

Adore Home Care Ltd

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Inspection report

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27 November 2018

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19 December 2018

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 carried out an announced inspection of Adore Home Care Limited on 26 and 27 November 2018.

This service is a domiciliary care agency. It provides personal care to people living in their own houses. At the time of the inspection, 21 people were receiving a service from the agency with a range of health and social care needs. Support was tailored according to people's assessed needs within the context of people's individual preferences and lifestyles to help people to live and maintain independent lives and remain in their homes.

At the last inspection, in June 2016 the service was rated overall as 'Good'. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People felt safe with the care provided and with the staff who supported them. Risk assessments were undertaken to help people to live safely. The process for staff recruitment was well managed and appropriate checks were carried out to help ensure only suitable staff were employed to work at the service. There were enough staff to meet people's needs and the provider made sure they had the resources and capacity to deliver the support people required. People received their medicines when they needed them from staff who had been trained and had their competency checked.

People were supported by regular staff who were appropriately trained and supervised in their roles. Management monitored and observed staff practice to ensure people received their agreed care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. An assessment was carried out to assess people's needs and preferences prior to them receiving a service. This meant that care outcomes were planned and staff understood what support each person required. People were supported with their healthcare and nutritional needs as appropriate.

Staff were caring and attentive, and knew the people they cared for. People felt that care staff respected their privacy and dignity and helped them to remain as independent as they could. People had access to a complaints procedure and knew how they could raise any concerns.

Quality assurance and information governance systems remained in place to monitor the quality and safety of the service. People and relatives spoken with, told us that they were satisfied with the service provided and the way it was managed.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Adore Home Care Limited

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 26 and 27 November 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone was available in the office. The inspection was undertaken by one adult care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

In preparation for our visit, we looked at previous inspection reports, notifications (events which happened in the service that the provider is required to tell us about) and information that had been sent to us by other agencies, including the local authority's contract monitoring team.

During the inspection, we spoke with seven people using the service, two relatives and four staff over the telephone. We also spoke with the registered manager at the agency's office.

We reviewed a range of records about people's care and the way the service was managed. These included the care records for three people using the service, medicine administration records, staff training records, two staff recruitment files, staff supervision and appraisal records, minutes from meetings, quality assurance audits, incident and accident reports, complaints and compliments records and records relating to the management of the service. We also looked at a sample of policies and procedures and the most recent customer satisfaction questionnaires completed by people using the service.

Is the service safe?

Our findings

People spoken with told us they felt safe receiving care from staff at the agency. For instance, one person said, "I feel very safe in their company. We have built good relationships up over time" and another person commented, "I am very happy with the care I get. They are efficient and very good to me." Relatives spoken with also expressed satisfaction with the service and told us they had no concerns for their family member's safety. One relative said, "Our carer is lovely. She is understanding and is very kind."

We looked at how the service kept people safe and protected them from discrimination. Staff spoken with expressed an understanding of safeguarding and protection matters. They were aware of the various types and indicators of abuse. All staff spoken with said they would report any concerns to the registered manager and were confident appropriate action would be taken. Staff also told us they were aware of the whistleblowing policy in place and would always report any poor practice they observed.

Staff had received training in safeguarding vulnerable adults and child protection. Policies and procedures were in place to provide them with guidance if necessary. Staff told us they had also received additional training on how to keep people safe, which included moving and handling, infection control and fire safety. The registered manager was aware of her responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission.

Risks to people's safety and wellbeing were assessed and managed. Each person's care record included individual risk assessments, which had considered risks associated with the person's environment, moving them safely, equipment, medicines and any other factors. We also noted the assessments included information on what action staff should take to promote people's safety and independence; and to minimise any potential risk of harm. The assessments were updated every six months or more often if people's needs changed. Staff told us they made observations at each visit to identify any changes or new risks that may occur. They also confirmed whenever they had reported a change, action was taken to reassess the risk and amend the care plan.

