

Adelfi Care Services Limited

Adelfi Care Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Adelfi Care Services is a domiciliary care service providing personal care people in their own home. At the time of the inspection, sixteen people were receiving support from the service.

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.

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

People who used the service and their relatives praised the caring nature of staff and managers and told us they felt safe.

We found some improvements were needed to ensure safe recruitment practices were followed and that audits were fully effective in identifying and addressing quality and safety concerns in areas of staff recruitment.

We did not find that these shortfalls had impacted on people's care. We made a recommendation to support the monitoring of recruitment practice.

People received care and support from a consistent staffing team. Staff praised the support they received and how this promoted person centred care.

People's care plans provided staff with the information they needed to support people and to understand their preferences and choices and manage identified risks.

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.

Systems were in place for people to raise concerns and for the registered manager to receive feedback from people who used the service. This enabled them to monitor the quality of the service being provided to people.

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

This service was registered with us in April 2021 and this is the first inspection.

Why we inspected

This service had not been inspected since their registration; therefore, this inspection was carried out to gain

assurances about the quality of care and systems used to monitor and manage the service.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to safe recruitment practices.

We made a recommendation to support the monitoring of recruitment practice.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement 

Adelfi Care Services

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

This inspection was carried by two inspectors and an 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 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

This inspection was announced. 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 their 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 to the registered manager/director, the deputy manager and the service's other director. We reviewed a range of care documentation and medicines records. We looked at four staff files in relation to recruitment and staff development and support. A variety of records relating to the management of the service, including policies and procedures and staff training and quality assurance records. We spoke by telephone with one person, five relatives and four care staff.

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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Safe procedures were not followed when new staff were recruited to ensure they were safe to provide care to people. The required pre-employment checks had not always been undertaken. Reference checks from staff's previous social care employers were not always sought to gather assurances about staff conduct.
- Interview records were in place to support the registered manager's decisions to employ staff. However, there were gaps in some applicants' employment histories. Records did not show that the recruiting managers had explored all gaps to ensure a full employment history was considered when making a decision about the suitability of staff.
- Records did not show how the registered manager and provider had assessed the risk to people when they were unable to obtain references or complete checks on an applicant's employment history. This meant additional safeguards were not in place to ensure staff were of good character.

We found no evidence that people had been harmed however, safe recruitment practices had not always been followed. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and registered manager are working in a sector with significant work force challenges. Recruitment was ongoing to grow the business and the service was not currently taking on any new clients. People were being supported by consistent staff and the management team actively supported clients to ensure quality monitoring.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place which safeguarded people from harm and abuse. Staff had been trained in safeguarding.
- Staff had access to the providers safeguarding and whistleblowing policies to guide them in the actions they should take if there was a concerns or allegation of abuse.
- There had been no safeguarding concerns since the provider's registration with CQC. However, the registered manager was able to describe their safeguarding processes and how they would respond, report and record any safeguarding concerns in line with their policy.
- A person told us: "I feel safe with these girls because they are always there. They're like part of my family and I'd be lost without them."

Assessing risk, safety monitoring and management

- People's support with their personal risks and the management of their medicines had been identified and assessed as part of their initial assessment.
- The registered manager and deputy manager regularly reviewed people's needs and risks and made changes to people's care plans as needed.
- Actions needed to mitigate risk were understood by staff. This included supporting people at risk related to their epilepsy, helping people to manage their skin integrity and their risk of falls.
- Moving and handling assessments provided staff with the information they needed to safely support and transfer people.
- One relative told us: "They're very competent using the ceiling hoist and stand aid. I feel very confident that when they turn up, I know they will do the job, which means I can relax and let them carry on."
- Environmental risks were assessed and where staff were working on their own in people's homes, measure were put in place to ensure personal safety.

Using medicines safely

- The service had a medicine policy in place, staff had been trained in medicines management and their competency was assessed.
- People's care documentation contained information in relation to their medicines. A separate medication risk assessment was in place for people who required support with their medicines.
- The service had recently changed their electronic care planning and recording system to a new one due to identified faults in the previous electronic system.
- The service was working with the system developer to make improvements to the new system and tailor it to the needs of the service. These needs had been identified through the medicines auditing system and included alerts to flag missed medicines and more comprehensive medicines administration records (MAR) charts.
- To mitigate any risks in the interim, the registered manager and deputy manager were carrying out extra auditing of the MAR charts and daily notes on a regular basis to identify any errors.

