ADA Homecare Limited

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Inspection report

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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

We inspected the service on 30 October 2018. We gave the service 48 hours' notice of the inspection visit because it is a small service and the manager is often out of the office supporting staff or providing care.

This service is a domiciliary care agency. It provides personal care to older people living in their own houses. Not everyone using ADA Homecare receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection 38 people were using the service.

At our last inspection on 26 September 2017 we found that the provider needed to make improvements to the service safe and well-led key areas. We found at this inspection that improvements had been made.

The service did not have a registered manager, but the current manager was in the process of applying to be registered. The registered manager was also the registered provider. 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 and associated Regulations about how the service is run.

People told us they felt safe when they were supported by care workers. People told us they felt comfortable with the care workers. All staff had training about safeguarding people to enable them to recognise signs and symptoms of abuse and knew how to report them. There were risk assessments in place to protect and promote people's safety. People were advised about how to stay safe in their homes.

The service had recruitment procedures that ensured as far as possible that only suitable staff were employed. There were enough care workers to cover all the home care visits that were required.

People received the support they required to have their medicines. Care workers followed safe practice to protect people from the risk of infection.

On the very few occasions when things went wrong lessons were learnt and improvements were made.

The care people received was focused on their needs and preferences.

Care workers who supported people with preparing meals were trained in food hygiene. People received enough to eat and drink and staff gave support when required.

Staff were supported to develop the skills and knowledge they needed to provide the care through training and supervision.

People were supported to access health services when they needed them.

People were supported to have maximum choice and control of their lives and care workers supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

There was a strong culture within the service of treating people with dignity and respect. People's views were sought and acted upon. People told us they were treated with dignity.

People's care plans provided staff with detailed information and guidance about people's likes, dislikes, preferences and guidance from any professionals involved in their care. People and their relatives were involved in planning all aspects of their care and support and were able to make changes to how their care was provided. Care plans were regularly reviewed to ensure care met people's current needs.

People, relatives and staff knew how to raise concerns and make a complaint if they needed to and there was a complaints procedure in place to enable people to raise complaints about the service.

The manager and the staff team were knowledgeable about people's needs and key issues and challenges within the service. The manager had systems in place to monitor the quality of the care provided and to ensure the values, aims and objectives of the service were met. This included audits of key aspects of the service. The registered manager provided strong leadership and support that was appreciated by staff.

Staff felt supported and valued and their efforts were acknowledged through employee of the month awards. The Staff received one to one supervision which gave them an opportunity to share ideas, and exchange information about possible areas for improvements.

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

This service was safe.

There were systems in place to protect people from the risk of harm and staff were knowledgeable about their responsibilities to keep people safe.

Risks were managed and reviewed regularly to keep people safe from harm or injury.

People were supported to take their medicines safely.

There were procedures for reviewing and learning from incidents.

Is the service effective?

Good

This service was effective.

People's care needs were assessed and met by staff that were skilled and had completed the training they needed to provide effective care.

People were supported to have enough to eat and drink and to maintain their health and well-being.

Staff understood the principles of the Mental Capacity Act 2005.

Is the service caring?

Good

This service was caring.

People consistently told us that staff were kind and caring; and that staff treated them with dignity and respect.

Staff understood people's needs and worked with them to involve them in decisions about their care and support.

Is the service responsive?

Good

This service was responsive.

People were supported to be involved in the planning of their care. They were provided with support and information to make decisions and choices about how their care was provided.

People had access to complaints procedure. Complaints were investigated and actions were taken to resolve people's concerns.

Is the service well-led?

Good

This service was well-led

There was clear leadership and management of the service which ensured staff received the support, knowledge and skills they needed to provide good care.

Feedback from people was used to drive improvements and develop the service.

ADA Homecare Ltd

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 checked whether the provider is meeting 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 for the service under the Care Act 2014.

This comprehensive inspection took place on 30 October 2018. We gave the service 48 hours' notice of the inspection because we needed to ensure the manager would be available.

The inspection was undertaken by one inspector and one 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.

Before the inspection visit, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications sent in to us by the manager, which gave us information about how incidents and accidents were managed. We also contacted the local authority safeguarding team about their views of the service and they did not have any concerns.

Before our visit, our expert by experience undertook telephone calls to nine people and nine relatives of other people who wanted their relatives to speak on their behalf. On 30 October 2018 we spoke with the manager, a care co-ordinator and one care worker. We looked at the care records for five people who used the service. We also looked at other records relating to the management and running of the service. These included two staff recruitment files, training records and a range of records relating to the running of the service including audits carried out by the manager.