There were sufficient staff to provide safe, effective care for people. Staff were allocated to support people who lived near to their own locality. This reduced their travelling time, and minimised the chances of staff being late for visit times. Duty rotas were prepared in advance and the registered manager told us new care packages were not accepted unless there were enough staff available to cover the visits required safely. Staff said they had adequate time to travel between visits without rushing. People confirmed the staff usually arrived on time and did not cut the visit short. One person said, "They always arrive on time, because I need to take my tablets on time and they understand this is important." People said they received care from the same group of staff. This meant there was a good level of consistency and staff were familiar with people's needs and preferences.

We checked two new members of staffs' files and noted appropriate checks had been carried out before they started work. We saw the staff had completed an application form and had attended the agency for a face-to-face interview. Interview notes had been recorded to support a fair process. The provider had also

ensured the staff members had provided a full history of employment along with a satisfactory explanation of gaps. We noted an enhanced criminal records check was carried out for all new staff prior to them commencing work with the agency. The recruitment process was tracked using a checklist and supported by policies and procedures, which reflected current regulatory requirements.

Staff knew how to inform the office of any accidents or incidents. They said they contacted the office and a record was completed after dealing with the situation. The registered manager viewed all accident and incident records, so she could assess if there was any action that could be taken to prevent further occurrences and to keep people safe. We noted a report had been compiled following an accident, to look at the circumstances of the accident and the measures in place to minimise any future risks.

People spoken with were satisfied with the way the agency supported them with their medicines. Staff said they had completed medicines training and records seen confirmed this. Staff had access to a set of policies and procedures and were observed handling medicines to check their level of competency. However, we noted the staff had not always informed the registered manager about the application of creams. The registered manager took immediate action to resolve this situation, which included the implementation of a new record and a reminder to all staff. Guidance for staff on how to support people with medicines was included in the care plan as necessary, along with information on the management of any risks associated with their medicines. All medicines administration records were returned to the office for audit purposes.

People were protected from the risk of infection by staff who were appropriately trained. Staff told us they had access to personal protective equipment (PPE) which included disposable gloves, aprons and hand gel. People spoken with during the inspection, confirmed the staff always used appropriate protective equipment when assisting with personal care. We noted staff had access to an infection prevention and control policy and procedure and had completed relevant training.

Is the service effective?

Our findings

People felt the staff had the right level of skills and knowledge to provide them with effective care and support. They were happy with the care they received and told us that it met their needs. For example, one person told us, "The carers are very good at their job. They're happy to help me with everything I need doing" and another person commented, "They all seem to have good training and know what they are doing." Relatives spoken with also expressed confidence in the staff team, one relative said, "The carers are there whenever I need them. We all work well together."

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 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. People spoken with confirmed they were asked for their consent before care was given and they were supported and enabled to make their own decisions. Staff had a good understanding of the importance of giving people choices and their right to make decisions about their care and support. Staff had received training on the MCA and had access to appropriate policies and procedures.

We noted people's capacity to make decisions about their care was considered as part of the assessment and care planning processes. We saw people had signed forms, to indicate their consent to the care provided, and where appropriate the management of their medicines.

We looked at how the provider trained and supported their staff. We found that staff were trained to help them meet people's needs effectively. All staff had completed induction training when they commenced work with the agency. This included an initial induction on the company's policies and procedures and the provider's mandatory training. Staff new to a care setting were enrolled onto a level two course in health and social care. The registered manager explained this course covered the standards set out in the Care Certificate. The Care Certificate is designed for new and existing staff and sets out the learning outcomes, competencies and standard of care that care agencies are expected to uphold.

New staff worked alongside experienced colleagues for a minimum of four days to enable them to meet people and understand their needs. Staff spoken with told us the induction training was thorough and confirmed it equipped them with the necessary knowledge to carry out their role. All new staff completed a probationary period of 13 weeks, during which their work performance was checked and reviewed at regular intervals.

We noted there was a programme of training, available for all staff, which included safeguarding vulnerable adults, child protection, medication awareness, food hygiene, health and safety and fire safety. Staff also completed specialist training on dementia awareness and risk assessments in care. We saw relevant training

certificates on the staff files looked at during the inspection. The variety of training offered meant that staff were supported to have the correct knowledge to provide effective care to the people. All staff spoken with told us their training was beneficial to their role.

