

Adico Care Ltd

Adico Care

Inspection report

Unit 49a, Hoddesdon Industrial Estate
Pindar Road
Hoddesdon
Hertfordshire
EN11 0FF

Tel: 01992469540

Website: www.adicocare.co.uk

Date of inspection visit:

23 November 2015

24 November 2015

25 November 2015

Date of publication:

07 December 2015

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

We undertook an announced inspection of Adico Care 23 November 2015. We told the provider two working days before our visit that we would be coming to ensure we could access the information we needed.

Adico Care provides personal care services to people in their own homes. At the time of our inspection 46 people used the services of Adico Care with 34 people receiving personal care. Most people who used the service funded their own care privately or through direct payments.

This was the first New Approach Comprehensive inspection of Adico Care. We undertook a focused inspection in March 2015 in response to concerns raised with us. We asked the provider to take action to make improvements in relation to their recruitment procedures and at this inspection we found this action had been completed.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt safe and secure when receiving care. Staff were knowledgeable in recognising signs of potential abuse and understood the relevant reporting procedures. Assessments were undertaken to assess any risks to people who received a service and to the staff who supported them. There were sufficient numbers of staff available to meet people's individual support and care needs at all times, including during the night and at weekends. People received support from staff to enable them to take their medicines.

People received their care and support from a staff team that had a full understanding of people's care needs and the skills and knowledge to meet them. People who used the service felt they were treated with kindness and said their privacy and dignity was always respected.

People received care and support that was based on their individual needs and preferences. People's care and support package was amended as necessary to meet their changing needs. People who used the service felt confident to raise any concerns and were confident that they would be managed appropriately.

The registered manager was committed to continuous learning for themselves and for the staff team. Staff said that they were fully supported by the registered manager and received the training and supervision necessary to enable them to provide safe and effective support for people. People's views about the service provision were gathered regularly to help the provider and registered manager assure themselves that the service they provided was safe and was meeting people's needs.

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.

People had confidence in the service and felt safe and secure when receiving care and support.

Staff had the knowledge and skills necessary to care for people in a safe and consistent manner.

The manager operated safe and robust recruitment procedures to help ensure that people received their support from staff of suitable character.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People's relatives praised the staff team for the support they provided for people.

People received support from a supervised and supported staff team.

People received support to attend healthcare appointments such as with GP's and mental health specialists when needed.

People received support to eat and drink when needed.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion by the staff who supported them.

People were satisfied with the consistency of the staff team that provided their care and felt that their care was provided in the way they wanted it to be.

People were treated with respect and dignity and felt that staff

were mindful of their need for privacy.

Is the service responsive?

The service was responsive.

People's care packages were developed in partnership with them or their relatives.

People's care and support needs were kept under regular review to help ensure that the service provided continued to meet people's needs.

People were encouraged to maintain their independence.

People were confident to raise any concerns safe in the knowledge that they would be taken seriously and acted upon.

Good ●

Is the service well-led?

The service was well-led.

There was an open and inclusive ethos in all aspects of the service.

People were asked their opinions about the quality of the service provision in order to monitor the quality of the service provided.

Good ●

Adico Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider met the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating under the Care Act 2014.

This inspection took place on 23 November 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be available and that we could access the information we needed. The inspection team consisted of one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection. Before the inspection we reviewed previous inspection reports. We checked the information that we held about the service and the service provider.

As part of this inspection we spoke with six people who used the service, relatives of six people who used the service, seven staff members, the registered manager and the provider.

We reviewed care records relating to three people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Is the service safe?

Our findings

At our previous inspection of this service in March 2015 we found that the provider was not meeting the required standards and that they were in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had not protected people against the risk of people who may not be suitable to be employed. The provider sent us an action plan to tell us the improvements they were going to make.

At this inspection on 23 November 2015 we found that applicants had a face to face interview with the manager and were not able to start to work with the agency until satisfactory references and criminal record check had been received. This meant that safe and effective recruitment practices were followed to help ensure that all staff employed were of good character, physically and mentally fit for the role and sufficiently experienced, skilled and qualified to meet the varied needs of people who used the service.

Everyone we spoke with said they felt safe in the hands of Adico Care and the staff who supported them. A person told us, "The staff are very nice, they will do anything for me and they always come when they are supposed to." A relative said, "The care provided does vary a little depending on the staff but I do feel that [relative] is safe."

Staff were knowledgeable in recognising signs of potential abuse and understood the relevant reporting procedures. One staff member said, "I would report safeguarding concerns immediately to my line manager." They went on to clarify that they were aware that the local authority were the lead in safeguarding matters and that they could also report any concerns directly to them. Staff were required to complete safeguarding training as part of their induction and undertook annual refresher training to help ensure their knowledge remained current. No safeguarding concerns had been raised by the agency in the past twelve months however the registered manager confirmed that they would escalate any concerns to the local authority safeguarding of adults team when necessary.