Good

Is the service safe?

Our findings

At our last inspection on 26 September 2017 we found that recruitment procedures were not always safely followed. Staff had been allowed to start work and support people before their previous employer's references were received. We found at this inspection that recruitment procedures were safe and all the necessary pre-employment checks were carried out to reduce the risk of any unsuitable person being recruited to work at the service. These included a Disclosure and Barring Service (DBS) check. DBS checks help to keep those people who are known to pose a risk to people using care services out of the care workforce. This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who use care and support services.

People told us they felt safe using the service because care workers were kind and knowledgeable about their needs. They felt safe because they were supported by care workers they trusted. A person told us, "Yes, I feel very safe with them" and another person said, "Yes, we are very much at ease with them." A relative said, "[Person] has been safe with them and they've had no accidents. They discuss risks with me and keep me updated" and a relative of another person said, "[Person] is safe and always cheerful with them around."

People told us they felt safe because they were supported by the same care workers most of the time and were notified when a different care worker was going to visit them. A person told us, "It's mainly regulars, mainly the same staff. Yes, it's good continuity which makes me feel safe." People told us that care workers wore uniforms and carried identity badges. They also said that they were told which care workers would be supporting them at the next visit. A person told us, "That helps keep me safe."

People told us they felt safe when they were being supported, including when care workers used equipment to reposition or transfer people who could not do this themselves. A relative told us, "There's no need for a hoist but they use a slide sheet to help [person] out and back into bed. They make sure [person] is safe."

Care workers were trained how to use equipment. The manager made at least four `observations spot checks' a year of each care worker to check that they supported people safely. This reassured people that they received care that was safe. A person told us, "They come to see it's being done right." People told us that they felt safe because care workers did not rush them. A person told us, "They take the time to do it right." A relative said, "They take the time to wash [person] safely" and another said, "They never seem to rush with [person], they seem to really care." A care worker told us that rotas were organised in a way that ensured they had time to complete all the care routines people expected.

The manager had ensured that all staff had safeguarding training. Staff we spoke with were aware of the provider's safeguarding policy and knew how to recognise and report concerns about people's safety. They told us they would report any injuries they discovered when supporting people. They told us they were confident that any concerns they reported would be taken seriously. They knew they could report concerns through the provider's whistleblowing procedures or directly to the CQC or local authority safeguarding team if they felt that was necessary. Staff had reported concerns that people were vulnerable to abuse from people that visited them which had been acted on. This showed that staff had a good understanding of their

responsibilities to keep people safe.

People's care plans included risk assessments of people's home environment to support them to be safe at home. There were risk assessments associated with people's care routines to ensure that people were supported safely, for example with transfers and when they received personal care. Risk assessments were regularly reviewed. This meant that staff knowledge was up to date and followed the most recent best practice guidance to keep people safe.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. People told us that care workers were punctual and stayed for the required time and completed all care routines. A person said, "Yes, they are on time." The manager told us that rotas were planned to allow for travel time between home care visits and care workers covered compact geographical areas. They said that 90% of home care visits were made at times people expected and all calls were made within 30 minutes of the expected time. At the time of our inspection visit all home care visits were covered for the next two weeks were allocated to care workers. This showed that there were enough staff to meet people's needs.

People told us they were supported with their medicines. Care workers either reminded people to take their medicines or, where required, assisted people to do so by handing them their medicines with a drink. People told us that care workers watched to see they had taken their medicines before making a record on a medicines administration record (MAR) that they had done so. This was safe practice that meant that MARs were a reliable record that a person had taken their medicines. A relative told us, "They give [person] their tablets from the container and make sure they take them. The [MARs] notes are good."

Where people took their own medication without prompting or support care workers checked the remaining supply of medicines to confirm the person had taken their medicines then they completed a MAR. We saw that MARs (MAR) were audited monthly to check they had been accurately completed. This meant that any errors that were identified could be rectified and dealt with in a timely manner.

All care workers had training about supporting people with medicines. A care worker told us, "I've been trained to support people with their medicines. After a person was prescribed eye drops I had training about how to do that safely." Care worker's medications practice was assessed annually by a senior care worker or the manager. This was to ensure that care workers continued to demonstrate they had the right skills. A person told us, "Yes, they do my tablets and they've had no mishaps." People's home care visits were planned at times that people expected which was important because it meant that people had their medicines at safe intervals and as prescribed. We found that people could be confident that they received safe care and support in relation to their medicines.