Staff received regular supervision, which included observations of their practice, as well as annual appraisals. They told us they had the support of the registered manager and could discuss anything that concerned them. We saw the registered manager assessed and monitored staff skills and abilities, and took action to address issues when required.

A staff handbook was provided to staff which included information on confidentiality, the code of conduct and terms and conditions of employment so staff knew what was expected of them.

An assessment of needs was carried out before people used the service. People spoken with could recall meeting the registered manager to discuss their needs and confirmed they were asked how they wished their care to be delivered. We looked at completed assessments during the inspection and noted they covered all aspects of people's needs. Following the initial meeting, a care plan was developed with the full involvement of people using the service.

We saw the registered manager used computer technology to support the management of the agency. For instance, the staff rotas were devised on the computer and all records were scanned, when they were returned to the office for auditing purposes. This meant records were easily accessible and kept securely.

People were supported at mealtimes in line with their plan of care. People receiving this support told us staff asked them what they preferred to eat and prepared and cooked their food to a good standard. A record was maintained of people's food to ensure they were offered a variety of meals.

We looked at the way the service provided people with support with their healthcare needs. We found people's plans contained important telephone contact details for people's GP and next of kin and information about people's healthcare conditions. This helped staff recognise any deterioration of health and liaise with people's relatives and health and social care professionals if they had concerns.

Is the service caring?

Our findings

People told us the staff treated them with respect and kindness and were complimentary of the support they received. For instance, one person told us, "My carers are brilliant. They make such a difference to my quality of life" and another person said, "They are absolutely wonderful. They understand what I want and need completely and they are so kind and caring." Relatives spoken with were also praised the approach taken by staff, for example one relative said, "They all have lovely personalities. They respect my [family member] and whole family completely. I can't praise them enough."

Staff spoken with understood their role in providing people with person centred care and support. They gave examples of how they promoted people's independence and choices, for instance ensuring people had time to carry out personal tasks for themselves, wherever possible. Reflecting on their approach, one member of staff told us, "By keeping independent the client can carry out their own wishes." People spoken with confirmed the staff respected and supported their independence skills, for instance one person commented, "They are very conscious of my wish to remain as independent as possible and will only step in when I need some help" and another person commented, "They help with my exercises. I feel much more confident in myself."

The staff were knowledgeable about people's individual needs, backgrounds and personalities and told us they were familiar with the content of their care records. They confirmed they visited people on a regular basis which helped them get to know the person and how best to support them. People told us they were consulted about the care they needed and how they wished to receive it. People were involved in developing their care plans and their views were listened to and respected. The process of developing care plans helped people to express their views and be involved in decisions about their care. People using the service and their relatives told us staff had time to ask them about their preferences and were flexible in their approach.

Staff were aware of the importance of maintaining people's privacy and were able to give examples of how they applied this in practice. People told us their privacy was respected at all times. People confirmed staff entered their house in the agreed way and they were respectful of their belongings. Staff had access to policies and procedures on maintaining people's privacy and dignity whilst providing care and we noted the registered manager regularly sought feedback from people using the service to ensure staff were adhering to best practice.

Staff told us they found their role rewarding and spoke of people in a warm and compassionate manner. One member of staff commented, "I really enjoy my work. It's good to know I've helped somebody."

People told us they were able to express their views about the service on an ongoing basis during care plan discussions, conversations with the staff and the registered manager and during spot checks. People were given an information file, which contained a service user guide as well as their care plan documentation. The service user guide provided a detailed overview of the services provided by the agency. We noted this document included the aims and objectives and what people could expect from the service.

Is the service responsive?

Our findings

People spoken with told us the staff responded well to their current and changing needs. They said they made their own decisions about their care and were supported by the staff. People and their relatives confirmed they had a care plan and said they felt part of the care planning process. For example, one person told us, "[The registered manager] discusses my plan with me. It's detailed and covers everything I need" and another person said, "I've agreed to the plan and all the carers stick to it. Although they are flexible, if I need anything different doing." A relative spoken with also confirmed the care plan had been discussed and agreed.

