

Adjuvo (North) Support for Living Ltd Adjuvo (North Tyneside) Support for Living Ltd

Inspection report

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Date of inspection visit:
23 July 2019
24 July 2019
26 July 2019
29 July 2019

Date of publication:
13 August 2019

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

About the service

Adjuvo (North Tyneside) Support for Living Ltd is a domiciliary care agency which provides personal care to 50 older people living in their own home.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People felt very safe with the support they received from consistent staff, who knew them well. People's care needs were assessed, and risks were reduced.

There had been no accidents, serious incidents or complaints made about the service. Minor incidents were recorded and acted upon to prevent repeat occurrences. People were satisfied with the service they received.

People were well cared for in their own home by staff who provided reliable, high-quality, person-centred care. People's privacy and dignity were upheld, and staff were kind and respectful towards people and their families. People were encouraged to be independent and were involved in creating their care plans and making decisions.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager had developed a good working relationship with external professionals to ensure people received any additional support they needed to achieve good outcomes. The service was flexible and could easily be altered to meet people's varying needs and wishes.

The safety and quality of the service was thoroughly monitored through checks and audits. The registered manager strived to achieve high standards through continuous improvements to the service.

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 1 August 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on our inspection schedule.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Adjuvo (North Tyneside) Support for Living Ltd

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

The inspection was conducted by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

The first day of this inspection was unannounced. We made arrangements with the registered manager to return to complete the inspection.

Inspection activity started on 23 July and ended on 29 July 2019. We visited the office location on 23 and 24 July 2019 to see the registered manager and care coordinator; and to review care records, policies and procedures. On 26 and 29 July 2019, we conducted telephone calls to people and their relatives who had agreed to feedback to us.

What we did before the inspection

We reviewed the information we had about Adjuvo (North Tyneside) since their registration. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

At the site visit, we spoke with the registered manager and care coordinator. We reviewed four people's care records. We looked at information kept regarding the management of the service. This included three staff records and records related to the quality and safety of the service.

We spoke with two people who received personal care and support and five relatives.

We emailed all care staff for their feedback and to ask questions about their skills and knowledge. We received three responses. We also received feedback from a local authority commissioning officer and eight social workers/care managers who worked in partnership with the service.

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service people received was safe. One person said, "I feel really safe with the care I'm receiving." A relative said, "My (family member) is in very safe hands."
- A safeguarding policy and procedures were in place to protect people from harm. Staff were trained, and they acted quickly to safeguard people at risk. A care worker said, "I would definitely feel confident in raising a safeguarding (issue)."
- The registered manager had a good system in place to report, record and monitor matters of a safeguarding nature to reduce potential risks.

Assessing risk, safety monitoring and management

- Risk assessments were carried out to ensure people were as safe as possible. This included moving and handling, falls and environmental risks. Risk reduction measures were in place to help staff keep people safe.
- A record of minor incidents was maintained to monitor the service and to keep people's risk assessments up to date. This helped to reduce the likelihood of serious incidents and repeat occurrences.

Staffing and recruitment

- There was enough staff to deliver the service safely and meet people's needs. This included the registered manager and the care coordinator regularly carrying out care visits. This had a positive and negative impact on the service. It kept them involved in care delivery, helped them to understand people's needs and the challenges care staff faced. However, it also meant they were not always available to take telephone calls or complete administrative duties promptly. We were told by care managers, "Phones aren't always answered" and this was their "biggest frustration."
- A recruitment campaign was on-going to grow the staff team. Going forward, this will enable the registered manager and care coordinator to focus on the responsibilities specifically associated with their roles.
- A safe staff recruitment process was in place. Staff were checked and vetted prior to working with people. We discussed improving aspects of the recruitment process with the registered manager which would make those checks stronger. They told us they would implement this immediately.

Using medicines safely

- Medicines were well managed. Staff followed a good system to safely administer, record and dispose of medicines. A relative said, "My (family member) is diabetic and the carers approach his medications in a very professional way."

- Medicine administration records (MARs) were well maintained and up to date. We discussed an area of best practice which had not yet been implemented. The registered manager updated MARs during the inspection to include the best practice guidance.
- Senior care workers carried out audits to make sure people had received their medicines as prescribed. The registered manager had oversight of this.

Preventing and controlling infection

- Action was taken to protect people from the risks of infection and cross contamination. Staff used personal protective equipment such as disposable gloves and aprons when undertaking personal care tasks.

Learning lessons when things go wrong

- The registered manager and a provider representative regularly evaluated the service to identify any areas for improvement.
- Lessons learned were shared with staff to continually improve the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were fully assessed in line with best practice and relevant legislation. This included people's physical, mental and social care needs.
- People were well supported by staff. Staff reported issues and concerns about people to the registered manager or care coordinator for action.
- Care plans described people's needs, wishes and choices about how their care should be delivered, such as preferred call times or the gender of their care worker.
- The support people received was regularly reviewed to ensure it reflected their current needs and was high-quality.

