

Adaptable Support 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

About the service

Adaptable Support Ltd provides personal care to people living in their own houses and flats. The agency covers a wide range of dependency needs and age ranges that included adults, older adults and children. At the time of the visit there were 11 people receiving personal care support.

Not everyone who used the service received personal care. The Care Quality Commission (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 benefitted from exceptionally caring staff that provided continuity of support. The feedback from people demonstrated the caring and empowering culture was well embedded across the organisation. One relative commented, "The staff are brilliant, worth their weight in gold."

The registered manager led the service in delivering personalised and innovative support that promoted a flexible, person centred culture. One relative commented, "They [staff] are always available on the phone should I need them and will always do whatever they can to help." The service had robust governance procedures to ensure a quality service was delivered by staff who were motivated to meet people's needs and wants.

Safeguarding procedures were in place to protect people from the risk of abuse by staff who understood and were trained on how to recognise and respond to concerns. Safe recruitment practices were followed and there were enough staff deployed to meet people's needs. Infection control systems and audits ensured staff had access to suitable amounts of appropriate personal protective equipment. Staff were participating in regular testing for the COVID-19 virus to minimise the risk of spreading the infection and help keep people safe.

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 tailored people's support to ensure it was flexible in delivering positive outcomes and meeting people's physical and emotional needs. Positive communication and valued engagement were embedded through the service. Staff supported people to live healthier lives that included when appropriate, help and guidance with their healthcare, nutrition and hydration.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make

assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. Adaptable Support Ltd supported people's choice to live and be a valued and visible part of their local communities. The care was tailored to meet people's needs and the continuity of support fostered positive relationships. One relative commented, "All his care is tailored to his needs. They are exactly what [family member] requires." The positive values embedded within the service empowered people and enhanced the quality of their lives.

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

Rating at last inspection

The service was registered with CQC on 23/05/2019. This was their first inspection.

Why we inspected

This was a planned inspection based on the previous rating.

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 exceptionally caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally 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 ●

Adaptable Support 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

One inspector and one Expert by Experience carried out the inspection. 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 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.

What we did before the inspection

We reviewed information we had received about the service, including information from the provider about important events that had taken place at the service, which they are required to send us. We sought feedback from the local authority. 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 took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with one person who used the service and 10 relatives about their experience of the care provided. We spoke with four members of staff including the registered manager and carers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 provider had systems to record, report and analyse any allegations of abuse. Staff had received training to recognise abuse in adults and children and knew what action to take to keep people safe, including reporting any allegations to external agencies. One staff member stated, "I would tell the manager or CQC immediately if I saw abuse happening."
- People felt safe when being supported. One relative told us, "The staff are good, and I feel very safe with them around, they never rush us, and they were all introduced to us before they came to give care. A second relative said, "[Family member] is safe with staff."
- The registered manager reduced the risk of COVID-19 transmission by limiting the amount of staff that provided support to people. One relative said, "Everything is brilliant. I only have one carer that comes only to him at the moment because I am worried about COVID. This is to keep him safe."

Assessing risk, safety monitoring and management

- The provider had assessed and recorded risk to keep people safe. People had a one-page profile, 'grab page'. Allowing staff to have an overview of people's diagnosis and 'important things to know about me'.
- The registered manager completed client risk assessments. These identified people's support needs, identified risks, and strategies to lessen the risks.

Staffing and recruitment

- Staff were recruited safely. The required pre-employment checks were completed to help ensure staff employed were suitable. These included completing a Disclosure and Barring Service (DBS) check and obtaining references. A DBS check identifies if a person has any criminal convictions and cautions. It's an essential requirement for those applying to work with children or adults who may be vulnerable.
- Records we reviewed and conversations with staff showed staffing levels were enough to keep people safe.

Using medicines safely

- Medicines administration systems were robust and well organised. The registered manager carried out regular audits on the safe use of medicines.
- Staff told us they had suitable training and felt skilled to prompt people or administer medicines.

Preventing and controlling infection

- Staff protected people against the risk of infection. They had received training in infection prevention and control.

