

Adore Home Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook an inspection on 9 and 10 June 2016 of Adore Home Care Limited. We gave the service 48 hours' notice of our intention to carry out the inspection. This is because it is a community based service and we needed to make sure the registered manager was available.

The service is registered to provide personal care to people living in their own homes. The agency's office is located near to Nelson town centre. At the time of the inspection 13 people were using the service.

The service was managed by a registered manager. 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.

This was the first inspection of the service following a change in location. During the inspection, we found the service was meeting the current regulations.

People told us they were very happy with the service and described all the staff as caring. They said they felt safe and secure using the service. Potential risks to people's health and well-being were assessed and managed effectively. Staff showed awareness of how to keep people safe and understood the policies and procedures used to safeguard people. There were appropriate records and safeguards in place to assist people with their medicines.

Staff arrived on time and stayed for the full time allocated to them. There was a sufficient number of staff to cover all the visits and people received care from a consistent group of staff. Appropriate recruitment practices were followed and relevant checks were undertaken, which helped to ensure only suitable staff were employed to care for people. Staff told us they felt supported and received regular supervision and support from the registered manager. Staff had been provided with appropriate training to help them carry out their role.

All staff spoken with had an awareness of the Mental Capacity Act 2005 and had completed appropriate training. People had signed a consent form to indicate their agreement for care to be provided in line with their care plan.

People received safe care and support which reflected their individual preferences, likes and dislikes and promoted their independence. People were involved in the planning and monitoring of their care. People were treated with kindness, sensitivity and care. Staff were respectful of people's privacy and maintained their dignity. People were fully involved in making decisions about their care. People were supported to eat and drink in accordance with their care plan.

We saw a complaints procedure was in place and this provided information on the action to take if a person

wished to raise any concerns.

People using the service and staff spoken with had confidence in the registered manager and felt the agency was well managed. There was a quality monitoring system in place. The registered manager undertook regular audits and spot checks were carried out to observe how the staff delivered care to people. People were asked for their views and feedback was acted upon to maintain or improve the service provided.

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.

Staff understood their responsibilities to keep people safe from harm. People had confidence in the service and felt safe when receiving support. Risks were assessed and managed.

There were enough staff to meet people's needs. Staff had time to care for people in a safe and consistent manner. There was an appropriate recruitment processes in place to ensure new staff were of suitable to work for the service.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff received the induction, training and supervision they required to be able to deliver effective care.

Staff understood the main provisions of the Mental Capacity Act 2005 and how it applied to people in their care.

People received the support they required to ensure their health and nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

People told us the staff were kind and helpful.

Staff understood people's individual needs and provided care in a way that respected their choices.

Staff respected people's privacy and dignity, and supported them to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People told us the staff listened to them, and gave them time to express their views and preferences about the way their care was delivered. Assessments were undertaken and care plans developed to identify people's care needs. People were involved in their care planning, decision making and reviews.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that complaints would be listened to and acted on.

Is the service well-led?

Good ●

The service was well led.

The registered manager provided clear leadership and was committed to the continuous improvement of the service.

There were systems in place to consult with people and to monitor and develop the quality of the service provided.

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 was 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 inspection took place on 9 and 10 June 2016. We gave the registered manager 48 hours' notice of our intention to inspect the service to ensure she was available at the time of the visit. The inspection was carried out by one adult social care inspector.

Before the inspection, we contacted the local authority contracting unit for feedback on their views of the service and checked the information we held about the agency.

During the inspection, we spoke with five people using the service and four members of staff. We also spoke with the registered manager.

We reviewed a range of records about people's care and how the service was managed. These included the care records for three people, medication administration records, staff training records, two staff recruitment files, staff supervision records, quality assurance audits and records relating to the management of the service.

Is the service safe?

Our findings

People spoken with told us they felt safe and reassured by staff who provided their care. One person said, "The staff are 100% trustworthy. I have faith in every single one" and another person commented, "The service is fantastic. The staff are very professional and efficient." Staff said people's well-being was of key importance and described the steps they took to maintain their safety. For example, staff told us they made sure people were safe before they left their property and ensured all doors were secure.

