

Adu's Care Limited

Adu's Care

Inspection report

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Tel: 01480716362

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26 September 2019
16 October 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Adu's Care is a domiciliary care agency providing personal care to one person at the time of the inspection.

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

There was a lack of managerial oversight at the service and the provider's monitoring process did not look effectively at systems throughout the service. This led to issues and shortfalls in many areas, but significantly staff recruitment checks were not always fully obtained before new staff started working.

Risks to people were not always identified or managed safely. Assessments did not identify actions to reduce risks or contain information to show the level of risk. People were cared for by staff who had not received all training needed and had not had previous training checked to make sure they had the skills and knowledge needed. Care plans were not written in enough detail to provide guidance to staff if they did not know the person well. Information about people's wishes was not recorded, even when it was known.

Staff had details if they needed to contact health care professionals and made sure they asked people's consent before caring for them. Staff members understood and complied with the principles of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies in the service supported this practice, however records had not been updated to show where best interest decisions had been made.

Staff were caring, kind and treated people with respect. People were listened to and were involved in their care. People's right to privacy was maintained by the actions and care given by staff members.

People's personal and health care needs were met and they were happy with the care they received. A complaints system was in place.

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

Rating at last inspection

This service was registered with us on 23/10/2017 and this is the first inspection.

Why we inspected

This was a planned inspection based on the provider's registration and provision of care dates.

Enforcement

We have identified breaches in relation to assessing and management of risk, staff recruitment checks, care

planning and assessing the quality of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Adu's Care

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 26 September 2019 and ended on 16 October 2019. We visited the office location on 26 September 2019.

What we did before the inspection

We reviewed information we had received about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We also sought feedback from the local authority and professionals

who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with a person's relative about their family member's experience of the care provided. We also spoke with one member of care staff and the registered manager.

We looked at a range of records relating to how the service is run and monitored. This included the person's care records and medicines administration records (MARs). We also looked at other records, such as staff recruitment and training records.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at recruitment checks and a risk assessment.

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 for 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.

Assessing risk, safety monitoring and management

- Risks to people were not fully assessed, monitored or mitigated effectively to ensure people were safe. The registered manager had not identified risks to people's health and welfare such as moving and handling, memory issues or taking medicines. They had also not shown why people were at risk or what actions staff needed to take to reduce risks.
- Risk assessments in relation to people's environment, in and around their homes, had not been fully completed. Where a possible risk had been identified, such as, "Rugs," no additional information was available to show why this was a risk, or actions staff could take to minimise risks.

Learning lessons when things go wrong

- There were limited opportunities for lessons to be learnt. However, we found issues that the registered manager should have been able to identify, change and learn from, although they had not. For example, how the registered provider ensured medicine administration records were correct or accessing advice from the local authority regarding the Mental Capacity Act 2005. This would ensure records were completed correctly.

The lack of complete risk assessment processes meant that people may not always be safe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Staff recruitment practices were not safe as pre-employment checks were not completed before new staff started working with people. This did not provide assurances that new staff were suitable to work with people who were vulnerable. Disclosure and Barring Service (DBS) checks had not been obtained for staff. DBS helps employers make safer recruitment decisions and helps to prevent unsuitable people from being employed. Gaps in staff employment histories had not been explored, neither had verification of staff conduct in previous care roles been sought.
- We told the registered manager that they had to take immediate action to obtain DBS checks for all staff. They confirmed they had done this following our visit to the office.

The lack of robust recruitment checks meant that the provider could not demonstrate that only suitable people were employed. This was a breach of Regulation 19 of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

- There were enough staff on duty to support people. Two staff members were employed to care for one person using the service and the service provided 24 live in care for the person. This provided staff with cover for two hours a day for a rest break. However, staff recorded in nightshift notes that they checked on the person twice during the night and supported them with personal care. This did not provide staff with adequate sleep time as the same staff member was expected to work during the day. Staff had also not signed a working time directive to work more than 48 hours per week. We spoke with the registered manager about the need to check whether this was good practice.