People were protected by the prevention and control of infection. Care workers wore 'personal protective equipment' (PPE) when they supported people with personal care. This reduced the risk of cross infection. A person told us, "The staff are very good. They wash hands and use gloves and aprons." Another person said, "They wear gloves and aprons." We saw a supply of gloves and aprons in a store where care workers could collect PPE to take small supplies to people's homes. Staff received training in relation to infection control and food hygiene. There was guidance and policies that were accessible to staff about infection control.

Staff understood their responsibilities to raise concerns in relation to people's health and safety. There were systems in place for staff to report incidents, accidents and errors, for example medicines administration errors. Those systems supported learning that came from incidents, accidents or errors. Staff meetings and staff memos were used to communicate feedback and learning to the staff team if required.

Good

Is the service effective?

Our findings

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities. One person said, "They are very good. They are well trained and well supervised." and another said, "Would recommend them, they are very good, very good indeed."

People's care was assessed to ensure their needs could be met effectively. The assessment covered people's physical, mental health and social care preferences to enable the service to meet their diverse needs. People's relatives were involved in the assessment if the person wanted them to be or if a relative was a person's representative. A care plan was developed from the assessment which was agreed with the person and relatives. The plan was reviewed annually with the person and, if they consented, their relatives. A relative told us, "The manager came out to see us. The care plan was understood and agreed by us. It's been a big improvement on what we experienced with the previous company we used."

People told us that one of the most important things to them were that care workers visited at time that had been agreed. People told us that care workers were punctual. A relative told us, "It all helps me as well and puts my mind at ease as I'm at work." A relative of a person who had four visits a day told us, "[Person] has four visits a day. Yes, they seem to be on time." This showed that people's care was planned in full consideration of what people wanted.

Staff told us they were well supported by the training they had. A care worker said, "The training was all I needed to know about the people I visit. It included moving and handling and medications. It was very thorough." New staff underwent induction training that included two weeks of 'shadowing' an experienced care worker to learn how to support people. People told us it made them feel confident that new staff 'shadowed' experienced staff before they supported them.

Staff were supported through training, observations of their practice and supervision meetings. A care worker told us that supervision meetings were helpful because they received feedback about their performance and could discuss any training needs. The manager recognised the efforts of staff through an 'employee of the month' award scheme. We saw evidence that many staff had been rewarded.

Where people required they were supported to have sufficient food and drink. Those people's care plans included information about their dietary needs and preferences. Care workers used that information to offer people choice of meals. For example, a person who had to be prompted to maintain their health through eating well received that support. Their relative told us, "They [care workers] spend time to encourage them to eat. They are now eating better, so much better." A person had to have their meals prepared in a certain way. Care workers did this. The person's relative told us, "[Person's] food has to be blended because if it's not right they will not eat it. The carers do things just right for her." People we spoke with were pleased with how care workers prepared their meals. A person told us, "They do meals for me and yes, it's my choice and they present meals nicely." People were supported to have enough to drink. A relative told us, "The carers make sure [person] has plenty of drinks, they help to keep their fluids up."

The service worked and communicated with health and social care professionals to enable people to receive support that met their life needs. Care workers were attentive to changes in people's health and they acted appropriately when necessary. For example, if they noticed that a person had a bruise or scratch they asked the person about it and offered to let the person's GP know. A person told us, "Yes, they alert me if they think I need the doctor and they let me know if I have a mark or scratch." A relative told us, "They alert us of anything that may need attention and they will phone the doctor for [person]" and a relative of another person said, "They alert us if [person] needs the nurse for anything. One is very keen on all this and picks up on things."

Relatives were very pleased that care workers alerted them about their family member's health and well-being. One told us, "They have checked if [person] needed the doctor and tell me how well they are and about their moods." Staff informed relatives if their family member had experienced a fall or when an ambulance had been called. People and relatives could be confident that they would be supported to access health services if they needed them.

People's care and support was provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 provides a legal framework for making decisions on behalf of people who may lack the 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. When they lack mental capacity to make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. No applications had been made to the Court of Protection because people were not being deprived of their liberty. However, manager and staff had a good understanding of the principles of the MCA and when to make an application.

People told us that care workers sought their consent before providing any care or support. A person told us, "It's my choice whether they do something." Staff had training about the MCA. A care worker we spoke with understood about the importance of obtaining a person's consent. People told us that care workers respected the decisions they made about their care and support. A person told us, "They do what I ask."

Good

Is the service caring?