- Staff had access to personal protective equipment (PPE) such as face masks, gloves and aprons. Staff confirmed there was enough PPE, to maintain good standards of infection control. Staff were able to explain how to put on and take off their PPE correctly to keep people safe.
- We were assured that the provider was preventing visitors to the office from catching and spreading infections.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The registered manager had a system to have an overview of any accidents, incidents or near misses. These were being monitored for trends and patterns to prevent reoccurrence or to learn from events.

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 care needs were fully assessed before they received support. This information was used to develop a care plan for the person. One relative told us, "We planned [family member's] care together and we all get together to have reviews."
- Staff told us care plans were easy to follow and gave a clear picture of people's preferred routines and care needs. One staff member commented, "You can read the care plan on the app (electronic care plan accessed on their mobile phone), it tells you what to do and how to approach people. It lets you know people's emotional needs and allergies."

Staff support: induction, training, skills and experience

- Staff had skills and knowledge to carry out their roles effectively. One staff member said, "I shadowed experienced staff. Just watching gave me an insight on how to support people." A second staff member gave written feedback on their training that included, 'It was practical, we got to feel how others may feel and how certain illnesses and disabilities effect our loved ones. It was honestly a real eye opener.'
- The registered manager had created a new role whose responsibilities included supporting staff members. The new staff member said, "Staff will have someone to support them. I will be supporting new staff in their role."

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

- Not everyone required support with their nutrition or preparing meals. However, where this was part of people's support, details were included in their care plans. Information included people's likes and dislikes and any risks associated with eating, such as a risk of choking.
- Staff were creative in supporting people to maintain a balanced diet. One staff member shared home-grown fruit with a person who liked to bake pies. A second staff member collected a person's favourite cereal alongside their own weekly shop in their own time, as the person was no longer able to access that particular supermarket. A third staff member copied and printed recipes from their cookbooks to encourage one person's home cooking and eating habits.

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 ensured staff took part in weekly testing for COVID-19. These results were shared with the local council. The local council delivered infection prevention training to staff.
- The provider attended regular provider meetings to seek up to date guidance and support.
- Community based health professionals trained staff to support people with their ongoing health

conditions.

- Staff promoted people's physical wellbeing. One relative commented, "[Staff member] is amazingly good. She even comes on hospital visits to support us." A second relative said, "They [staff] are caring and knowledgeable, well trained, caring is a hard job to do well and they do it well. The district nurses come once a week to check [family member] and always comment on how well they are being cared for".

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 received training in the Mental Capacity Act. From records viewed, we saw consent to care and treatment was routinely sought.
- It was clear in people's care plans when they were able to make decisions for themselves and able to guide staff in how they wanted to be supported.

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; Respecting and promoting people's privacy, dignity and independence

- It was apparent there was a caring culture embedded at every level of the organisation. The provider organised visits of at least an hour and staff travel time was not part of the visit time. The registered manager told us staff could not get to know people within short visits. They preferred the support they delivered to promote positive outcomes for people and staff. One relative told us, "They're all [staff] very caring towards us all, [family member] and me too are included in this which is lovely." A second relative said, "They go above and beyond to help us." One staff member commented, "I love this company, I love their ethos. They stick to their values." A second carer stated, "I always get big smiles, it is rewarding when people say thank you, I had a nice time. I always respond saying thank you so did I."
- The provider ensured people received continuity of support, so valued relationships could develop. One person shared feedback that included, 'All of my team really care about me and I can feel that. No one rushes me or pushes me around its all on my terms, at my speed and I have never had that before. I really feel blessed to have found you all.' In some cases, people were unable to communicate verbally, and so staff had to pick up, understand and act on facial expressions, body language and the language and noises they share. The registered manager told us this was why it was essential to have a consistent, core staff team working with the person. A second relative commented, "This is all quite new to us, we've not had care before. They have sussed [relative] out now which is great. I am starting to trust them [staff] which is a good thing." A second relative said, "'One carer has a lovely rapport with [family member], they have a mutual liking of each other."
- Staff offered support that respected people's preferences and promoted their independence. One relative commented, "[Staff member] supports [family member's] independence. He does have a care plan and it is adapted as required. He does like things to be done in a particular order and [staff member] respects this in their care of him."

