and detailed how to minimise risks advising action to take in the event of an incident.

Staffing and recruitment

- Staff recruitment processes were safe.
- Staff files held the appropriate information required to ensure fit and proper persons were employed. For example, application forms and references, and Disclosure and Barring Service (DBS) checks. DBS checks ensure that staff have no previous cautions or convictions that would prevent them from working with vulnerable people.
- The service had enough staff to provide support at all times. The registered manager and nominated individual told us that they had been having difficulties like other providers to recruit additional staff. We saw that there was sufficient numbers of care workers and a clear scheduling and monitoring system in place.
- The provider had an ongoing recruitment process to maintain a sustainable number of staff required to provide consistent care and support to people in a large geographical area. The recruitment team were passionate and motivated to recruiting staff that would understand the values and vision of the service.

Using medicines safely

- Medicines were used safely.
- Staff had access to current medication administration procedures and staff with responsibilities for

administering medicines to people received the appropriate training and had their competency levels checked regularly.

- Medication policies were complied with and staff followed medication administration guidance, ensuring people received medication support in line with their care plan.

Preventing and controlling infection

- People told us staff wore appropriate PPE whilst providing their care and support.

- Staff had received PPE and infection prevention and control training (IPC), including refreshers, throughout the recent pandemic.

Learning lessons when things go wrong

- Accidents and incidents were investigated appropriately.

- The provider ensured there were robust accident, incidents and safeguarding procedures in place. There was a system for staff to complete reports and investigations took place when necessary and lessons were learnt.

- Reviews of all incidents were carried out by the registered manager and nominated individual and support was offered to staff for further learning and support.

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.

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

- Each person's care and support needs, choices and preferences were assessed by the registered manager or senior care staff. These were completed in partnership with people, their relatives and other health and social care professionals.
- People told us staff understood their care needs and were happy with the way their care and support was provided. One person said, 'My carers are absolute perfect, they have got to know me and I know them and we get on like a house on fire.'
- People received tailored care that was centred around their assessed needs, choices and decisions. People and relatives told us that staff encouraged full involvement from the person receiving care and dedicated the support around their needs and wants.
- Information from people's assessments was used to inform their care plans. This included details about people's background, faith and culture and anything else that was important to them such as what name they would like staff to call them.

Staff support: induction, training, skills and experience

- Staff received regular support, were fully inducted into their roles and encouraged to enhance their skills and experience. Staff told us that they were confident in asking for extra support or training. One member staff told us, "If we want to do something extra or different with training the manager will do it for us without hesitation."
- Staff were required to complete mandatory training courses as part of their roles and training specific to people's needs.
- Staff performance and competency was regularly reviewed. Staff could only work alone once they had completed shadowing shifts with experienced staff and their ability to carry out the role had been assessed by the registered manager or senior care staff.
- Staff had opportunities to progress, develop and gain promotion, for example, from care worker to senior carer then onto care coordinators. Staff were encouraged to work and progress at the service and were given opportunities to take on more responsibility.

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

- People were supported to maintain a balanced diet and to make healthy food choices.
- People's care records contained relevant, up to date nutrition and hydration information for staff to follow.
- People told us staff supported them well with their meals. Care plans contained information about risks people faced with eating and drinking such as dehydration, malnutrition or choking. Staff made referrals for people where they identified any concerns.

- Guidance, support and additional training was provided to staff around supporting people with specific dietary requirements such as diabetes.

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

- Staff worked effectively with other agencies to ensure that people received effective care and support.
- Care plans documented how staff needed to work with other agencies and services to meet people's needs. Care plans included guidance provided by other professionals and care records and risk assessments were updated to ensure they received required and appropriate care.
- There was effective communication with other agencies which led to improvements in people's health, care and support.
- People were supported to meet their health needs.

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.

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

- The registered manager had a good understanding of the Mental Capacity Act 2005.
- People told us that staff always sought their consent before providing care and support.

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.

