

ADA Homecare Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This announced inspection took place on 26 September 2017. ADA Homecare Limited provides personal care to people who live in their own homes in the community. There were 40 people using the service at the time of this inspection.

The service had 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.

People could be assured that staff would arrive to provide the care that they needed.

Risks associated with people's care were assessed and managed by staff who understood their responsibilities to keep people safe from harm. Safe recruitment practice was not consistently followed. We have made a recommendation about this.

People received their medicines as required. Medicines were administered safely by staff who were appropriately trained and competent to do so.

Staff had received training and support to enable them to meet people's needs. Their competencies in their role was regularly assessed.

People made decisions about the care and the support they received. People's consent was sought and respected. The provider understood their responsibility to ensure people were supported in line with the Mental Capacity Act 2005 (MCA).

People's nutrition and hydration needs were assessed and met. People were supported to maintain their health if they needed this support.

People's independence was promoted and people were encouraged to make choices. Staff treated people with kindness and compassion. Dignity and respect for people was promoted.

The care needs of people had been assessed. Staff had a clear understanding of their role and how to support people who used the service. People contributed to the planning and reviewing of their care.

Complaints were addressed in line with the provider's policy. People were encouraged to give feedback about the service they received. People felt the registered manager was approachable.

Systems were in place to measure the quality and care delivered so that required improvements could be identified and addressed. These had not always identified when staff actions put people at risk of harm.

The registered manager had failed to notify us in a timely way when they moved office premises.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Safe recruitment practices were not consistently followed.

Risks associated with people's care needs and the environment were identified and managed to prevent avoidable harm.

People could be assured that staff would arrive to provide care when they were planned to.

Where people needed support with their medication this was provided safely.

Is the service effective?

Good 

The service was effective.

Staff received the training and support they needed to meet the needs of the people who used the service.

People's consent was sought. People were supported in line with the Mental Capacity Act 2005 (MCA).

People were supported to maintain their health and their nutritional and hydration needs were assessed and met.

Is the service caring?

Good 

The service was caring.

Staff were kind and caring. Dignity and respect for people was promoted.

People were supported to maintain their independence, they were encouraged to make choices and feel involved.

People were listened to and their preferences understood and met by staff.

Is the service responsive?

Good 

The service was responsive.

The care needs of people had been assessed. Staff had a clear understanding of their role and how to support people as individuals.

The care that people received had been regularly reviewed. Care was adapted to meet people's specific needs.

People felt able to raise concerns if they needed to.

Is the service well-led?

The service was not consistently well led.

The registered manager had failed to notify us in a timely way when they moved office premises.

People felt the registered manager was approachable. Staff felt supported.

The registered manager had also not identified when staff's actions and attitudes put people at risk.

Requires Improvement 

ADA Homecare Ltd

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 is 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.

We carried out the inspection on 26 September 2017. The registered manager was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection team consisted of an 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.

Before the inspection we reviewed information that we held about the service to inform and plan our inspection. This included information that we had received about the service as well as statutory notifications that the provider had sent to us. A statutory notification contains important information about certain events that they must notify the Care Quality Commission of.

We spoke with nine people who used the service and four relatives of people who used the service over the telephone. We spoke with the registered manager and three care workers. We looked at the care records of three people who used the service and other documentation about how the service was managed. This included policies and procedures, staff rotas, staff records, training records and records associated with quality assurance processes.

Following our inspection we spoke with a social care professional who had supported the service with the reviewing of systems and processes to get their feedback.

Is the service safe?

Our findings

There was a recruitment policy in place however this had not consistently been followed. We looked at three recruitment files. We found that some of the required pre-employment checks had not been carried out before staff commenced work. For example some staff members had previously worked in the care industry however references had not been obtained for these roles. Records that showed evidence of good conduct from previous employers had not been sought. We discussed this with the registered manager. After the inspection they provided us with assurances that they would ensure references were received from staff's previous employers before they would offer new staff a position with the service.

We recommend that the provider ensures that their recruitment policy is followed in line with their regulatory requirements.

People felt safe when receiving support. One person said, "I definitely feel safe when personal care is happening, I am very satisfied and the carers are so respectful." Another person said, "I do feel safe, the carers are respectful and they speak nicely to me." People's relatives were assured that people were safe. One person's relative said, "Oh yes I know [name] is safe when the carer is here, the carer is brilliant, very respectful and speaks so nicely to both [name] and me." Staff confirmed that people were safe. One staff member told us, "[Registered and deputy manager] are very aware of any issues. Clients safety is high on their priority list."

