

Adelik Healthcare Ltd

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Inspection report

Unit 10, Liss Business Centre
Station Road
Liss
GU33 7AW

Tel: 07794598019

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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

Adelik Healthcare Limited is a domiciliary care agency. It provides personal care to adults living in their own homes, some of whom were living with long term health conditions and general frailty. 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, staff supported 16 people with personal care.

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

People told us they were safe and felt comfortable to approach staff members or the management team if they had concerns. A relative told us, "They were brilliant at keeping me informed if there were any concerns". Staff received safeguarding training and demonstrated their knowledge on preventing and reporting of abuse. Where people were supported with medicines, they received their medicines safely by staff who were trained and competent to assist them. Staff followed good infection control practices to help protect people from the COVID-19 pandemic which included regular testing and the appropriate use of personal protective equipment. Risks to people and any associated health conditions were assessed and managed, care plans in general guided staff to support people in a safe way. The registered manager had recognised they need to improve the level of detail in some care plans.

People were supported by consistent staff who were trained to meet their needs. Staff completed an induction period which included working with experienced staff until they were assessed as competent to work alone. People were supported to access healthcare services and staff worked closely with professionals to provide good outcomes for people.

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 seen to be involved in the planning and reviews of their care.

People were supported by kind and compassionate staff who upheld their dignity and independence. Staff supported people to remain in control of their lives. One person told us, "They involve me with everything." People and their relatives spoke highly of the care they received.

The registered manager sought feedback from people, their relatives and staff. The management team visited people and made calls on a regular basis to check people were happy with the service. People and their relatives spoke positively regarding the running of the service.

People's experience of care was consistently monitored by staff to ensure they received a good service. The management team carried out audits to make sure they were working in accordance with legislation and used opportunities to learn and improve the service. The registered manager and their team were committed to providing a high quality service to the people they cared for.

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

Why we inspected

This service was registered with us on 01 September 2020 and this is the first inspection.

Follow up

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.

Adelik Healthcare Ltd

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 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.

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

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

What we did before the inspection

We reviewed information we had received about the service since registration. 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 three people who used the service about their experience of the care provided and gained feedback from two people's relatives. We spoke with four members of staff including the nominated individual who is also the registered manager, the care co-ordinator and care workers. We contacted six health and social care professionals who had regular contact with the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including audits and logs were reviewed.

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.

Assessing risk, safety monitoring and management

- Risks were assessed in relation to people's health needs, and care plans were developed to guide staff on how to support people. Care plans contained essential information and guidance to ensure staff sought appropriate medical advice in a timely way. The registered manager told us how they intended to ensure care plans were developed further to include specific information about people's mobility support needs. Whilst there was some information about moving and handling it needed further detail. We received confirmation that people's manual handling plans were updated following the inspection. Risks were mitigated by the skills and knowledge of the staff team. One person told us how staff supported them with mobility, "They are proficient in using my equipment and linked with the Occupational Therapist (OT) when my needs changed."
- A health professional confirmed how people were supported safely, they told us, "I have watched them with moving and handling, I had no concerns."
- Staff were made aware of any risks or changes in people's needs. One staff member told us, "Sometimes people's needs change, we report it and everything will be updated in the care plan". Staff were consistently knowledgeable about risks to people and this in part mitigated the shortfalls in records. The registered manager told us they recognised the detail in people's records needed to include more detail and were in the process of addressing this.
- Environmental risks assessments and checks were completed. The registered manager had considered risks to people and staff. This included risks of the person's home, for example, if there was limited space to assist a person with moving and positioning equipment. A lone working policy set out safety measures for staff to follow. These processes ensured risks to people and staff were mitigated.

Staffing and recruitment

- There were enough staff to support people safely. People told us staff were usually on time and they had not experienced missed visits. One person said, "Timings can vary it depends how busy they are, but anytime is good for me." A relative told us, "They are great at being really flexible in providing support at short notice." Another relative said, "On the whole they are pretty good."
- Staffing levels were determined by the number of people using the service and their needs. Where people required two staff members to safely support them, this had been met. Staff rotas were arranged around people's preferences. One person told us, "Staff vary sometimes but all seem to know my condition."
- Staff were recruited safely. Records showed applications forms were completed, employment histories and gaps in employment were explored. References and Disclosure and Barring Service checks were obtained prior to employment. 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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm or abuse. Staff received safeguarding training and demonstrated their knowledge to the registered manager through supervisions and spot checks.
- People and relatives told us they felt safe and they were comfortable to speak up if they had concerns. One relative told us, "I'm so grateful for their flexibility, they helped when my relative was at risk of being unsafe, within a few hours they had someone there with them".
- Staff understood the types of abuse and how to recognise if a person was at risk of abuse. Staff told us they were confident the registered manager would take any concerns seriously. Processes were in place to ensure staff knew how to raise any concerns they might have about a person, both internally and to external bodies. A staff member told us, "Safeguarding is about reporting abuse, could be many things but if something doesn't feel right, not safe you need to report it."
- The registered manager understood their responsibility to report safeguarding concerns in line with the local authority's safeguarding guidance. We saw examples where this had been done appropriately.