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

- The provider ensured all staff had a short introductory visit with people and their families. This allowed people and their relatives to participate in decisions on who supported them. One staff member said, "We have meet and greet visits. I got to chat about people's interests and know what we have in common."
- The provider ensured staff were knowledgeable on how to interact and deliver support that promoted their wellbeing. One relative said, "The carers are brilliant, I am happy with all that they do, [carer] is perfect for us as a family, we trust her, she can 'read' [family member] which is brilliant, she knows him so well now."
- People were given opportunity to feedback on the service and support they received. One relative told us, "We do have questionnaires and are asked if there is anything else, they can do to help us." The registered

manager had made changes in how the service was delivered in response to feedback.

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

- The provider worked in partnership with people and their families to ensure individual care plans were tailored to meet people's individual needs and staff were responsive to change. The registered manager told us, "It is their care plan, not mine. I don't want anyone to read care plans that read exactly the same. People are not exactly the same." One relative commented, "We have a care plan in place, but it is adaptable and matches our needs." A second relative said, "They [the provider] are always available on the phone should I need them and will always do whatever they can to help. [Staff member] is flexible and adaptable."
- Staff knew each person extremely well, which meant they could respond appropriately to the person's needs. Staff sought medical treatment for one person as they recognised the person's change in behaviour indicated they were unwell.
- The provider ensured a continuity of care from staff who understood people with complex needs and promoted their protected characteristics. One relative said, "All [family member's] care is tailored to his needs. They are exactly what [family member] requires he loves them, they are one big team and each one brings something different to his care, he is open to new things."
- The provider was responsive in meeting people's changing needs. One relative told us, "I'd phone [member of the management team] if I wanted to change anything, they're really good if we need to change things around, really accommodating." A second relative said, "They do go above and beyond to help us. Management always respond quickly to any concerns we have."

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.

- People's care records contained comprehensive information about their assessed communication needs. This guided staff when people relied on changes in vocal tones, facial expressions and body language to communicate. The care plan helped staff to ensure valued conversations took place and positive relationships were formed. One relative said, "We have the same person come, this is very important for [relative] to be supported by the same person. [Staff member] is able to pick up on the nonverbal communication that comes with familiarity. This takes the pressure off me."
- The registered manager offered practical support to promote effective communication. They created a 'Who's working with me today' board with staff photographs to support the understanding and ease anxiety for a person diagnosed with autism. They created a 'now and next' board for another person. This helped the person have a greater understanding of what was happening in their life. When required, staff had

collected batteries for one person's hearing aid [when they were shielding due to the pandemic] to ensure they could communicate and was not left feeling isolated.

- Staff promoted people's wellbeing and gave people time to communicate and express themselves how they wished. One person stated in written feedback, 'All of [the staff] are lovely people who talk to me like a human being. I have the time to talk about my past and every morning we all have a sing song. I love them all dearly.'

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 COVID-19 pandemic had impacted on activities for people. However, staff continued to support people with their activities, while promoting infection prevention. One staff member said, "Activities vary day to day, it is their choice, we have had trips to meet up with friends. I encourage people to actively wash hands, use sanitiser and masks when out." A second staff member discussed a range of activities, "We go for an ice cream on the prom [seafront], we can sit chatting or go for lunch. It is quite nice; I am more like company than a carer. The care is important, but it is good to take people's mind off their situation." One relative commented, "Having [staff] take him out gives him time for himself, he always comes home happy."
- Staff valued people's individuality and were innovative in their actions to boost their wellbeing. One staff member took photographs of a Lancashire Bomber plane they saw during their own time to show and discuss with someone who was in the RAF. A second staff member set up a YouTube channel for a client who has an avid interest in traffic lights so that they can record videos and upload them to watch together.