We looked at three people's care plans and other associated documentation during the inspection. The care plans were written in a person-centred way and were designed to enable staff to access information quickly. The information contained in the plans identified people's needs and provided guidance for staff on how to respond to them. The care plans were supported by a series of risk assessments and included people's preferences and details about how they wished their care to be provided. The plans also incorporated a profile, which included people's likes and dislikes and what was important to the person.

All people spoken with were aware of their care plan and confirmed they had discussed their plan with the registered manager. There was documentary evidence to demonstrate the plans had been reviewed at least every six months or more frequently if there had been a change in need or circumstance. Care plans had been explained to people and they had signed a consent form to indicate their agreement to the plan.

Staff told us they used the care plans to help them understand people's needs and confirmed they referred to them during the course of their work. They said they were confident the plans contained accurate and up to date information. The staff also confirmed there were systems in place to alert the registered manager of any changes in people's needs in a timely manner. The registered manager and staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a coordinated service.

Records of the care and support provided to people were completed at each visit. This enabled staff to monitor and respond to any changes in a person's well-being. The care records were returned to the office for auditing purposes and for scanning onto the computer. The registered manager confirmed the records were regularly checked. We looked at a sample of the records and noted people were referred to in a respectful way.

People were supported with their social needs in line with their care plan. People spoken with told us they enjoyed a chat with the staff once they had completed all their tasks. For instance, one person told us, "The carers are such friendly people, I look forward to them visiting me. I enjoy their company."

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can

access and understand, and any communication support that they need. We looked at how the service shared information with people to support their rights and help them with decisions and choices. The registered manager confirmed all documentation was available in different font sizes to help people with visual impairments. Staff were aware of the importance of communicating with people in ways that met their needs and preferences.

People and relatives spoken with were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people and any complaints made were recorded and addressed in line with the providers policy.

Where necessary and appropriate, the staff worked alongside other professionals to provide people with dignified care at the end of their life. There was no one receiving end of life care at the time of the inspection.

Is the service well-led?

Our findings

People and relatives spoken with made positive comments about the leadership and management of the agency. For instance, one person said, "[The registered manager] is very efficient. Everything is in order and well run" and another person commented, "[The registered manager] makes sure everyone is doing their job properly."

The manager in post was registered with the commission. 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.

The registered manager was committed to the continuous improvement of the service and had a good understanding of people's needs. She explained her priorities for the next 12 months which included the introduction of staff surveys, ensuring the application of all topical creams were recorded and strengthening the service contingency plans in the event of extreme weather conditions. The registered manager had also set out planned improvements for the service in the Provider Information Return.

Staff were provided with job descriptions, contracts of employment, policies and procedures and the staff handbook, which outlined their roles, responsibilities and duty of care. Staff told us they had received the training they needed and were well supported by the registered manager. One staff member told us, "[The registered manager] is really easy to talk to and everything is spot on" and another member of staff said, "[The registered manager] handles everything well and is really helpful."

We saw monthly unannounced spot checks were undertaken to review the quality of the service provided. This included observing the standard of care provided and asking people for their feedback. The observations also included reviewing the care records kept at the person's home to ensure they were appropriately completed and to see if care was being provided according to the person's wishes. Since the last inspection, the registered manager had devised and implemented a new spot check form to incorporate the security of the premises. This followed a safety alert issued by the local authority.

The registered manager monitored the quality of the service by seeking feedback from people using the agency. This was achieved by means of analysing people's comments gathered during the monthly spot checks and annual satisfaction questionnaires. We looked at a sample of returned questionnaires from the survey conducted in December 2018 and noted people indicated they were satisfied with the service provided.

The registered manager carried out ongoing checks and audits. These included checks on files, medicines records, accidents and incidents, care plans, daily communication logs, staff training and supervision.

We found that people's care records and staff records were comprehensive, clear and up to date. They were appropriately stored and only accessible by staff to ensure people's personal information was protected.

The records we requested were promptly located and well organised.