

ADEJOM LTD

Adejom Staffing Care

Inspection report

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Tel: 07908425979

Date of inspection visit:

15 June 2023

16 June 2023

20 June 2023

21 June 2023

22 June 2023

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04 July 2023

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

Adejom Staffing Care is a domiciliary care agency providing personal care and support for people in their own homes. The agency provides care and support for people in the Sittingbourne area of Kent. At the time of our inspection, 29 people were receiving personal care from the agency.

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.

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

We received positive feedback from people who used the service and relatives. A person said, "They are very much on time. They don't run late." A relative said, "I am happy with the service."

The provider had suitable processes in place to safeguard people from different forms of abuse. Staff had been trained in safeguarding people. They were confident that they could raise any matters of concern with the registered manager, or the local authority safeguarding team.

Care plans contained risk assessments, which were appropriately linked to people's support needs. Processes were in place to identify and reduce any environmental risks to people and care workers.

Staff had received infection control training, staff told us they had a good supply of personal protection equipment and showed they knew how important it is to protect people from cross infection.

People's needs were assessed prior to receiving a service including the protected characteristics under the Equalities Act.

There were enough staff deployed to meet people's needs. The provider operated a safe and robust recruitment and selection procedure to make sure staff were suitable and safe to work with people. Staff were skilled in carrying out their role. Trained staff were employed to meet people's needs. Staff said they were supported by the registered manager.

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 encouraged to make their own choices about everyday matters. People's decisions and choices were respected.

People were encouraged to raise concerns or make suggestions to improve the service. A person said, "I never have any complaints."

Staff felt there was an open culture where they were kept informed about any changes to their role. Staff

told us the registered manager was approachable and listened to their ideas and suggestions.

The service had effective systems in place to assess, monitor and improve the quality and safety of the services provided.

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

Rating at last inspection and update

The last rating for this service was good (published 08 February 2019).

Why we inspected

The inspection was prompted in part due to concerns received about safeguarding and staffing. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Adejom Staffing Care on our website at www.cqc.org.uk.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Adejom Staffing Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

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

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 June 2023 and ended on 22 June 2023. We visited the location's office on 15 June 2023.

What we did before the inspection

We reviewed 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 also looked at information we held about the agency, such as notifications. Notifications are changes, events or incidents which the provider is required to tell us about by law. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 7 relatives. We also spoke with 4 care workers, 2 office staff and the registered manager who was also the provider.

We reviewed a range of records. This included 5 people's care records, risk assessments, daily records, medicine and health records. We also looked at 12 staff files including their recruitment, supervision and training records. We reviewed records relating to the management of the service, quality assurance records and a variety of policies and procedures implemented by the provider. We also looked at other records the provider kept, such as staff meetings minutes and comments people and relatives wrote to share their views about the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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 were in place, including safeguarding and whistleblowing policies and procedures to safeguard people from the risk of abuse. Staff had access to policies and procedure in the office. Staff signed to say they had read the policies.
- People told us they felt safe with the care staff. A person said, "Yes I feel very safe, no problem."
- Every relative we spoke with told us they and their family member felt safe with the care staff. No concerns were raised about people being harmed in anyway. A relative said, "Mum feels safe. The care worker is very nice, and they always turn up, no missed calls."
- Staff had received an induction and training on adult safeguarding. They understood their responsibilities to record safety incidents, raise concerns and to report them internally and externally, where appropriate. Staff felt confident that the registered manager would deal with it, but they would contact the police and CQC if needed.
- The registered manager demonstrated their knowledge on how to report abuse to the local authority and CQC if required.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's risks were assessed before service started to identify and manage any risks involved in people's care. For example, risks relating to moving and handling, skin integrity, diabetes and people's home environment.
- People's care plans contained risk assessments linked to their support needs. These explained the actions staff should take to promote people's safety, while maintaining their independence. Risk assessments identified hazards, evaluated the risk and provided guidance for staff on the precautions to take. For example, a person had a diabetes risk assessment. Information about how to support the person was recorded. This information helped staff to identify how this affected them and guide staff in how to respond.
- Environmental risks and hazards such as uneven surfaces, appliances or trailing wires within the person's home had been identified in initial assessments and risk management plans were put in place.
- Incidents, accidents and near misses were documented and monitored to ensure there was opportunities for lessons learned. These were reviewed monthly by the manager. For example, a recent safeguarding incident was logged, and a reflective session was held in order learn from the incident. Lessons learnt were fed back to staff in order to improve the service provision.
- Policies and systems were in place to ensure that incidents were recorded and actioned including late or missed calls. The registered manager told us that these were analysed monthly.