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.

- Staff followed the principles of the MCA. This included assuming people had capacity and supporting people to make their own decisions. This ensured their legal and human rights were upheld. Where concerns were raised, the registered manager sought support from external professionals.
- Most people consented to the care they received. They were fully involved in decisions about their care. Where people lacked capacity, best interest decisions had been made in accordance with legislation and people's wishes.
- Some relatives held Lasting Power of Attorney arrangements. The registered manager had asked to see the legal documentation. This ensured relatives had the legal right to make decisions on a person's behalf.

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

- The registered manager and care coordinator actively involved external professionals in people's care. They understood the importance of a timely intervention from others when people's needs changed.
- There were good links with health and social care professionals such as social workers, GP's and district nurses to help improve people's well-being. A joint approach to people's care arrangements had led to successful outcomes. One care manager told us, "Prior to support being in place, the managers and I met with (people) to ensure they were clear of the support that would be provided. Management kept me updated with how the support was going. This was a complex case and both management and care staff managed the package effectively."
- Staff helped people achieve positive outcomes which enabled them to live healthier lives. For example, one person whose skin integrity had been very poor was supported by staff to get washed. Despite initial reluctance, but with consistent support from regular care workers, this person now had a daily body wash and weekly hair wash. This had significantly impacted on the person skin condition, which was now in good condition.

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

- Staff monitored people's nutritional and hydration needs, and action was taken if concerns were raised. Most people were independent, but staff provided support to some people with eating and drinking as required.
- Staff followed care plans drafted by external professionals where people were at risk of malnutrition or dehydration.

Staff support: induction, training, skills and experience

- Staff were trained to support people well. They had the appropriate skills and knowledge to deliver effective care. A relative said, "My (family member) has dementia and the carers understand everything there is to understand about the condition and are very patient with him."
- Staff training was up to date and regularly refreshed. Key topics included, safeguarding adults, dementia care and medicine management. A relative said, "The carers that we get have very good training."
- A thorough induction was in place for new staff. The induction covered the 15 fundamental standards needed for staff working in health and social care. This included, health and safety, person-centred care and communication. New staff had to complete a successful probationary period and shadowing shifts, to continue with their permanent employment.
- Staff were supported by the registered manager through regular spot checks and supervision sessions. This was to check their competence and identify further learning needs or potential development areas. Annual appraisals were planned to be carried out. A care worker said, "They are always on hand for advice and will work alongside you if 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

- People, relatives and external professionals gave very good feedback about the staff and the service. They described staff as having caring values. People said staff were friendly, kind and compassionate. One person said, "My relationship with these carers is brilliant and they are warm and kind and caring all the time, what more can I say." A relative told us, "My (family member's) relationship with the carers are great. For example, they laugh and have fun, and in a nutshell, they make the job an enjoyable experience for both me and my (family member)."
- Staff delivered person-centred care. They knew people well and respected their wishes and choices.
- An equality and diversity policy was in place and staff were trained to ensure people were treated with respect regardless of their sex, age, disability or beliefs. Staff promoted people's rights and ensured they were not discriminated against in any way.

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

- Staff assisted people to obtain advice and external support, such as from an independent advocate, care managers or healthcare professionals. Staff ensured people had the information needed to make an informed decision.
- Staff supported people to be involved in and make decisions about their care. Staff listened to people's views and ensured care was delivered the way they wanted it.

Respecting and promoting people's privacy, dignity and independence

- People received a consistent service from staff who were known to them and understood their needs.
- Peoples' rights to privacy and confidentiality were maintained. One person said, "I'm treated with respect, confidentiality and dignity." A relative told us, "My (family member) is well respected by all the carers and also to me."
- Staff offered sensitive and respectful support which protected people's dignity. They provided discreet support as needed, if people were uncomfortable, anxious or distressed.
- People had choice and control over their lives and the service they received. Staff encouraged people to regain or maintain their independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Person-centred assessments, care plans and reviews were in place which included people's individual preferences, wishes and choices. People, relatives and external professionals were involved in developing care plans.
- Routine reviews took place to check the service met people's needs. Care plans were updated when people's needs changed. A relative told us, "I do get involved in my (family member's) care plans and they are updated regular."
- The service was flexible and could be adapted in response to people's changing needs. One person told us, "Occasionally on holidays they will adapt a double run to maintain continuity for me." A care manager said, "I'm impressed with Adjuvo, really flexible to the client's needs."
- People had choice and control over how their support was delivered. Where needed, relatives supported people to share their views, which were listened to, and acted on by staff.

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 registered manager ensured people's communication needs were known and recorded. This included how people should be given information and how to make sure they understood it, such as verbally, written in large print or graphics.
- People's communication needs were shared with external professionals, to ensure any information they were provided with was fully understood.