Assessments were undertaken to assess any risks to people who received a service and to the staff who supported them. These included environmental risks and risks relating to the health and support needs of the person. Risk assessments included information about action to be taken to minimise the chance of harm occurring. For example, some people who used the service had restricted mobility and information was provided to staff to help them support people to move around their homes as safely as possible.

There were sufficient numbers of staff available to meet people's individual support and care needs at all times, including during the night and at weekends. Staffing levels were determined by the number of people who used the service and their needs. These could be adjusted according to the needs of people who used the service and we saw the number of staff members supporting a person was increased if required.

People told us that staff communicated with them if they were running late. For example, one person said, "They are usually on time; if they are going to be significantly late they will call. If someone goes sick someone from the office will phone to let me know and tell me the name of the person who is coming

instead." A relative of a person who used the service told us, "We have never had a call missed completely. They are sometimes a little late due to traffic congestion; if they are going to be significantly late they do contact me to let me know." Staff told us that rotas were arranged to include planned 15 minutes travel time between each visit. The manager told us that this was to reduce the risk of staff arriving late to provide people's care and reported that the agency had not had any missed visits.

People said they were happy with the support they received with their medicines. A relative told us, "Staff do give [Person's name] their medicines I am there watching and I know what they do is safe. They check it by the book each time." Assessments were completed with regard to people's levels of capacity and whether they were able to administer their medicines independently or if they needed staff support. There were up to date policies and procedures available to support staff and to help ensure that medicines were managed in accordance with current regulations and guidance. Staff members were able to describe to us how they supported people with their medicines. Records and discussions with staff showed us that they had received training in the administration of medicines and had their competency assessed.

Is the service effective?

Our findings

People told us that staff were very well trained and were very competent in their work. A person said, "They have regular training I know." A relative of a person who used the service told us, "When there are new staff they are introduced to us and the new staff watch the care being provided for a couple of visits so that they know exactly what to do."

People were supported by staff who had the knowledge and skills required to meet their needs. All staff that we spoke with said that they were fully supported by the registered manager. One person said, "We get a lot of training. I have my refresher training booked soon to make sure I am up to date with everything." Records and discussion with staff confirmed that they had received training in areas that included equality and diversity, communication, first aid, dementia, health and safety, moving and handling, first aid and infection control.

All new care staff completed a 12 week induction programme at the start of their employment that followed nationally recognised standards. The induction process included shadowing established staff before working independently. Training was provided during induction and then on an ongoing basis. After staff had been signed off as being competent in all required areas it was confirmed to them that they had completed their probationary period and they were then able to work with people unsupervised.

Staff received support to understand their roles and responsibilities through supervision and an annual appraisal. Staff told us that supervision consisted of individual one to one monthly sessions and group staff meetings. All staff we spoke with told us the management team were supportive and that there was always someone to call for advice or guidance.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. Where 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 in line with the principles of the MCA.

People told us that staff checked with them that they were happy with support being provided on a regular basis. People signed their care plans to consent to the care package agreed where they had capacity to do so. Where people did not have the capacity to understand or did not wish to be involved with the mechanics of the process family members acted on their behalf.

People said that they were happy with the support they had to eat and drink. The support people received varied depending on their individual circumstances. For example, some people lived with relatives who prepared meals in advance for staff to reheat. Other people required staff to prepare meals, snacks and drinks for them. Where people had been identified as being at risk of malnutrition or dehydration staff

recorded and monitored their food and fluid intake. Staff confirmed, and entered into daily records, that before they left people's homes they ensured that people were comfortable and had access to food and drink.

Staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. Relatives told us that staff shared any concerns about people's health needs with them and worked as a team to provide the support that people needed.

Is the service caring?

Our findings

Everyone we spoke with told us they were treated with kindness and compassion by the staff who supported them and that positive relationships had been developed. A person told us, "The staff are caring, if they have time they sit and chat with me to keep me company. They sometimes do this whilst they are cooking my lunch." Relatives told us that they felt the staff team were caring. One person said, "I can't praise [staff name] and what they do for my [relative] enough. They report any concerns around [relative's] health or well-being to me and we work together as a great team. I can't praise them enough, they are so thorough."

Everyone we spoke with confirmed that they had regular staff that provided their care. A rota was sent out to people every week and this detailed if there were any changes due to staff annual leave or sickness. People told us that having consistency of staff helped to promote their dignity. One person said, "Usually I have the same staff. I would love to always have the same staff because they get to know where things are and how I like things done." A relative of a person who used the service told us, "The staff we have are caring and kind. We now have regular people and that means they have built a bond with [relative]."

When the care packages started people were introduced to the staff who would be visiting them to provide personal support. People told us they found it reassuring to know in advance who would be coming to provide their care. Newly recruited staff were introduced to the people they would be supporting as part of their induction and shadowed established staff. Staff told us that this enabled them to start to build a bond with people before they started to deliver their personal care.

People told us that staff were respectful of their privacy and maintained their dignity as much as possible. A relative told us, "The staff are caring and they try to promote [Person's] dignity as much as possible by using towels to cover them whilst giving a wash." Staff received guidance during their induction in relation to dignity and respect and their practice was then monitored when they were observed in people's own homes by senior staff. Staff described to us what they did to promote people's dignity. One staff member said, "I try to be sensitive to [person's] need for dignity and respect, they are very vulnerable and we must always keep that in mind."