Risks associated with people care needs were managed and measures put in place to prevent avoidable harm. One person told us, "There was a risk assessment before the agency started here." A person's relative said, "Yes there is a risk assessment." Risk assessments had been completed on areas such as moving and handling, providing personal care and food preparation. These provided staff with guidance to follow to keep themselves and people using the service safe. We saw that a risk assessment had been implemented following an incident to prevent reoccurrence. Risks associated with the environment had been assessed and took into account hazards in people's homes which staff needed to be aware of. For example if a person had a pet.

People were assured that staff would arrive to provide their care when they needed it. One person told us, "The carers arrive on time and don't rush away. I don't feel rushed I can take my time." Another person said, "The carers arrive on time and I have a regular carer." And a third person agreed. They said, "There is a fifteen minute window that they can be delayed by, if the carer is going to be late they will let me know." The registered manager told us that a call had been missed in the previous week. Prior to this no calls had been missed. The registered manager had contacted the person to ensure they were alright and issued them with a written apology. They had identified the cause of the missed call and taken action to prevent re-occurrence.

People were supported to take their medication if they needed to. One person told us, "The carers help me with my medicine box." People's relatives confirmed that there were systems in place to ensure that people took the correct medication with the support from staff. The service had a policy in place which covered the

administration and recording of medicines. Medication Administration Record (MAR) charts were used to inform staff which medicine was required and this was then used to check and dispense the medicines. We saw that staff completed training and were also assessed to make sure that they were competent to administer medicines.

Staff were aware of how to report any safeguarding concerns that they had about people's safety within the organisation and if necessary to external bodies. They told us that they felt able to report any concerns. One staff member told us, "If I needed to I'd go higher than [registered manager] I'd go to social services." The registered manager was aware of their duty to report and respond to safeguarding concerns. They had taken appropriate action when a concern had been raised with them. There was a policy in place that provided staff, relatives and people using the service with details of how to report safeguarding concerns. This policy had been reviewed however did not include updated guidance around categories of abuse that came into force in 2015. The registered manager told us that they would review it and ensure that this information was included.

Is the service effective?

Our findings

People were supported by staff who had the right skills and training to meet their needs. One person told us, "I believe the carers have training, they know how to support me and I am very pleased." Another person said, "I am sure the carers are trained, trained to care." A third person said, "The carers look after me a treat, the overall picture is the carers are very good and confident and so I feel confident." Staff confirmed that they received training to equip them to meet people's needs. One staff member said, "I think the carers are all very well trained." They confirmed that they were booked to attend refresher training around medication administration in the near future. We reviewed training records and saw that staff had received training around a range of care related subjects. Their understanding of the material was checked so that the registered manager could be sure that staff were able to put their knowledge into practice. New staff received induction training and observed care being delivered before they provided care to people on their own. One person told us, "The new carers have to come with one of the regulars and shadow before they start here." New staff members confirmed this. One said, "Whenever we have new carers they are put to work with experienced carers."

Staff received regular supervision and spot checks were carried out to ensure that they were competent to fulfil their role. During these staff practice was observed. One staff member told us, "The seniors and [registered manager] do spot check and evaluations about once a month." Staff were asked to demonstrate that they understood the provider's safeguarding procedures and felt confident to follow them. The registered manager checked that staff remained competent in their role when supporting people to take their medicines and with their mobility. The registered manager formally met with new staff 13 weeks after they commenced their role to check on their progress and any support or training needs that they may have.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The registered manager understood their responsibility to ensure that the service met the requirements of the Act. The service had a policy in place to guide staff and they had received training on the subject. Assessments of a person's capacity to consent to their care had been undertaken when it had identified that they may lack capacity. Where the person did lack capacity to consent to their care then a best interest decision had been taken. Staff gained consent from people for the care they gave. They understood the importance of communication and explaining to people the care and support they were offering. In order to gain consent, one staff member told us, "Always explain what you are going to do before you do it." They went on to say, "As long as everyone knows what is happening then they are happy."