Preventing and controlling infection

- Staff had been trained in safe infection control practices and had access to personal protective equipment (PPE).
- People and their relatives confirmed staff wore PPE and maintained good infection control practices during delivery of care.
- The registered manager and staff confirmed they carried out COVID-19 testing in line with government guidance.

Learning lessons when things go wrong

- Systems were in place for staff to report concerns or accidents to the registered manager. Accidents and incidents were recorded, and actions were identified to help minimise the risk of further accidents for people.
- The service's quality audit systems identified actions and lessons learnt which were included in the service improvement plan.

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 support needs were assessed to ensure their care was delivered in a person- centred manner and in line with best practice and current guidance.
- Care documentation covered all areas of need and reviews of people's needs were carried out on a regular basis.
- People and their relatives praised the service's knowledge of people's needs and the consistency of staff they offer.

Staff support: induction, training, skills and experience

- New staff were provided with an effective induction period. They were supported to complete 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.
- Staff had received a mixture of eLearning training and face to face training to carry out their role. They benefited from a tailored shadowing (working alongside an experience existing staff member) programme which gave new staff the opportunity to learn their role at their own pace and until they felt confident and competent to work on their own.
- New staff were being introduced to clients and worked alongside staff who know the client well in order to ensure the right support was offered. One relative told us: "If there's someone new, they will come and be in training first."
- People and their relatives told us: "I get the impression they will only take people who like the job. You can tell they've all had training. They've never let us down. I think they're outstanding." and "When I have new staff, they always pick the right kind of girls for me."
- Staff received regular support from the management team to enable them to develop their practices and share any concerns. Staff praised their induction programme, training and support received from the management team.

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

- Where required, people were supported to prepare and eat a healthy diet and keep hydrated. The service recognised the importance of maintaining a nutritional balanced diet and fluid intake to help reduce the risk of unnecessary infections, dehydration and malnutrition related illness. The management team were able to provide us an example of support given to a person in this aspect of their support.
- Care documentation included detailed information about people's food preferences, where required, including details of where people liked to have their meals served.

- One relative told us: "I think they're very caring because they want to know if we are eating and if we have any problems."

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

- The service worked in partnership with people and their families to help them to maintain a healthy lifestyle and access appropriate health care services as needed such as occupational therapists, GPs and district nurses.
- One relative told us: "I know they will ring me if there's any change in [person's] condition and will ring the Doctor if they think there's anything serious. I can't put a price on that, I've got that peace of mind."

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. 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 who were currently supported by Adelfi Care Services had the mental capacity to agree and be involved in decisions about their care.
- We checked and were satisfied with the registered manager's understanding of the MCA and the service's systems when obtaining consent from people who may lack mental capacity to specific decisions about their care.
- Staff were aware of principles of the MCA and knew where to find information related to people's decision-making abilities and preferences.

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 and their relatives told us they received care from staff who were kind and who knew them well.
- One person told us: "The best thing is they're so friendly and if you tell them anything, they listen. They really are wonderful, and I feel very lucky." A relative told us: "They know [person] well."
- Staff were receiving equality and diversity training and they told us they treated clients like they would like to be treated.
- The service had a client guide and client handbook which explained to people how equality and diversity was promoted.

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

- Consent was being gained from people at the commencement of their care package and the forms were reviewed quarterly.
- Relatives comments included: "They told us at the interview what they would be doing, and they do it." and "At first they came out to see us and find out what care we needed."
- The registered manager provided examples of they had worked with people and their families to accommodate their needs and requests.

Respecting and promoting people's privacy, dignity and independence

- The service had a privacy, dignity and human rights policy in place. Staff received specific training and were able to give us examples on how they promote dignity and privacy and encourage independence.
- People's support plans included information about how to promote dignity and privacy and this aspect of staff practice was being assessed during spot checks carried out by the management team.
- Care notes were audited by the management team to ensure staff were recoding which aspects of their care and support people completed independently and how privacy was ensured during the delivery of care.
- One person told us: "I feel comfortable when they shower me, they just make me feel at ease. They're just that kind of girls."
- Staff worked in collaboration with people and their families to ensure good and consistent outcomes for people.