Our findings

People and relatives we spoke with were unanimous in saying that the service had a caring and compassionate culture. That culture was promoted through policies, staff training and supervision. People told us that care workers were kind. Comments from people included, "The carers are friendly and pleasant", "They go the extra mile" and "They are mostly very thoughtful and caring."

People and relatives told us that they had developed caring relationships with the care workers. People's comments included, "They welcome us as both like friends and customers" and "I look forward to them calling. They are lovely [carers] like family to me."

People, relatives and staff told us it was important that people were supported by a core team of people. When homecare visits were planned by the care co-ordinator they ensured that people were supported by a small core team of care workers. This supported people and care workers to develop caring relationships with people and care workers developed an in-depth understanding of people's needs. People consistently told us that they were supported by the same care workers and that they had experienced a continuity of care as a result. Their comments included, "It's mainly the same faces now", "The last few weeks we've had the same two excellent carers", "They keep the feel of continuity, we don't want lots of new staff" and "[Person] prefers a small circle of staff and needs continuity and we mainly get regulars."

People told us it was important to them that they be informed if care workers were running late or if there was a change in care worker. They told us that on the few occasions a care worker had not arrived on time they had a call from the office to let them know. Those calls were made when the log-on system the service used had identified that a call was 15 minutes late. A person told us, "Sometimes they are a bit late but that's not usual so they let me know." This showed that the service's systems and procedures were built around what was important to people and it demonstrated that the service was caring.

The service provided people with information about their care. People had care plans in their home. They were provided with a service user guide that included information about the service, the complaints procedure and organisations people could contact for help, for example independent advocacy services.

Care workers supported people in ways that showed people mattered to them. Care workers spent time to have conversations with people. A relative had noticed this had made a difference to a family member. They told us, "They do care and they chat and sit with [person]. Since they have taken over [they] are much better. [Person] looks forward to them calling they have a laugh with them. They are almost like family to them." A person told us "They understand me as a person. I'm very relaxed and at ease now." At times, care workers went 'an extra mile'. For example, a person told us that a care worker had agreed to collect them from a pharmacy to take them home. Care workers took people' pet dogs for walks and a person told us, "Oh, and they help feed my cat when they are here which is handy and safer for me."

People told us that care workers respected their privacy and dignity. Care workers described how they supported people so that people were not uncomfortable or embarrassed. For example, care workers used

towels to cover people and ensuring that curtains were drawn and doors closed in rooms where personal care was carried out. A person told us, "Yes, they are respectful and my care is done with dignity." A relative of another person told us, "They do personal care well. [Person] has issues, and it's done with dignity and their privacy is assured" and another relative said, "It's all done with dignity. We chat and they respect our privacy."

The manager or a senior care worker carried out up to four 'spot-checks' per year of each care worker to monitor that care workers were putting the provider's values of supporting people with respect into practice. This demonstrated that the service was committed to provide support that was caring.

People were supported to be as independent as they wanted to be. Care workers were attentive to people's changing daily requirements. On some days, they supported people to do more things themselves, for example make their own drinks or snacks or wash and dress. Other days they did those things for people because people felt less able to do those things themselves. A person told us, "They help me wash but I do most of it myself as I like to do as much as I can myself. Once they have got me to the shower safely with the hoist. I can stand and do it myself but they just keep an eye on me and help if I want them too." Some people wanted only to be prompted because it meant they were independent. A person told us, "They prompt me to do things and like having my shower. They do care, they go big for independence."

People were supported to be involved in decisions about their care and support, or their relatives were on their behalf. People or their relatives were involved in reviews of their care plan. A person said, "My [family member] does the reviews with them, then they [the staff] show me the notes." Another person told us their care plan review was carried out with the manager. They said, "I've used them for over a year. They've done a review when the manager came around to check up." People were also shown the daily records that care workers made so that they could see what had been written about the support they had received. A person told us, "They [care workers] do good notes."

People could feel assured that information about them was treated confidentially and respected by staff. The provider had a confidentiality policy that staff were aware or because it was discussed with them at their induction. Records relating to people's care and support that were in the office were stored securely in filing cabinets to maintain confidentiality.

Good

Is the service responsive?

Our findings

People received their care that met their needs. People told us that they received the care they wanted in the way that they wanted. People told us about what care workers did. Comments included, "They help [person] wash and get dressed, sort out their food and they tidy the bedroom", "They help me wash up and hoover". People said the care and support they received was just as they wanted it. A person said, "The care is tailored to our needs" and another told us, "The care is spot on."

