

Adada Ltd

# Adada Care Services (Cheshire)

## Inspection report

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Date of inspection visit:  
10 February 2020  
14 February 2020  
17 February 2020

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16 March 2020

## 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

Adada Care Services (Cheshire) is a domiciliary care service providing care and support to adults in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. At the time of our inspection 40 people using the service received help with their 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's needs had been assessed, care plans developed, and risk assessments put in place to ensure people's individual needs could be met and risks reduced or mitigated. Care plans were regularly reviewed and updated as changes occurred.

Regular staff had developed positive relationships with people and their relatives. They had a good understanding of how to meet each person's individual needs and fully understood their routines and preferences. There were enough staff to meet people's needs.

People's privacy and dignity was consistently respected. People told us their independence was promoted by the staff that supported them.

Safe recruitment procedures were in place and staff received appropriate training, and supervision. The staff and management team worked closely with health and social care professionals to ensure good outcomes for people.

Medication was managed safely by trained and competent staff. Medication administration records (MARs) were fully completed and regularly reviewed. Medicines policies and procedures were available for staff along with best practice guidance. Staff had access to and understood the importance of personal protective equipment (PPE). An infection control policy and procedure was in place and staff had completed training in this area.

People were protected from the risk of abuse. Safeguarding policies and procedures were in place and staff had received training on how to keep people safe. Staff told us they felt confident to identify and raise any concerns they had about people's safety. They believed prompt action would be taken.

The service was well-led. There was a warm and positive culture. People, relatives and staff told us that management were approachable. The registered manager and staff spoke positively about the provider. People's views were sought in a variety of ways including informally, during regular meetings and in quality surveys.

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 at the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Why we inspected

This service was registered with us on 13 May 2019 and this is the first inspection.

#### 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?

Good 

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good 

The service was well-led.

Details are in our Well-Led findings below.

# Adada Care Services (Cheshire)

## **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 carried out by an inspector.

#### 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

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection and wanted to be sure there would be people at home to speak with us.

Inspection activity started on 10 February 2020 and ended on 17 February 2020. We visited the office location on 10 February 2020 and 17 February 2020.

#### What we did before the inspection

We reviewed information we had received about the service and sought feedback from the local authority. We used all of this information to plan our inspection.

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.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided, by telephone. We visited two people and their relatives in their homes. We spoke with seven members of staff, including the registered manager, registered provider, staff trainer, care co-ordinator and three support staff.

We reviewed a range of records. This included four people's care records, multiple medication records and four staff files. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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

- Staff had completed safeguarding training and knew how to protect people from the risk of abuse.
- Staff felt confident to raise any concerns they had and believed the registered manager and provider would take prompt action to address any concerns.
- Up-to-date safeguarding and whistle blowing policies were in place.

### Assessing risk, safety monitoring and management

- Risks to the health and safety of people and the staff that supported them were assessed. Guidance was in place for staff to follow and mitigate risks.
- Risk assessments were regularly reviewed to ensure staff had access to the most up-to-date information.

### Staffing and recruitment

- Recruitment procedures were safe. Appropriate pre-employment checks were carried out to ensure that only suitable people were employed to work with vulnerable people.
- Enough staff were employed to provide people with consistent care and support.
- People and their relatives told us they were supported by regular staff that knew them well. Their comments included; "Regular staff visit and they are always introduced before they start visiting" and "We know all the staff that visit us and they all bring their own qualities."

### Using medicines safely

- Staff that administered medicines had completed training and had their competency assessed regularly.
- Medicines policies and procedures, as well as good practice guidance was available to support staff in their role.
- Medicine administration records (MARs) were in place and fully completed.
- Regular audits were completed to ensure people received their medicines safely. Areas identified for development and improvement were promptly addressed and actioned.

### Preventing and controlling infection

- Staff received training in infection control and described how they reduced the risk of infection being spread.
- Staff had access to personal protective equipment (PPE) and people told us staff wore this when they undertook personal care tasks.

### Learning lessons when things go wrong

- Staff completed accident and incident records as required.

- Accident and incident records were reviewed by the registered manager to identify any trends, patterns, learning or to identify where future risks could be mitigated.



# 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 prior to being supported by the service. One relative told us the registered manager had spent a great deal of time getting to know their husband prior to the commencement of the service. Another relative told us the service did not commence until the registered manager was sure they had sufficient and appropriately trained staff available to meet the specific needs of their relative.
- People and their relatives consistently told us they were happy with the care and support provided.
- Daily records were fully completed by staff. Records showed that people's care and support was provided in line with their preferred routines and choices.

Staff support: induction, training, skills and experience

- Staff had all completed an induction at the start of their employment.
- Staff had the opportunity to discuss their learning and development needs, as well as ideas or concerns during regular supervision meetings.
- People and their relatives told us that staff had the necessary knowledge, skills and experience to do their job effectively. Comments included; "The level of staff skills is consistently good" and "They are the best staff we have ever had."