Improving care quality in response to complaints or concerns

- The provider had a policy on how to record and manage complaints. None of the people we spoke with raised any complaints. The registered manager said, "We catch things early and respond. We are not getting complaints."
- People felt confident and able to raise concerns. One relative told us, "If I had a complaint or concern, I would talk to the owners, even something small, it's sorted straight away. It is the best company I have used." One staff member said, "I would feel comfortable going to the registered manager, even with little things. They are always there to support us; they will sort it out."

End of life care and support

- No people were receiving end of life support at the time of our inspection. Staff had received end of life training. The registered manager stated they were open to supporting people and their care package would be tailored around their needs.
- Staff maintained contact with one person when they were admitted to hospital. One person's full staff team attended their birthday party which was held on the ward at their local hospital while they received their 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

- The service was run by the owners who were the directors, with one director being the registered manager. Both directors worked at the service promoting person centred, inclusive support. One person said in feedback to the service, 'No matter what we ask, someone always helps us. You [registered manager] and [director] are lovely people.' One relative told us, "If I have any problems I call [directors]. [Director] has spoken with me about my worries. They do go above and beyond to help us."
- The management team and staff sought innovative ways to maintain people's positive mental health. They created and starred in a 'better when you are dancing' video which they shared on Facebook. The registered manager said they created the video to lift client and staff spirits. When one person was shielding due to COVID-19 his whole staff team, managers and directors gathered along the street [socially distanced] and sang happy birthday while the person stood at the window.
- The people being supported were at the heart of the service. The registered manager was highly motivated to ensure people felt valued. The registered manager had created a space for families and staff at the office so that they had access to a quiet space. They had arranged for mindfulness sessions by a qualified practitioner should people and staff feel they need mental health support. The registered manager had created the role of client engagement officer. They said, "The idea is to have regular contact with families. We will have a chat and when possible have a coffee and for those family carers who are feeling isolated, we will be organising events for people to meet."
- Staff felt proud to work for Adaptable Support Ltd. Feedback about the management of the service was exceedingly positive. One staff member commented, 'It is refreshing to see that the managers of adaptable support put the clients at the centre of everything they do and they ensure that their needs are met and done so in a person centred way.'

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

- Services that provide health and social care to people are required to inform the CQC, of important events that happen in the service. The provider was aware of their responsibilities to submit relevant notification appropriately to CQC.

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

- The registered manager provided exceptionally strong leadership and managed the service extremely

well. The registered manager had restructured the management team. They told us, "It is about getting the right person in the right role. I want staff who are skilled in specific areas. I don't want staff doing several things. I want to invest in the team." They had created additional management roles to ensure a stable quality service was delivered. One relative told us, "They are effective, and I think [registered manager] is the most competent of them all."

- The management team completed regular audits of the service delivered, including the management of risk and lessons learned from accidents and incidents.
- The management team completed an outcome tracker to ensure they were targeting people's identified needs and goals. Outcomes were regularly reviewed with relevant people involved, to assess people's progress and document and recognise people's achievements.

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

- The registered manager used regular reviews and surveys to gather people's views. People and their relatives are consulted regularly by telephone and using questionnaires. Feedback from one relative included, 'Wonderful caring staff who go above and beyond. They have taken time to get to know [relative]. They treat him with the utmost respect.'
- The registered manager sought feedback from staff and external professionals. Feedback from one professional included, 'They are understanding of sensitive situations and ensure their approach is suitable in managing this.'
- The registered manager supported staff with additional needs to fulfil their roles. One staff member was given additional training to support their learning needs and enhance their skills. After discussion with a second staff member documentation was amended to support their comprehension of the information.

Working in partnership with others

- The registered manager had positive working relationships with stakeholders and was able to respond to families in crisis. One social care professional told us, "They are probably the best agency we use." And, 'Some places have a high turnover of staff. It doesn't happen here.'
- Before the pandemic, the service worked collaboratively with day services in providing seamless support. Staff would visit and observe people to gain insight on what works for them and how to communicate effectively. • People praised how well staff liaised with health professionals and as a result all worked as one team. This meant the staff team had additional knowledge which strengthened relationships and care outcomes for people.