People who received personal care from Adico Care had capacity to make their own decisions at the time of our inspection. Those people who funded their care through direct payments had made the choice to use Adico Care and had a contract in place outlining the expectations of both parties. For some people it was their family members that had made the decision to use the services of Adico in conjunction with the wishes of the person.

Is the service responsive?

Our findings

Relatives of people who used the service said that they felt any concerns were listed to. For example, one person told us, "They do listen to any concerns I have. There was a staff member that I was not keen on. I told them and they changed the rota immediately."

People's care packages were developed in partnership with them or their relatives. Some people who used the service said they liked being in control of how their care was delivered whereas others told us they preferred their family members to make all the necessary arrangements on their behalf.

Assessments had been undertaken to identify people's individual needs and care plans were developed to provide guidance for staff to be able to provide the support necessary to meet these needs. People who used the service told us that their needs were kept under review to help ensure that they continued to be met. One relative said, "They do visit us regularly to make sure [Person's] needs are still being met. In fact, they are coming out later this week."

Care plans were kept under regular review and changes were made in relation to the support and the times and frequency of visits as required. For example, staff had identified that a person's needs had escalated and that more time was needed for them to encourage the person to receive support with personal hygiene and to eat. We noted that this had been discussed with the person's relatives and the care plan and visit times had been adjusted to meet the person's needs.

Staff members were knowledgeable about the people they supported. They were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised and responsive service. When visiting the agency office we noted staff came in to the office and discussed specific changes in the needs of some people they visited with the care co-ordinators. This demonstrated that people's needs were central to the care and support provided.

People were encouraged to maintain their independence and undertake their own personal care as much as possible. Where appropriate care workers prompted people to undertake certain tasks rather than doing it for them and care plans reflected this. For example, one person's care plan stated, "I am very independent and would like it to remain that way. I need staff to assist me with day to day tasks, not to do them for me if I am able to manage."

The provider's complaints process was included in information given to people when they started using the service. The manager had received three complaints since our previous inspection in March 2015. Records indicated that the manager had responded appropriately in line with the provider's policy and procedure for managing complaints. We saw feedback from a complainant at the end of the process which indicated they were satisfied with the way their concern had been managed.

Is the service well-led?

Our findings

People were aware that there had been changes in the management structure of the service but not all people we spoke with were aware of who the registered manager was. However, people told us that the service they received from the agency had not been interrupted during the recent changes.

There was a positive ethos evident at Adico Care that was open and inclusive. Staff were motivated and told us that the management team were supportive of them in their role. They said that the management team were approachable and always available to provide advice and guidance. The manager facilitated regular meetings with the staff team to discuss practice issues and any matters arising. For example, at a recent staff meeting the use of personal protective clothing, annual leave requests and sickness management were discussed. Regular meetings helped to ensure that staff were involved and aware of how the agency was running and what issues were arising.

Staff employed at the agency office met twice a week so that everyone was made aware of any outstanding issues from the weekend and to all know what each other's plans were for the week ahead. The minutes of a recent meeting showed that issues discussed included forthcoming fire safety training, issues around people who used the service and staff annual leave arrangements. This helped to promote smooth working and good communication.

People were asked their opinions about the quality of the service provision in various ways. The provider had arranged for an impartial feedback survey to be undertaken by an external company in May 2015. The survey incorporated the views of people who used the service, relatives, staff members and external professionals. We reviewed the results of the survey and 87% of all responders either agreed or strongly agreed that they were overall satisfied with the service provided by Adico Care.

The management team monitored the quality of the service by undertaking a combination of announced and unannounced spot checks and telephone interviews to review the quality of the service provided. This included visiting people at times when staff were there to observe the standard of care provided and visiting people outside agreed call times to obtain their feedback. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed.

The provider had made arrangements for an annual external quality assurance audit to be undertaken of all aspects of the service and the registered manager was responsible for continuous review and development of such areas as care planning and staff recruitment.

The registered manager was aware of the attitudes, values and behaviours of the staff team. The registered manager had started in post at Adico Care in June 2015 and spent time initially observing and listening to how staff interacted with each other and with the office staff. They undertook an audit of all areas of operations and had developed a business plan as a result. The plan gave clear detail about what activity was required from each office staff member to ensure a smooth running business. The provider had developed an employee handbook that set out clearly what was expected of staff and what they, in turn,

could expect from the provider.

They ensured their own knowledge was kept up to date and was committed to ensuring staff received the training necessary to provide a safe and effective service. The registered manager was undertaking an award in education and training designed to give people the skills to cascade learning and development to adult learners. They told us they felt that this was essential in an environment that had a constantly changing workforce because newly recruited staff could receive their initial training in a timely manner and they could provide flexible training for staff throughout the year. The registered manager was also undertaking a diploma in leadership for health and social care to further develop their management skills.