Using medicines safely

- Medicines were managed safely for those people who required support with medicines. Staff were trained to administer medicines; staff competencies were assessed by the registered manager prior to administering medicines to people.
- People told us they had confidence in the staff assisting them with their medicines. One person told us, "They seem to know what they are doing with medicines."
- The management team audited medicines to ensure storage and administration were completed correctly. Staff received spot checks to ensure they were administering medicines to people correctly.

Preventing and controlling infection

- Infection prevention and control policies kept people safe and were updated to reflect the latest guidance for the COVID-19 pandemic. The registered manager told us how they had stayed up to date with guidance by taking part in a registered managers forum.
- The registered manager had ensured staff understood appropriate use of personal protective equipment (PPE). Staff told us they were trained to safely put PPE on, take it off and dispose of it.
- COVID-19 testing was carried out in accordance with government guidance. Staff told us they completed regular testing and test kits were available to them.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. The registered manager gave an example of where lessons had been learned from a previous incident. They told us how they had not been notified by a family member that a person had fallen prior to their staff visiting them. They had identified this as a potential risk and now ensure they receive a handover from family members on arrival to their home.
- The management team carried out regular visits to people's homes to audit the support people received from care 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.

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

- People's needs were assessed in line with the protected characteristics under the Equality Act 2010 such as age, ethnicity and religion. People were assessed for all aspects of their health and support requirements to ensure their needs could be met. This included health conditions and oral health needs. Care plans were written for people, with their input, based on the assessment process which considered abilities as well as the assistance needed. The registered manager told us how they ensured people received consistent support from staff.
- Initial assessments were completed by the registered manager. People and their relatives contributed to the assessment process. One relative told us about the initial assessment process for one person, "The communication has been great, the initial assessment has been very detailed and they have high standards."
- Staff used nationally recognised assessment tools to contribute towards planning support for people and worked closely with health professionals and hospice at home staff to ensure people received the support they needed.

Staff support: induction, training, skills and experience

- Staff were supported in their roles by the registered manager. The registered manager carried out spot checks with staff as well as formal supervisions. One staff member said, "We get support from the registered manager, we can phone and they will help you." Another staff member told us, "The registered manager had showed me everything".
- Staff received induction and training relevant to their role, for example, infection prevention and control, moving and positioning and end of life care. Staff told us they felt the training educated them well to safely support people. Staff told us learning opportunities were further discussed at supervision. One staff member told us, "I have completed 35 online courses so far, I really enjoy training."
- People told us the staff were well trained and had the knowledge to meet their needs. Comments included, "They are well trained." And "I'm really pleased with them; they know what they are doing."
- New staff completed an induction programme and were undertaking the Care Certificate. The Care Certificate is an agreed set of standards that define 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. New staff worked with experienced staff until they were assessed as competent to work alone.

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

- Staff worked well with other agencies in a timely way to support people to have effective care. A person told us how staff had linked with their GP and OT to ensure they received an assessment for additional equipment to help them mobilise effectively to minimise pain.
- Staff worked closely with professionals to provide good outcomes for people. Staff regularly supported people who were receiving end of life care. A healthcare professional told us, "We as a team are always happy when Adelik Healthcare are involved and share our thoughts with the families we meet."
- People and their relatives told us staff were responsive to any change in their needs and would signpost them to contact relevant professionals or would make contact themselves on the person's behalf. One person told us, "Anything medical the registered manager discussed with me and my GP."
- People were supported to engage with health and social care professionals relevant to their needs. Staff worked closely with a range of professionals to include GPs, district nurses and the local hospice at home team. Professional advice was updated to people's care records and followed by staff.

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.

- The service was working in line with the MCA and in accordance with the law. At the time of the inspection, no person had a community DoLS in place.
- The registered manager completed MCAs and understood how to make decisions in a person's best interests when they lacked capacity. They told us, "No one should be deemed to lack capacity until they have been assessed otherwise."
- Staff demonstrated their knowledge about the MCA, gave people choices and respected their wishes. One staff member told us, "Even when they (people) are at the end of their life and can't talk, I always listen, respect them and allow them the freedom to make choices."
- Records showed that people were involved in decisions relating to their care and support, and their decisions were respected. The registered manager described communication methods which could be used to gain people's views and confirmed that where required, capacity assessments would be undertaken.

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 supported by staff who knew them well and were respectful of their needs. People provided consistently positive feedback, their comments included, "They can't do enough for me, they are friendly and kind" and "I've been well taken care of, whatever I need they take care of it."
- The service had a person-centred culture. Staff demonstrated their knowledge about people and their preferences but confirmed they would always check with the person what assistance they would like on the day. A health professional told us about when they visited a person's home where the Adelik Healthcare team had been visiting for some weeks. They said, "They knew their patient well, the patient and his wife were very happy to see them."
- The registered manager undertook spot checks and received positive feedback from relatives.
- Staff described people's routines and personal preferences as well as what was important to people. One staff member told us, "It's important for us to be there both physically and emotionally."
- Staff documented people's feelings and opinions as well as the care delivered, care was documented in a respectful way.