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

- Care plans included people's social needs to help to reduce social isolation and encourage socialisation. The social care plans reflected people's preferences, interests and hobbies.
- Some people received support with shopping and domestic tasks. The registered manager told us of examples where people had used this time to increase their access to the community. For example, staff supported a couple who were reluctant to receive help. The husband was protective of his wife and they didn't spend any time apart, which sometimes had a negative impact on their relationship. Staff sought permission from commissioners to take the wife to the shops with them. This had a positive impact on their

lives as it allowed the wife to choose her own shopping and allowed them both to enjoy some quality time on their own.

- Another person with mobility problems was provided with two hours of housework support. Staff quickly identified that the person needed socialisation more than domestic support. They asked a social worker for a reassessment and the person was supported by staff to access the community if they wished or split their time between going out and housework support. This had a very positive impact on the person, who thoroughly enjoyed going out with staff.

Improving care quality in response to complaints or concerns

- There had been no complaints made about the service. One person said, "I've no complaints at all with the service." Any learning from minor issues was shared with staff to improve their practices and the service people received.
- People knew how to complain. Leaflets were provided in various formats to enable people to share their complaints. People and relatives felt assured the registered manager would listen to them and resolve any issues.

End of life care and support

- The service provided people with palliative care. Staff had received training and were emotionally supported to deliver high-quality, sensitive and compassionate care to people with terminal illnesses.
- People's resuscitation preferences were recorded, where people had chosen to share these.
- Initial assessments did not include people's end of life wishes. This would help staff to care for people when they were not able to express those wishes themselves. We discussed this with the registered manager who told us they would implement this into their documentation.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People, relatives and external professionals told us this service was well-led. People and relatives told us they would recommend this service to others. Comments included, "Get them, they are great, and I could not fault them"; "Take this service and be reassured you are going to get a good service and will get well looked after" and, "Simply use this service they are second to none in my opinion."
- The service was operated by an experienced registered manager and care coordinator who were passionate and motivated to provide person-centred care. They demonstrated values which included compassion, competence and commitment. A care worker said, "I feel they do really care. Management are often out delivering care alongside us, which is nice to see." A relative told us, "We had the manager stand in and she's just one of the girls and does the job just the same."
- Staff had a solid understanding of providing safe, high-quality care to help people to achieve good outcomes. A care manager said, "I feel that Adjuvo is a very efficient service and carers provide a high standard of support and care."
- Staff were well supported by the registered manager to deliver person-centred care to people. Staff told us they felt respected and appreciated in their roles. A care worker said, "Yes I feel valued. Moral is normally good."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager demonstrated an open and honest attitude when dealing with any issues raised about the service. They had developed a very good relationship with people, relatives and staff. There was confidence in the registered manager to act in a responsible manner if something went wrong.
- The provider had oversight of the service. Representatives from the provider organisation routinely visited the office location to ensure there was a culture of candour and any actions taken were for the benefit of improving the service people received.

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

- The registered manager had a clear understanding of their role and responsibilities including regulatory requirements. The policies and procedures in place included best practice guidance which enabled staff to deliver a high-quality service.
- The registered manager had a good quality assurance system in place. Audits were regularly completed to

check the safety and quality of the service. The checks were thorough, and any issues raised were promptly addressed. The registered manager looked for themes and they acted promptly to make improvements to the service.

- A provider representative conducted internal audits of the service to ensure compliance with regulations and monitor performance. A weekly performance report was compiled and sent to the provider's senior management team for scrutiny and assessment.
- An external monitoring visit had been conducted by the local authority in February 2019. The service has achieved a high score of 93%. An action plan had been drafted following this to further improve the service. The registered manager told us all actions were now completed.
- The registered manager told us they were open to hearing new ideas, suggestions and learning from internal and external inspections. They told us, "I know we are not perfect, but we are here to learn and improve, to provide the best care possible."

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

- There was very regular engagement with people and relatives to keep them involved in how the service was operated. The registered manager and care coordinator engaged with people during care visits. They also conducted telephone courtesy calls and periodic reviews of people's care to check their satisfaction levels.
- The registered manager was open to feedback and actively encouraged people, relatives and external professionals to comment on their experiences of the service.
- Staff meetings took place regularly. This gave staff an opportunity to share their ideas for improvement and be involved in any developments. Staff told us the registered manager was approachable and listened to them. The registered manager used staff meetings to cascade important messages about the provider organisation and any changes which may affect them.

Working in partnership with others

- The registered manager and care coordinator worked in very good partnership with the local authority commissioners, care managers and other professionals. They provided effective joined-up care and support to people.
- We received a lot of positive feedback about partnership working. One care manager said, "I have a good working relationship with the management and they have been flexible in their approach. Adjuvo have provided excellent support to my clients." A commissioner told us, "Adjuvo tend to be good at responding to emails and attending provider forums, so I would regard us having a good working relationship."