The registered manager had taken suitable steps to ensure staff knew how to keep people safe and protect them from abuse. The service had policies and procedures which gave staff information on what constituted abuse and guidance on how to report any concerns. Staff were also given a leaflet published by the local authority which included all relevant contact numbers. Staff had received training in protecting people from abuse and knew how to report any allegations or evidence of harm. They were confident action would be taken about any concerns raised but knew they could report to other authorities outside their own organisation if necessary. All staff spoken with said they would not hesitate to report any concerns.

The provider had a whistleblowing policy. Staff knew they had a responsibility to report poor practice and were aware of who to contact if they had concerns about the management or operation of the agency.

Some people required assistance with shopping. We found there were appropriate procedures for the staff to handle their money safely and people told us they were satisfied with the arrangements in place.

People and staff had information in their homes about what to do in an emergency. Staff confirmed systems were in place for out of hours support from the registered manager either over the telephone or in person if needed. People's care records also contained information about services which staff might need to contact in an emergency such as next of kin and emergency services.

Care was planned and delivered to protect people from avoidable harm. Risk assessments were carried out before any care was provided. Individual risks to people were identified. For example, those associated with moving people safely and the management of medicines. The home environment was also risk assessed and any identified risks had been recorded in people's care files. Staff informed us they made observations at each visit to identify any changes or new risks that may occur. They told us these would be reported to the registered manager immediately. They also confirmed whenever they had reported a change, prompt action had been taken to reassess the risk and amend the care plan. We saw documentary evidence during the inspection to demonstrate risk assessments were reviewed at least every six months or sooner if necessary.

There were sufficient staff to provide safe effective care for people. 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. This meant there were systems in place to ensure staff were at the right place at the right time. People confirmed the staff usually arrived on time and did not cut the visit short. One person said, "You could set your clock by them, they are so punctual" and a member of staff commented, "I never have to

rush. The rota is perfect for me." People confirmed the staff had never missed a visit. One person told us, "They are extremely reliable and if anything they exceed the time allowed." All people told us they received care from the same members of staff. The registered manager explained that staff did not work with people until they had shadowed the person's regular staff. This meant there was a good level of consistency and staff were familiar with people's needs and preferences.

Wherever possible, 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. Staff made a record of the time they arrived and left people's houses in the care records. This meant the time and length of the visits could be readily checked and audited.

Staff recruitment records provided assurance that appropriate pre-employment checks had been satisfactorily completed. These checks included a record of staffs' previous employment history, two written references, their fitness to do the job safely and an enhanced criminal records check. Staff told us about their recruitment and the documents they had to supply. This meant the registered manager only employed staff after all the required and essential recruitment checks had been completed. The registered manager improved the recruitment procedure during the inspection with the development of a checklist. We noted from the interview records seen staff were asked a series of questions which included the importance of promoting people's well-being and safety.

We reviewed the arrangements in place for supporting people with their medicines. People were encouraged to manage their own medicines as far as practicable. People receiving assistance told us they received their medicines when they needed them. One person commented, "They do a good job managing my tablets and they always let me know when I'm running short" and another person commented, "Everything is working well. I get my tablets dead on every day." Staff told us they had completed a safe handling of medicines course and records seen confirmed this. The registered manager also carried out competence checks to ensure staff were proficient in this task during 'spot checks' of their practice. Staff had access to a set of policies and procedures which were available for reference in each person's file.

We noted a full list of people's medicines along with the frequency and level of dosage was included in people's files. Appropriate records were maintained of the administration of medicines. We looked at a sample of medicines administration records and found these had been completed correctly with no unexplained gaps. The records were audited to check they were accurate and complete. Guidance for staff on how to support people with their medicines was included in the care plan as necessary, along with information on the management of any risks. Contact details for the person's GP and pharmacist were included in the care files and staff used these if they needed to discuss people's medicine.

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. One person said, "All the staff are well trained and know exactly what they are doing. I can't find any fault at all" and another person said, "The staff are very professional and caring. I couldn't ask for more."

We looked at how the provider trained and supported their staff. From talking with staff and the registered manager and looking at records we found staff were suitably trained to help them meet people's needs effectively. All staff completed induction training when they commenced work with the agency. This included an initial induction on the policies and procedures and the provider's mandatory training. Arrangements were also in place for staff new to a care setting to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

The registered manager explained new staff were issued with a handbook and shadowed experienced staff for a minimum of four days to become familiar with people's needs and preferences. 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 reviewed at regular intervals.