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 had full involvement in their care and support which was reviewed to suit them. People and relatives told us staff had enough time to provide compassionate, caring support. They described staff as "Diligent, caring and always reliable." And, "They ask me what I want, they do a fantastic job."
- People were empowered to make decisions for themselves. One relative told us, "They are really great at empowering [loved one] to do what they can."
- The management team contacted people by phone on a regular basis to check they were happy with the care and support they received.
- People's care was reviewed on a regular basis; this gave people an opportunity to make changes where needed. We saw examples of where visit times were adjusted to suit people.
- People's independence was encouraged and respected by staff. Staff gave examples of how they respected people's privacy and encouraged independence whilst assisting with personal care. When talking about people, staff described them as strong and independent. One staff member said, "[Person] will tell us how they want things and they will be the one to initiate conversation, it's important to work at their pace."

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

- People's care was personalised to their wishes and goals. One person told us, "They see to all my needs, always ask if there is anything else I need they are very attentive."
- People were able to make decisions to suit their needs and lifestyles, for example, times, frequencies and lengths of visits. A relative told us how the service had been very flexible and accommodated their request for support, records confirmed this.
- A health professional spoke positively about the personalised support people received from Adlelik Healthcare and told us, "If the need arose I would be happy for them to care for any of my relatives."

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 met. Staff advised all documentation could be produced in large print and an easy read format if required and they would arrange time to read documentation aloud for people to aid their understanding or if a different language was spoken, picture aids would be used or translation with the help of family.
- Staff spoke of how they had supported communication with a person by understanding the gestures they used to make choices and decisions. The staff member told us how it was important to understand their communication to support them to, "Have control of their life."

Improving care quality in response to complaints or concerns

- Staff encouraged people to give their feedback on the service. We saw a number of compliments from people and relatives who had provided positive feedback to the registered manager. A relative confirmed they would be comfortable to approach staff to raise a complaint. One person told us, "If there was anything of concern, I would speak to them."
- The service had not received any complaints. The provider told us they would be open to complaints. Staff explained what actions they would take in the event of receiving a complaint, how they would investigate and respond.
- The complaints procedure included response timescales and where to escalate concerns if the complainant was not satisfied with the outcome.

End of life care and support

- The service was supporting people at the end of life stage at the time of inspection. We saw compliments from family members thanking staff and management for their care and compassion whilst supporting their loved ones at the end of their life.
- A healthcare professional told us, "I could not fault their approach and kindness to a person's family, plus the sensitivity shown towards our deceased patient." A staff member told us how working with people at the end of their life impacted on them, "We become like their family, if they pass it's difficult but it's our job, it touches everyone."
- The registered manager told us people who were nearing the end of their life would have their care needs assessed. This would be to ensure comfort and for professionals such as palliative care nurses and GPs to be involved to prescribe medicines and additional equipment if needed

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

- The management team promoted a positive, person-centred and inclusive culture for people. People told us they were encouraged to give feedback and opinions. A relative told us, "It is very well run, the registered manager has been fab and has been visiting themselves, it's absolutely brilliant."
- The management team carried out regular reviews of the service which included visits to people's homes, surveys and telephone calls. All the feedback received had been positive, the registered manager told us, "It is important for us to listen to feedback from people."
- People and their relatives told us about the 'family feel' of the service and how they responded to support people. one relative told us, "Adelik Healthcare stepped in at short notice and were proactive in ensuring my [loved one] had everything they needed. It's been great."
- Staff told us their views were listened to and acted upon by the registered manager. One staff member gave an example when they were on induction and did not feel confident in their role. They spoke with the registered manager who supported them to carry out further shadow shifts until their confidence had increased.
- Staff felt confident to raise complaints or concerns, one staff member told us how the registered manager had supported them when they were experiencing discrimination in a person's home. The registered manager completed an investigation and ended this person's contract and supported their staff team.

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 registered manager, management team and staff were clear about their roles and responsibilities. The registered manager audited staff files to ensure supervisions and training was up to date as well to make sure the contents was in line with CQC regulations.
- Staff gave positive feedback regarding the registered manager. Meetings were held and staff received regular updates regarding any changes to people or the service. Staff spoke highly of the registered manager and told us they communicated well with them.
- The registered manager had daily oversight of the service and undertook spot check visits to people. During the visits the registered manager carried out checks on documentation such as daily records and care plans.
- The registered manager understood their duty to be open and transparent when something went wrong.

They described how they would provide an apology to all parties concerned, notify CQC, document actions taken and learn lessons from the event. The registered manager told us, "It's about being open with people and apologising when we make an error."

Continuous learning and improving care

- The registered manager undertook various audits and acted where shortfalls were identified. They told us about a conversation with one person who had suggested they move to online care records. As a result of this they planned to move care records to an online system to improve their ability to have oversight of the quality of the service.

Working in partnership with others

- The service worked in partnership with external agencies. A variety of professionals including district nurses, palliative care nurses and community psychiatric nurses, had been involved to provide advice and enable staff to support people's needs. A healthcare professional told us, "If they call my team for advice there is always a good case summary plus clear direction of how they would like us to help."
- The registered manager advised they networked with other managers, shared knowledge, best practice and offered mutual support.