Staffing and recruitment

- People's needs, and hours of support, were individually assessed. Staffing rotas showed there were

enough staff deployed to meet people's needs. Staff were given enough travel time between visits which enabled them to meet people's needs safely without rushing. A relative said, "They are very good with time and no missed calls."

- People and staff had access to an out of hours on call system manned by the registered manager and the office administrator.
- The provider maintained safe recruitment procedures that enabled them to check the suitability and fitness of staff to support people. Staff were checked thoroughly. Checks included 2 references and Disclosure and Barring Service (DBS) criminal record checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were safely managed and administered. People that required support to manage their medicines received them safely. Each person had specific guidance for staff to follow, detailing the support that was required to take their medicines, such as prompting.
- Staff had received medicines training. Medicine administration competency checks were carried out by the registered manager.
- Medicines administration records (MARs) were completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed. Medicines administration records were returned to the office for regular auditing. The audits we checked confirmed medicines were being managed safely.
- The service had policies and procedures on the administration of medicines, which provided guidelines for staff. Medicines administration was an agenda topic at staff meetings.

Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection.
- Personal protective equipment (PPE) such as gloves and aprons were provided and used by staff to protect themselves and the person from the risk of infection. A relative said, "They are fully equipped with PPE."
- Staff were trained in infection control and understood their role and responsibility for maintaining high standards of cleanliness and hygiene.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager undertook an initial assessment with people before they started providing care and support. People and their relatives were fully involved in the assessment process.
- Care plans detailed people's individual needs and how staff could support them. This was alongside recognised guidance such as The National Institute for Health and Care Excellence (NICE) in relation to diabetes.
- Records showed that the initial assessments had considered any additional provision that might need to be made to ensure that people's protected characteristics under the Equality Act 2010 were respected. This included, for example, if they have any cultural or religious beliefs or needs which needed to be considered when planning for their support.

Staff support: induction, training, skills and experience

- New staff received an induction when they started working at the service. New staff completed the care training package. This included the Care Certificate. 'Care Certificate' is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Members of staff confirmed they had completed the induction and spoke about company policies, safeguarding and ways of working. A member of staff said, "I did an induction covering safeguarding, this is to protect people from harm."
- Staff felt supported by the registered manager. Staff had monthly supervision meetings. Supervision enabled staff to discuss their work and identify further training needs. For example, there was a training plan in place for all staff for year 2023. The registered manager told us that they also completed observations/spot checks of staff practice. All staff currently working were new care staff, hence they had not yet had an annual appraisal.

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

- Staff supported people to maintain their hydration, food and some with their assisted eating device safely. A relative said, "The care workers are really very good. They give mum food while I cook."
- People's care records included guidance for staff to follow. This included guidance from NICE, which further enabled staff in understanding and meeting people's needs.
- Staff followed people's care plans which detailed the support they required with eating and drinking.
- Staff received training regarding nutrition and diet, and food hygiene so they had the knowledge to support people to eat healthily.

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

- Staff were not directly involved in people's healthcare needs. However, care plans showed that healthcare formed part of their initial assessments, which were taken into consideration before support started.
- Staff told us that they would report any concerns they have about the person's health to the relatives who would in turn take required action.
- The registered manager told us any concerns highlighted by staff were referred to relevant professionals, such as GPs. We saw evidence of these in people's care plans.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People's capacity to consent to care and support had been assessed and recorded. For example, people had signed and consented to the care that was provided by the service.
- The registered manager had completed MCA and DoLS training. They understood people had the right to make their own decisions about their care. When people might be unable to give consent, they knew the MCA process to be followed. The registered manager told us that they will follow the best interest meeting route if anyone was unable to give consent.
- People confirmed to us that staff always asked for their consent before doing anything. A member of staff also confirmed this and said, "I seek their consent such as asking if they would like to have a wash before proceeding."

Is the service caring?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were caring, kind and treated them with respect. A person said, "They are very caring and polite."
- Relatives told us staff were kind and friendly. Comments from relatives included, "They are always warm, friendly, kind, and very caring.", "I am lucky and quite happy with the service. I love the [staff]." And "They are young, very caring, and cheerful. They respond happily to anything we want to do."
- People's care records contained information about their background and preferences, and staff were knowledgeable about these. For example, a person preferred a female carer as stated in their care plan and this was met. The relative said, "We asked for a female carer and when she needed less help with personal care, she had male care worker, but they are all excellent."