There was a training programme in place for staff, which included safeguarding children and vulnerable adults, infection control, health and safety, moving and handling, food hygiene, risk assessment, fire safety, caring for people living with dementia, Mental Capacity Act 2005 and administering medicines. The training was delivered both face to face within a classroom setting and on the computer. The computer based training courses included a test of each member of staff's knowledge to ensure they had understood the content of the course. We looked at the staff training records and noted staff completed their training in a timely manner. 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. One member of staff told us, "The training is very thorough, the manager makes sure we complete all the refresher training every year."

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.

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. Any application to do so must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. We found the agency had detailed policies and procedures on the MCA and staff had received appropriate training. Staff spoken with had an understanding of the principles of the Act and understood the need to ask people for consent before carrying out care. One staff member told us, "I always ask people if they want help and then explain everything I am going to do."

We saw consent forms were used by the agency to demonstrate people's agreement to care to be provided in line with their care plan and where necessary to staff assisting with their medication. The registered manager was aware of the processes involved if a person was thought to lack capacity to make specific decisions about their care. All people spoken with during the inspection confirmed staff asked for their consent before they provided any care and support.

People were supported to maintain a healthy diet where this was part of the care plan. Staff told us they assisted people to choose what they wanted to eat and drink before preparing it. People were satisfied with the support they received, one person told us, "The staff always ask me what I would like them to prepare and then they cook it how I like it." The registered manager explained food and fluid charts were maintained as necessary to monitor people's dietary intake. All the staff had completed food hygiene training and assistance was given to help people shop for food as necessary.

We looked at the way the service provided people with support with their healthcare needs. People's care plans contained important telephone contact details as well as information on their healthcare status. This helped staff to liaise with health and social care professionals if they had concerns about people's health or well-being. We saw from looking at people's care records and speaking to the staff and registered manager that healthcare referrals were made as necessary, for instance the person's GP. This meant people were assured that requests and referrals for health care would be made in a timely manner.

Is the service caring?

Our findings

People told us the staff always treated them with respect and kindness and were complimentary of the support they received. One person told us, "The staff are very caring. They are genuinely concerned about my welfare and will do anything they can to help" and another person commented, "The staff are lovely, very polite and never patronising which is really important to me."

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 taking people shopping rather than doing it for them. One member of staff told us, "I always encourage people to do things for themselves because it's important for their well-being. I stand back but make sure I'm available if needed." This approach was reflected in people's comments, for instance one person told us, "They [the staff] watch over me and always ask if I need any help. They never take over. They make me feel good about myself."

The staff were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of people's care records. They told us they visited people on a regular basis which helped them get to know the person and how best to support them. People 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 told us staff had time to ask them about their preferences and were flexible in their approach. One person told us, "The staff are very amenable, if I need any extra help they will happily give it."

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 when staff were in their home. One person told us, "They are very aware of my privacy and will step out the bathroom so I can be on my own when I don't need any help." 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 carried out unannounced observations to ensure they were adhering to best practice. A member of staff said, "Protecting people's dignity is my absolute priority."

People enjoyed visits from the staff. One person told us, "They always make time for a chat and we have a good laugh together, which is really good." Staff told us they found their role rewarding and spoke of people in a warm and compassionate manner. One member of staff commented, "I'm very happy in my work, I like helping people and making a difference."

People told us they were able to express their views about the service on an ongoing basis during care plan reviews, conversations with the staff and registered manager, spot checks and satisfaction questionnaires. People were given an information file, which contained a service user guide as well as their care plan documentation. The guide provided a detailed overview of the services provided by the agency and

included the aims and objectives. We were sent a copy of the service user guide following the inspection and noted it incorporated information about advocacy services.

Feedback received by the agency highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. We saw several messages of thanks from people or their families. For instance one person had written, "They [the staff] have all been very caring and offering their help" and another person had wrote, "The service provided is excellent."

Is the service responsive?

Our findings

People told us the staff listened to them, and gave them time to express their views and preferences about the way their care was delivered. One person told us, "The staff are flexible and will do everything they can to help me" and another person said, "All the staff are superb. Nothing is too much trouble."

An initial assessment of needs was carried out before people used the service. One person spoken with told us about their first meeting with the registered manager to discuss their needs and confirmed they were asked how they wished their care to be delivered. Where appropriate, information was also gained from relatives, relevant health care professionals and from the local authority. 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 looked at three people's care plans and other associated documentation during the inspection. This information 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 about how they wished their care to be provided. We noted one person had written their own plan which included detailed guidance for staff on meeting their individual needs and wishes. 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. We noted people had signed their care plan to indicate their agreement.