People were supported to have enough to eat and drink. One person said, "The carers help with a little bit of food preparation." Another person told us, "The carer normally cooks from fresh, potatoes and salmon, fresh veg." We saw in people's daily notes that there were times when staff had gone to the local takeaway for someone when they had requested fish and chips for their evening meal. Staff confirmed that they provided people with drinks and encouraged them to maintain their fluids. People's care plans guided staff on people's preferences around meals and drinks and reminded staff of offer choice. Where people had special dietary needs this was identified and staff were guided on how to follow these.

People were supported to maintain their health if they needed this support. One person told us, "If I needed the GP the carer would help me make an appointment." Staff confirmed this. One staff member said, "We ask them if they would like us to call a GP and arrange a visit." People's care plans guided staff on people's health conditions and signs and symptoms that they needed to be aware of.

Is the service caring?

Our findings

People were supported by staff who were kind and caring. Comments included, "The carers are caring and it is like having family coming in, there is a good relationship." "The carers are most professional in their caring." "The carers are so very kind and caring, I couldn't manage without them." People's relatives agreed. One person's relative said, "Yes I think the carers are very caring, there is an age range of 20 to 50s they are all good regardless of their age."

People were supported by staff who knew them well. One person said, "I have a good relationship with the carers it is like having family here." Another person told us, "One of the carers I know brings someone new. The new carer comes to learn the ropes and I get to meet them. If we don't get on and I don't think they are suitable then I say so." Some people told us that they had regular carers while others had a more varied group of care staff provide their care. People seemed to be satisfied with their particular arrangement.

People were treated with dignity and respect. A person's relative told us, "[Person] is treated with dignity respect and compassion. We can't think of anything we are not happy with." As part of spot checks senior staff checked if staff treated people with dignity and promoted people's independence and choice making. The staff that we spoke with were able to give us practical examples of how they ensured people's dignity was maintained.

People were supported to maintain their independence. One person told us, "The carers know my capabilities and I try to do for myself but if I am struggling they ask if they can support me." Another person said, "The carer gives me a great deal of encouragement [they ask] can you do that for yourself?" People's care plans guided staff on promoting people's independence and made clear what areas they may need more or less support in.

People felt valued and that their opinions mattered. One person said, "The carers are all great and they listen to me about all sorts of things." People's relatives confirmed this. One said, "The carer and the office are good listeners and the support [name] has is excellent." Another relative said, "Yes I think the carers are good listeners, they always have time and do not rush [person]. And if there are concerns we are listened to." The registered manager told us that they responded when people told them that they would prefer to not receive support from particular staff members. They explained that there were times when staff had all the skills that they needed but that people might sometimes just not get on with a staff member. This was respected and staff were allocated to work elsewhere.

Is the service responsive?

Our findings

People received the care and support that they needed. One person said, "I am very happy and I look forward to the carer coming, I do feel safe." Another person said, "Oh yes the staff know how to support me." A person's relative agreed they said, "I feel the carers know [person], and how to support them, the carers always speak nicely and do not rush them." Staff understood about people's individual needs. Care plans were in place to guide staff. One staff member told us, "It's all in the care plan if I need to refresh myself." We saw that the level of detail in the care plans ensured staff had all the information they needed to provide care as people wished. For example one person's care plan guided staff to offer the person their medicines before they got out of bed as this was their preference.

The care that people required was assessed prior to them being offered a service. This was so that the registered manager could be sure that the service could meet people's needs. One person said, "I think it was the manager who came out and did that." A person's relative confirmed this. They said, "There were assessments completed before [person] started at the agency."

People's care plans were reviewed to ensure that they remained current. One person said, "Oh yes I have a care plan and a review every six months." A person's relative told us, "There is a care plan it is written up every visit and kept here, and the agency have reviews of the care plan too." The registered manager was in the process of reviewing all of the people who used the services care plans with then and transferring them on to a new format which they felt was easier for staff to follow. Senior staff had met with people to check that the plans were accurate and met their needs. They had made changes to the plans based on their feedback.

Care was adapted to meet people's specific needs. For example one person told us, "Sometimes I have to go to an appointment early, the carer will make sure they come to care for me so I am ready. The carers never let me down." A person's relative confirmed that the service was flexible to meet people's needs. They said, "[Person] has only one call a week, but I know I can call the agency and they will come and support [person] at other times." Staff confirmed that they were kept informed of changes. One staff member said, "If there is a change to the care plan we get messaged. We are informed and have the information we need to provide the best quality of care at the time."