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 and their relatives were consulted as part of their initial assessment and ongoing reviews.
- Information about people's cultural and religious backgrounds were recorded to help guide staff and prevent discrimination. People were offered the choice of specific gender support at the point of assessment.
- Care plans included information about people's background and life to support staff know about the people they are supporting.
- Where people's needs changed, the registered manager told us they would undertake a review of their needs involving the person, their relative and, if needed, healthcare professionals.
- Staff completed care notes to record the care that they had provided to people and any concerns. These records were regularly reviewed by the registered manager. People and their relatives had live access to these if they wished.
- People and their relatives praised the person-centred care the service offered them. Comments included: "It's very, very good. I would recommend them big time because the people that run it cover all angles and go above and beyond."; "They don't leave me if they think I might be upset. They stay and put things into perspective for me." and "They always make time to have a chat with [person], they have a bit of a laugh and joke with [person]."

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 recorded. Information about people's speech, visual and hearing impairments was recorded which assisted staff in understanding people's preferred methods of communication.

Improving care quality in response to complaints or concerns

- People had access to information on how to raise concerns in line with the provider's policy and client handbook.
- The registered manager told us that they received one observation from a family member which they had treated as a formal complaint. The complaint had been resolved and lessons were learned as a result of this such as ensuring staff were supported to learn the routines of a specific call.

- One relative told us: "The two ladies that run the business are very approachable and also do the caring. We see them once a week and would tell them if we had any complaints."

End of life care and support

- No one was receiving end of life care at the time of our inspection and the registered manager told us they were not looking to specifically take on end of life packages.
- Staff had received eLearning training and the registered manager told us that they had in the past worked with healthcare professionals when a client approached end of life.
- People's care documentation included advanced care plans and wished for end of life care such as information related to do not attempt to resuscitate (DNAR).

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 requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The service had a recruitment policy in place, but the registered manager had not identified through their own monitoring processes that they had not followed their policy and were not meeting the legal requirements.

We recommend the provider review the effectiveness of their recruitment audit to ensure it supports the implementation of their recruitment policy.

- The service had systems to monitor and improve the quality of care people received. The registered manager carried out a range of audits in relation to people's medicines and daily care records as well as a comprehensive quarterly audit which covered all aspects of the service and service delivery. We found these monitoring systems were effective and actions identified from audits were included in the service improvement plan.
- The management team assessed staff's competencies on a regular basis in areas such as medicine administration and manual handling. Comprehensive regular spot checks were carried out to ensure staff practices were current and safe.
- One of the company directors told us they scrutinise the quality audits and provide feedback to the registered manager if needed.

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 had a clear vision of expanding the service slowly and safely in order to continue to deliver person centred care, maintain the same level of quality assurance and keep the staff involved in the decision making. They had both experience and qualifications in health and social care and said they were passionate about delivering care to people which they would for their own family members.
- The registered manager was aware of their role and legal responsibility to be honest with people when things go wrong and to report and learn from any incidents.
- The relatives and people spoke very positively about the management of the service. One relative told us: "The best thing about them is their general attitude – they're not clock watchers at all, and they treat us like

one of their family. I can't say fairer than that."

- Staff unanimously praised the support offered by the management team and their values. Staff considered the managers to be "amazing" and talked about the support they have been receiving. One staff member told us that the managers ensured "Clients come first and foremost" and that they "Have never know a company so spot on."

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

- The service carried out regular surveys to gain feedback from people, their relatives and staff. The results were collated and analysed and actions established. Following the latest surveys, no actions were identified.
- The management team held regular staff meetings and had a secure electronic communication system to ensure prompt and effective communication within the team.
- People and their relatives were positive about the communication with the service. Comments included: "They're always asking me if everything's ok and does anything need to change." and "As a company, they're really good. The communication especially is really good and they will always come back to me with things."

Working in partnership with others, Continuous learning and improving care

- The registered manager was a member of the Gloucestershire Care Providers Association (GCPA) and had a drive to continuously learn, improve and sustain good quality care by keeping themselves updated via various channels.
- Staff worked openly with other stakeholders and commissioners to ensure people received joined up care. They worked in partnership with people, their families and community health and social care professionals to maintain people's health and well-being and to achieve positive outcomes for them.
- One healthcare professional who worked with the service described the managers as client focused and the service as "brilliant." They told us they knew the client well, understood their needs and were an excellent liaison between themselves and the client.
- During the inspection the registered manager implemented a revised system to support them to monitor staff COVID-19 testing. This supported them to continue to monitor the regularity of staff testing and the results as they previously did.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Safe staff recruitment practices were not in place to reduce the risk of unsuitable staff from being employed.