We recommend the provider refers to current guidance about safe working hours for live in staff members.

Using medicines safely

- Staff had received medicines administration training with previous employers, but they had not received this training at Adu's Care. The registered manager told us that they had checked staff competency for this but had not recorded this information anywhere.
- Medicine administration records (MAR) showed that most medicines had been given as prescribed. However, a medicine that had been discontinued on the May MAR had been recorded for administration on the August MAR. We were concerned as this meant there were two prescriptions that contained the same medicines and potentially the person was being overdosed. We asked the registered manager to clarify whether one medicine was being given and to obtain advice from a health professional if this was the case. We received a satisfactory response from the registered manager that the person had not been given too much medicine.
- Staff had little written information or guidance about how the person preferred to take their medicines. Their care plan stated that staff were to prompt the person to take their medicines, however other records showed staff gave the medicines.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. The person's relative told us their family member knew staff well and that, "[Staff] keep [family member] safe enough that they can stay at home."
- Staff understood what to do to protect people from harm and how to report concerns. Staff had training and information about safeguarding and knew where to go for further advice.

Preventing and controlling infection

- Staff had completed training in how to reduce the risk of infection. Staff members and relatives told us staff used personal protective equipment, such as gloves and aprons, to help prevent the spread of infection.

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The registered manager completed an assessment of people's needs before they started using the service. However, this information was not detailed and did not explain how long-term conditions affected the person. Up to date information about people's ongoing health needs had not been identified; guidance from national organisations or health professionals had not been obtained. Although staff knew the person well, this meant that they did not have guidance about possible deterioration in the person's health, or what they should do if this occurred.
- The provider had policies and procedures to guide staff in ensuring they met the requirements of the Equality Act and the Human Rights Act. Staff training records showed that they had received training in equality and diversity with their previous employer.

Staff support: induction, training, skills and experience

- A relative told us they thought staff were well trained. They said, "They're very experienced."
- Staff received training when they first started working for the service. A staff member told us they also completed training independently of the agency as they wanted to be sure they had the skills to care for people.
- Staff records showed that staff had received training in most key areas, such as infection control, basic life support, lone working or moving and handling. Training provided by other employers was taken into account by the provider. However, competency checks had not been recorded to show that the staff members' knowledge and understanding of the subject was at an acceptable level.
- A staff member told us they had received supervision and this, together with regular checks by the registered manager and office staff, provided them with support.

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

- People were supported to eat and drink if this was needed. Staff did not have enough information in care plans to know when or how they were to support the person with drink and meal preparation. They had no information about the person's preferences, however staff had provided the person's care for a long time and a relative told us they had not heard of any concerns.

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

- Staff had access to information from health care professionals (where people were happy to disclose

these details) and they followed this advice, which was included in people's care records.

- The registered manager told us that staff would go with the person to any appointment or if they needed emergency healthcare. Staff would relay information verbally as well as taking records with them.

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 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People were supported by staff who understood the principles of the MCA, although they had not received training in the MCA from Adu's Care. The staff member told us that they had undertaken this training independently.
- The registered manager told us assessments of the person's ability to make decisions were available in their home. However, we were unable to see these and there was not enough information in care records to guide staff in supporting people to make these or other decisions.
- No applications had been made to the Court of Protection to deprive the person of their liberty. We spoke with the registered manager about obtaining advice from the local authority about any actions they may need to take. The registered manager confirmed they had done this following our inspection and no further actions were needed.

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

- The person was treated kindly by staff. A relative told us staff were, "Very caring, very patient and very considerate."
- Staff treated the person kindly; they showed concern for them when we were speaking with them and described how they made sure the person had everything they needed. They were aware of people's individual needs and preferences.

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

- A relative confirmed that their family member was involved in their care decisions and how they preferred to have their care given. Staff said the person was able to say what they wanted and when they wanted care to be given. They went on to say that staff adapted their routine if asked to do so.
- The registered manager said that no advocate was being used at the time of our inspection, but they would refer people to advocacy services when needed.