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

- People were supported to eat and drink in accordance with their assessed dietary needs and personal preferences.
- People told us that they were always offered a choice of what to eat and drink when staff helped them with this.
- People told us that staff had a good understanding of people's likes, dislikes and preferences regarding food and drink.

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

- The service referred people to health and social care professionals where appropriate.
- People and their relatives told us staff contacted the GP or district nurse when required.
- Relatives comments included; "If I am not here I am confident the staff would call the GP, District nurse or anyone else dependent on the situation" and "[Staff Name] was concerned about [Name] and very promptly called the various professionals to ensure they got the support they needed."

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.

- Staff had received training in the MCA.
- People's care was delivered in the least restrictive way. Policies and procedures supported this practice.
- People's mental capacity was assessed and, where appropriate, decisions were made in their best interests with the involvement of the relevant people.

# 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 were treated with kindness, respect and compassion.
- Staff had completed equality and diversity training and understood the importance of treating people as individuals.
- People and relatives comments included; "They are amazing", "I just think the staff are all wonderful" and "All the staff are polite, courteous and very helpful. They always ask if we need anything else before they leave."

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

- People and their relatives told us they were regularly consulted and included in all decisions that related to the care and support provided.
- People's individual communication needs were clearly documented and staff had guidance on how to meet these needs.
- Reviews of people's care and support was undertaken regularly. People and their relatives were invited to participate in this process.
- Comments recorded during people's reviews included; "Carers [Staff] have adapted to [Names] requirement for a gentle and calm approach", "All carers [Staff] take on board [Names] needs and respond to them very well" and "All carers [Staff] are excellent, I couldn't be happier."

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted wherever possible.
- Staff ensured people's confidentiality was maintained. Personal information was stored securely and only accessed by authorised staff. Information was protected in line with General Data Protection Regulations (GDPR).
- People right to privacy and dignity was respected. Comments from people and relatives included; "All staff are very professional and caring", "Staff are respectful and polite" and "[Staff name] always says what they are doing and asks permission first. They are respectful of [Name] and never rushes them."

# 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

- Care plans were detailed and held sufficient information and guidance for staff to follow to meet people's preferred needs.
- People were supported by regular staff who understood their likes, dislikes and daily routines. Comments from people and relatives included; "[Name] receives good, kind and responsive care", "I am really happy with all the staff that visit and having the service has made such a difference to me" and "We know all the staff, they are all very different but all have a wonderful way about them."
- Care was planned in a personalised way. Care plans took account of people's choices and preferences, likes and dislikes and they were reviewed regularly. Care plans were updated when changes occurred.

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.

- Staff understood people's individual communication needs and used appropriate methods to communicate with them. Comments from relatives included; "Staff are able to read [Name of person] body language even though they cannot speak, they have such a good understanding of them" and "The staff have taken the time to get to know and understand [Name of person] ways of communicating and this keeps them calm and reduces their agitation."

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to raise a concern or complaint. Comments from people and relatives included; "I have a good rapport with the provider and manager and would feel confident to complain and know they would act quickly" and "Whenever I have raised even a minor concern it has been promptly resolved."
- The registered provider had a complaints policy and procedure and people had a copy of this in their care file.
- Complaints were investigated and responded to in line with the complaints policy. Learning from complaints was used to improve the quality of the service.

End of life care and support

- Staff described how they would support people at the end of their life to be comfortable and have a pain

free and dignified death.

- At the time of our inspection no-one using the service was in receipt of end of life care.

# 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; 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 management and staff team had developed positive relationships with the people they supported and their relatives.
- People received individualised care that was regularly reviewed and updated as changes occurred.
- The registered provider had policies and procedures available as well as good practice guidance in place to guide staff in their practice.
- The staff and management team were committed to maximising people's quality of life.

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

- Each member of staff was clear about their role and responsibilities and took pride in being part of the Adada team. Staff comments included; "I feel really supported and confident to raise ideas or concerns" and "The management team are very approachable and there is always someone available to support you whenever you are working."
- The registered manager was clear about their responsibilities and the regulatory requirements of their role. They had notified the CQC when required, of events and incidents that had occurred at the service.

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

- People, relatives and staff were all regularly invited to give feedback about the service. This was used to further develop the service.
- Staff visited the office regularly and staff meetings were held throughout the year.

Continuous learning and improving care

- Audits were completed regularly across all areas of the service. Areas identified for development and improvement were addressed through action plans.
- There were clear systems in place for learning following any concerns or complaints raised by people or their relatives.

Working in partnership with others

- The registered manager and staff team worked closely with other agencies to ensure positive outcomes

for people. This included working with health and social care professionals and commissioners so that people received person centred care and support to meet their individual needs.