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

- People were supported to express their views regularly and their relatives were involved in making decisions about their care and support.
- People said, "I feel very comfortable with the care workers.", "Certainly they answer my phone call, no trouble at all." and "I will recommend them to someone else because they look after me nicely."
- Relatives were involved in the formulation, reviewing and the delivery of care. This was confirmed by relatives we spoke with. They told us that they felt comfortable with the staff and that any concerns or requests were listened to by the care staff. They said they were also familiar with a care plan. They said that they were kept well-informed about the care plan.
- We were informed by people who received care and support that they were able to express their needs and received the care and support that they wanted in the way they preferred.

Respecting and promoting people's privacy, dignity and independence

- Relatives said, "My mum gets 3 calls per day. She is familiar with the care workers." And "I have no problem with the service, and we feel comfortable with the care staff."
- Staff understood the importance of respecting people's individual rights and choices.
- Care plans included what people could do for themselves and where they needed support.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- Care plans were personalised with the person's needs. People's care plans were detailed and informed staff what the person's abilities were, support required from staff and personal preferences. For example, a person said, "I have no preference for male or female and I am quite happy with what I got."
- People and relatives confirmed to us they had a care plan folder in their home that contained the plan of care. The registered manager told us that detailed care plans were kept in people's homes. This enabled the involvement of people and their relatives in the daily care and support delivery.
- Detailed daily records of visits were kept by staff. Records included personal care given, well-being, concerns to note and fluids taken. These records ensured communication between staff and relatives was good which benefitted the care of the person. For example, the care plans were reviewed regularly with individuals in their homes with their relatives present. This showed that the care plans were personalised.
- Care plans were reviewed with people at least every 6 months but may be more frequent based on people's needs. This meant staff would have up to date information in the delivery of care.

Meeting people's communication needs

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

- The registered manager told us that they made documents available to people they supported in different formats such as large print when needed.
- People's communication needs had been assessed and staff knew how to communicate with people based on the assessment. This gave people the choice of how to be communicated with.

Improving care quality in response to complaints or concerns

- A person said, "I had never made any complaints." A relative said, "We have never complained at all. We are very pleased with them."
- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern. The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services, local government ombudsman and the Care Quality Commission (CQC).

- The service had received four complaints in the last 12 months, and these had been investigated and satisfactorily resolved.

End of life care and support

- The service was supporting one person at the end of their life. The service had a palliative care plan in place, which was jointly developed with the hospice.
- The registered manager told us that they were prepared to have in depth conversations with people and their relatives about end of life plans whenever they accept anyone at the end of life.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- A relative said, "Yes, the service is well managed. I know the registered manager."
- There were effective systems in place to monitor the quality of the service.
- A range of quality audits such as care plans, medicine, spot checks and staff files were in place and completed. When shortfalls were identified, an action plan was put in place, this was reviewed and signed off when completed by the registered provider. This meant that the registered manager had a system in place for monitoring the quality of the service.
- The registered manager understood the responsibilities of their registration. Registered bodies are required to notify CQC of specific incidents relating to the service. These notifications would tell us about any important events that had happened in the service.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The last inspection rating of the service was clearly displayed at the premises, and on the provider's website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 registered manager understood the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. They had informed people, their families and where appropriate external agencies of when things had gone wrong.
- Adejom Staffing Care was a small agency managed by the registered manager. The registered manager was also the provider and was always available to staff and people. A carer said, "Management is an exemplary one. They are always available to respond and approachable."
- There was a positive focus on supporting staff to communicate and express their views. A member of staff said, "Adejom is a good company that cares. They have enough work for us. They support us. I can freely approach the manager. If we request a call back, they will immediately." A relative confirmed this when we spoke with them.

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

- Staff told us that they were able to share their ideas and felt listened to. A member of staff said, "Management is supportive, they are really helpful."
- Feedback was sought from people and their relatives during care reviews. A relative wrote, 'Grateful for the service received during a time care was urgently requested for and received promptly. The carer was sensitive and calm which made it easier to handle my emotions... I like to give praise where it's deserved. The carer was good to me.'

Continuous learning and improving care; Working in partnership with others

- The registered manager told us they kept up to date with best practice and developments. For example, they regularly attended events to learn about and share best practice such as a series of local workshops held by the local authority for care providers.
- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's care.
- The registered manager worked with relatives and healthcare professionals of people supported in a joined-up manner in meeting the people's needs. We observed this practice during our meeting.