Respecting and promoting people's privacy, dignity and independence

- A relative told us that staff "absolutely" respected their family member's privacy and dignity. A staff member told us they ensured the person was supported in a dignified way by closing doors and curtains. They covered the person up as much as possible while supporting them with personal care.
- People's confidentiality was maintained; records were kept securely in the service's office location.

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 requires improvement. This meant people's needs may not always be met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The person had a care plan in place, although there was not enough detail to guide staff and no information about what the person could do for themselves. Other guidance, particularly those for long-term health conditions was also not available. This was important so that staff understood how the person's condition might affect them and restrictions they may have to consider when caring for the person.
- A staff member told us how the person liked to spend their day and how they supported them to do this. However, there was no information or guidance in the person's plan about this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The person's communication needs were not assessed or planned for and staff had no guidance about how to meet these needs fully. The registered manager told us occasionally the person was unable to communicate verbally, but nothing about this had been recorded in the person's plan.

End of life care and support

- Guidance was not available in the person's care records about their end of life wishes, although they were not receiving end of life care at the time of our visit. The registered manager told us that they had spoken with the person's relatives in the event this care was needed. However, they had not recorded this information in the person's care records.
- Guidance about how staff should care for people was available in the services end of life policy, which was available to staff.

The lack of written planning of how to meet care needs puts people at risk of receiving incorrect care or care they may not want. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The person's care needs were met and a relative told us they were happy with the care their family member received. They said, "No problems at all, the care our [family member] is getting is second to none as far as we're concerned." The relative told us that staff supported the person; staff had built good relationships and knew the person's likes, dislikes and preferences.

Improving care quality in response to complaints or concerns

- Relatives knew who to speak with if they were not happy with the care their family member received. One relative told us they would speak with the registered manager, who, they felt sure would resolve any issues.
 - People had information about external organisations that they could also contact about their concerns.
- No complaints had been made.

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.

Continuous learning and improving care

- There were processes in place to monitor and assess the quality of the service and if it was operating safely. However, the registered manager had not completed audits or otherwise assessed the service's records. This meant that the lack of assessment and management of risk, planning of care, errors in medicine administration records, poor recruitment practices or missing staff training were not identified.
- We found concerns in a number of areas that show the registered manager did not have an understanding of their responsibilities. Some of these resulted in a breach of regulation and some of these were not good practice. This indicated there was not enough oversight of the risks to people, or evaluation and improvement to the service.

The lack of robust quality assurance meant people were at risk of receiving poor quality care and should a decline in standard occur, the provider's systems would not pick up issues effectively. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff were committed to providing high-quality care and support. They told us how they made sure the person received the care they needed, and how they made sure this was how the person wished to be cared for. One staff member told us they worked with the other staff member well and they both made sure the person had the support they needed.
- A staff member told us that the registered manager communicated well with them and they had regular contact, which provided staff with the opportunity to discuss any concerns or issues.

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

- There was a registered manager in post. Adu's Care had clear lines of responsibility to manage the care and support people needed.
- The registered manager knew their legal requirements for duty of candour; such as to display their rating and send notifications to us when required to do so.
- The provider had policies and procedures in place, although these were not all followed.

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

- A relative told us they had regular contact with the registered manager, they said, "They involve us, we get notifications and phone calls frequently." The registered manager had taken action to discuss and resolve any issues the relative had.
- Staff told us that they spoke with the registered manager regularly, which gave them support and information was shared quickly with them.

Working in partnership with others

- The registered manager told us that they had little opportunity to work with other agencies due to the small size of the service. They were sure this would improve as the service grew.

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 9 HSCA RA Regulations 2014 Person-centred care People's care was not adequately planned and did not provide enough guidance for staff about how to meet people's needs in a person-centred way.
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who used the service were not protected against existing and potential risks as risks had not been adequately assessed or mitigating action identified. Regulation 12 (2) (a), (b).
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People who used the service were not protected against the risks associated with inadequate and ineffective monitoring of the quality and risks to the service. Regulation 17 (2) (a), (b), (f).
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People who used the service were not protected against the risks associated with incomplete staff recruitment checks.