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. They also told us there were systems in place to alert the registered manager to any changes in needs in a timely manner.

A record of the care provided was completed at the end of every visit. This enabled staff to monitor and respond to any changes in a person's well-being. The records were returned to the office at monthly intervals for archiving. All records were read by the registered manager when they returned to the office to identify any concerns with the person's care and to ensure staff were completing the records appropriately. We looked at a sample of records and noted people's needs were referred to in a respectful way.

Staff supported people to access the community to minimise the risk of them becoming socially isolated. One person told us "The staff help me to go shopping. They often willingly go over their time so I'm able to choose what I want without being rushed. It's something I really appreciate." We also saw photographs of a person visiting a local park and people enjoying several parties organised by the registered manager. People told us the staff were sociable and cheerful when they carried out the visits, one person said, "They are always happy when they arrive. It's a lovely way to start the day." Another person told us how the registered manager had helped them to decorate their relative's house for their birthday.

People were aware of how to make a complaint and the registered manager supported and encouraged them to raise any issues that they were not happy about. One person told us, "Everything gets done properly

and on time. Any problems are dealt with within minutes" and another person said, "Whenever there is a little concern you only have to mention it and it's sorted immediately." Staff spoken with said they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any given situation in an appropriate manner.

There was a complaints policy in place which set out how complaints would be managed and investigated. The complaints procedure was incorporated in the service user guide and included the relevant timescales for the process to be completed. The registered manager confirmed she had received no complaints about the service.

The registered manager and staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a consistent coordinated service. For instance in the event of a medical emergency, essential information including the care plan would be given to ambulance staff to help with people's transfer to hospital.

Is the service well-led?

Our findings

All people spoken with told us they received an "excellent" service, which ran smoothly and was well organised. One person said, "They are the best agency I ever had by a long way. I would recommend them to anyone. They are all wonderful and very caring" and another person commented, "The service is fantastic. The staff are very punctual and treat me really well. I couldn't have better carers."

There was a manager in post who was registered with the commission. The registered manager had responsibility for the day to day operation of the agency. Throughout our discussions it was evident the registered manager had a good knowledge of people's current needs and circumstances and was committed to the principles of person centred care. The registered manager explained that over the previous 12 months she had moved the location of the agency to a new office, ensured all staff had completed training and received positive feedback from social care professionals. The registered manager also talked about ways of improving the service further. She described her planned improvements over the next 12 months as developing one page profiles for all people using the service, arranging further activities for people and developing the staff recruitment processes. This demonstrated the registered manager had a good understanding of the service and strove to make continual improvements.

Staff spoken with made positive comments about the registered manager and the way she managed the agency. One staff member told us, "Everything is very organised and [the manager's name] makes sure we offer a good quality service" and another member of staff commented, "She acts straight away, is always available and is very fair. The whole service is well managed." Staff told us they had received the training they needed and were well supported by the registered manager. People told us the registered manager provided clear leadership and was committed to the continuous improvement of the service. One person said, "She is very supportive, understanding and professional."

The registered manager monitored the quality of the service by regularly speaking with people to ensure they were satisfied with the service they received. She continued to provide direct care for people, which meant she was aware of people's needs and any problems experienced by staff. One person told us, "I find it very comforting, that she still carries out care and is checking people are happy." We saw regular unannounced spot checks of staff were also undertaken to review the quality of the service. This included observing the standard of care provided and visiting people to obtain their feedback. The spot checks 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 delivered in accordance with the person's wishes.

People were given the opportunity to complete an annual customer satisfaction questionnaire. We looked at the results of the survey carried out in August 2015 and noted all respondents indicated they were satisfied with the overall service provided. People had also made positive comments about the service, for instance one person had written, "I'm very happy with the service. They are the best carers." The registered manager also carried out "random" surveys throughout the year and asked for people's views during the care plan reviews.

The registered manager carried out regular checks and audits. These were designed to ensure different aspects of the service were meeting the required standards and included checks on files, medication records, daily care records, staff training and supervision. The registered manager kept up to date with changes in legislation and best practice, through training and working closely with health and social care professionals.

We found that people's care records were 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.