Staff were required to record the support that they provided in daily notes. People confirmed that staff updated these notes at every visit. The notes were detailed and reflected the support that people had requested. Where staff were required to monitor aspects of people's health and wellbeing we saw that they had done so and recorded this in the daily notes.

People felt able to raise concerns if they needed to. Comments from people's relatives included, "I would raise a complaint with the office, the manager is very approachable." "I am listened to if there is a concern. I am happy with the service [person] is given." When people started using the service they received a copy of the service user guide which told people how to make a complaint if they needed to. People using the service and staff confirmed that the guide was available to people in their own homes. Records showed that

one complaint had been received and that the registered manager had investigated the concern and responded to the complainant. People told us that they had raised minor concerns and that the registered manager had responded to these immediately and made the required changes. We asked the registered manager to consider recording and managing these concerns in the same way as complaints so that they could be sure that all the necessary action took place and themes or learning points could be identified.

Is the service well-led?

Our findings

It is a condition of the provider's and registered manager's registration that they only carry out the regulated activity of providing personal care from an agreed location. The registered manager had failed to notify us when they moved office premises. This meant that the registered manager and provider were operating outside of the conditions of their registration. We pointed this out to them and they completed the required applications which we approved prior to this inspection.

The registered manager had also not identified when staff's actions and attitudes put people at risk. The registered manager had been made aware of a concern regarding staff's actions by a third party. This meant that systems were not in place to enable them to identify concerns themselves. We saw that the registered manager had taken the required actions once they had been made aware. These included implementing more robust monitoring systems and staff disciplinary and retraining.

People felt the registered manager was approachable. One person said, "The manager will talk and chat with me." A person's relative confirmed this they said, "I know, [name], the manager they are very approachable." People had been asked to feedback on the service they received. Records demonstrated that the registered manager or senior staff had contacted people to ask if they were satisfied with the care they received. A person's relative told us, "We have no complaints about the care that is given name, we are very happy." The registered manager conducted surveys with people who used the service and their relatives. This was to establish their views on whether they were happy with the support provided by their carers and what things could be improved. Feedback from a previous survey had been positive.

People felt the service was well led. One person said, "To be honest they have been the best agency I have used." Other comments included, "I would recommend [the service] and my family members are happy with the care I receive." and "I would most definitely recommend the agency they do a good job." A staff member told us, "All the management team know the service users and that is comforting." People were provided with information about the service and the care that they should expect to receive. We saw that information about the organisation, emergency contacts and how people could raise a concern was provided to people when they started using the service.

Staff felt supported. One staff member told us, "I'm 100 per cent happy, they have always been good with me." Staff felt able to approach the registered manager with any concerns that they might have and were confident that they would be addressed. One staff member said, "Things are changed fairly quickly if you phone up with a problem." Staff had access to policies and procedures and understood how to follow them. The registered manager had ensured all staff had received the employee hand book. This was to make sure that staff were clear on their role and the expectation on them. The registered manager also ensured staff meetings took place regularly. During these meetings the registered manager informed the staff team of any changes, new systems of working or updated them on policies and procedures.

There were systems in place to monitor the care that people received. Daily notes were checked to ensure that people had been provided with the care that they should. One person's relative told us, "Staff take away

the sheets from the plan from time to time." Where discrepancies had been identified, for example staff had not used black ink this had been addressed with them via team meetings. Other checks included medication records. Gaps in recording had been identified. Staff had received further guidance and training where they had failed to complete the records correctly.

The registered manager demonstrated that there was a drive to improve and make changes to the service for the benefit of people using the service and staff. The service has received support from the local authority quality improvement team (QIT) to help with care planning and risk assessments along with offering advice around systems and processes within the service. Feedback from the QIT team was that registered manager had engaged well with them, taken ideas on board and made the necessary changes. There was a development plan in place which identified areas still to be addressed with time frames to ensure that progress continued and was sustainable.

The registered manager told us that they felt supported by the provider. The provider had supported the registered manager with staff disciplinary meetings and advice when it was needed. The provider did not conduct any formal checks to ensure that the service was safe, effective, caring, responsive and well-led. This meant that they did not have a clear oversight of the service provision. The registered manager told us that moving forward there were plans for additional checks to be made on the service and that the provider would be involved in these.