The service responded to people's changing needs and was flexible enough to make changes when these were requested at short notice. For example, a person asked for visits at different times of day for a short period and the service accommodated them. They told us, "This week they've done mornings and lunches and they've changed to suit me and I've needed that." A relative described the service as being "very responsive." The service responded quickly after a relative reported that a person who used the service had had a fall and was finding it difficult to manage. The relative told us, "Once [person] fell and they came out to help because I was stuck. They are very flexible that way, and they even sent someone who knew [person] well." These examples showed how committed the service was to providing care and support that met people's needs, sometimes in between scheduled home care visits.

During the assessment people were asked what was most important to them. People consistently said that what was most important to them was having regular care workers and having home care visits at times they wanted. People told us that those things were, with isolated exceptions, being met. People told us they were supported by the same care workers most of the time and that care workers were punctual. A person told us, "They've not let me down and they are always on time."

People's care plans were detailed and provided care workers with information they needed to provide care that fully met people's needs and preferences. A care worker told us that they found the care plans very helpful because the plans contributed to them getting to know about people's needs. People told us that the saw care workers read the care plans. A person told us, "The care is spot on and they know [person] well."

People's suggestions, preferences and concerns were listened to and acted upon. For, example after a person expressed a preference for a different care worker to visit them this was agreed. The person told us, "A carer was not right for us. They were changed without any fuss."

The provider had a complaints policy and procedure that people knew about. We looked at complaints that had been received since our last inspection. When complaints were made the manager investigated them. Where appropriate, they offered explanations of what had gone wrong, apologies and assurances that actions had been taken to prevent the same type of error being made again.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or

sensory loss can access and understand information they are given. Every care plan we looked at included a section about people's communication needs and an assessment of whether they had any special needs.

There were no people who were receiving end-of-life care and support.

Good

Is the service well-led?

Our findings

At our last inspection we rated the service as requires improvement in this key question. This was because the then registered manger had not notified the CQC when the service had changed the address from which the service was being run. At this inspection we found that the manager was aware about what notifications to submit to the CQC. A notification is information about important events which the service is required to send us by law in a timely way.

The service did not have a registered manager, but the manager was in the process of applying to be registered. The registered manager was also the registered provider. 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 and associated Regulations about how the service is run.

The manager had a clear mission and values of the service. These were 'ICARE – integrity, commitment, accountability, respect and enthusiasm.' We saw these displayed in the training room and staff we spoke with knew what the values were. The values emphasised a person-centred approach to care. The values were discussed with staff at staff meetings and supervision meetings.

The provider promoted fairness and transparency through polices, staff training and staff meetings and supervision. Care workers knew about the provider's policies for reporting concerns using internal reporting procedures or through a whistleblowing procedure where they could raise concerns anonymously.

The manager kept staff informed about the performance of the service. They had, for example, displayed in chart form the results of surveys of people using the service and staff that had been carried out in August 2018. Both surveys were based on the key questions CQC ask and both had positive results. For example, 93% of people and 95% of staff said that the service was well-led. A care worker told us, "The service wasn't very good before [the manager] took over. They have been fantastic, best manager I've ever had." People told us the service was well-led because they often saw the manager who they said was approachable and who listened and acted on what people said.

The manager told us that the first thing they did after taking over the running of the service was carry out the surveys. They wanted to hear form people what was important to them and about changes they wanted to see. Improvements were evident since our last inspection. Home care visits were more effectively planned and were at time that people expected. People were supported by a core team of care workers which meant they saw the same care workers regularly. People's care plans had been reviewed to include more detail about their needs which meant care workers had more and better information to refer to when they supported people in their homes.

There were systems in place to check the quality of the care provided. These included 'spot checks' of care worker's practice and quality assurance of care worker's records of their home care visits. This was where care workers were observed working with a person and covered areas such as dignity, food hygiene,

medicines and infection control. The manager carried out monitoring to ensure staff training was up to date and that home care visits were effectively planned two weeks in advance.

The manager analysed accidents and incidents reports. They monitored the punctuality of homecare visits. People's feedback from reviews of their care plans, compliments and complaints was analysed. Actions were taken in response to people's feedback. For example, any concerns people expressed about care workers was investigated and measures were taken to support care workers to improve performance. When necessary, disciplinary procedures were used.

The manager worked with other social care and health services to help people receive support that improved the quality of their lives. For example, they worked with social services to support people to access grants to purchase equipment they needed.

It is a legal requirement that a provider's 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. We found the provider had displayed their rating at the service and on their website.