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

- People told us that they were treated with the upmost respect. One person told us, "They speak and talk to me when they help me with things like having a shower and they know me well and they know the routine and will speak to me throughout. I feel so comfortable with everyone I couldn't be happier." Another person told us, "Without them I wouldn't be at home. They are like my second daughters really and I am very happy. We have a giggle in the middle of it all which is nice and I am so happy."
- Staff told us about the support they gave people and how people's care plans are changed when they want staff to do something differently. One member of staff told us, "The client will always tell us. Then we call the office and update the care plan to show any changes for other staff."
- Care plans reflected people's cultural faith, wishes and needs. Equality and any specific support needs were recorded and updated during initial assessments and ongoing reviews. The registered manager told us they would support people to attend places of worship if they asked.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were involved in regular reviews of their care.
- People told us they had regular communication with staff and they were able to express their preferences. People made regular changes to their care and care records were updated to reflect these changes.
- People and relatives told us that people were encouraged to make daily choices about their care, for example, what clothes to wear and what food to eat. People were given a choice about the timing of their visits.
- People told us that staff respected their privacy, dignity and independence.
- People's sensitive and confidential information was safely stored and protected in line with General Data Protection Regulation (GDPR).

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.

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

- Care was planned in a personalised way. Each person had an individualised care plan detailing the care and support they needed in a way they preferred.
- The registered manager undertook an assessment of people's care needs before a care package was agreed. Care packages were planned and agreed with people and involved their relative's where this was appropriate.

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.

- People's communication needs were assessed and identified in their care plans.
- People's preferred method of communication was recorded and they were provided with information in a way they could understand.

Improving care quality in response to complaints or concerns

- Complaints were used to improve the quality of the service.
- Complaints and concerns were recorded and addressed using the electronic care planning system or by speaking to the management team.
- The provider had a policy and procedure for receiving and responding to complaints about the service. Guidance about how people could raise concerns was included in the information given to people. Staff told us they would support people to raise concerns or make a complaint. People told us they could simply ring the office to speak with managers and staff and they were confident their complaint would be resolved.
- The registered manager and nominated individual used complaints as an opportunity to learn and improve the service. All complaints were logged and investigated, no matter how minor. Responses were made to complainants. Any learning or actions taken to improve the service were shared with staff.

End of life care and support

- No one was receiving end of life care at the time of our inspection. Discussions had taken place with some people around their preferences and wishes for end of life care and this was recorded in their care plans.
- Healthcare professionals would be involved in supporting people with end of live care and support.

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

- The service was consistently well-led. The culture was open, inclusive and people were supported to make decisions about the level of care they received. People gave positive feedback about the service.
- The registered manager and nominated individual had created and developed a positive culture which put people at the heart of the service .
- Staff took pride in delivering person-centred care to people and making a difference for them. One staff member told us, "We provide care and speak everyday and all the people we support feel like our family and we want the very best for them in their lives ."
- Management respected all staff, and staff wellbeing and work/life balance was considered paramount. The registered manager and nominated individual spoke about measures that had been put in place to support staff including paying for driving lessons and purchasing a number of cars for care staff.
- Quality assurance questionnaires were circulated regularly to gather the views, opinions and suggestions in relation to the care being provided. We saw that feedback was reviewed and responses were provided .

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

- Management understood their regulatory responsibilities and the need to be open and honest. There were clear roles and responsibilities within the organisation.
- Open and honest relationships had been developed, people and relatives told us there were effective methods of communication in place .

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

- There was well embedded comprehensive quality assurance audits that were undertaken on a regular basis. Effective systems were in place to identify and manage any risks to the quality of the service.
- The registered manager and nominated individual was committed to the continuous development of the service. They assessed the quality of the service to identify how it could be further developed. Methods they used included regular reviews of people's care, satisfaction surveys, regular observations of staff and audits .

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Constructive feedback was given to staff following audits that supported and promoted quality

improvement throughout the service .

- When incidents occurred, lessons were learnt and actions implemented in a timely manner. These lessons were effectively shared with staff to support their development.
- The provider used systems to gather people's views about the service. They asked people to complete a satisfaction survey to share their views of the service they received. People were also asked for their feedback during review meetings and over the telephone.
- Staff felt engaged and able to share their views of the service. Staff told us they could approach the registered manager or the nominated individual with any views or suggestions to improve the service and were often asked for feedback.

Working in partnership with others

- Monthly reviews were completed by the management team which focused on factors that could affect people's health including falls and safeguarding concerns .
- The provider worked closely with external health and social care professionals such as occupational therapists, GPs, district nurses and social workers. They told us this collaborated working benefitted people .