Adka Independence (East Yorks) 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

The inspection took place on 8 and 9 August 2018 and was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to people with a learning disability, physical disability and older adults. This service also provides care and support to people living in 'supported living' settings, including three flats and three houses, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Not everyone using Adka Independence receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection 14 people were receiving a regulated activity.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff continued to protect people from avoidable harm, were knowledgeable about safeguarding and able to raise concerns. Staff supported people to manage their medicines safely.

People were supported by regular staff which provided continuity of care. Steps had been taken to ensure suitable staff were employed, who were supported in their role and were skilled in providing effective care.

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

Staff communicated with people effectively dependent on their individual needs. Staff knew people well and were able to provide support in a person-centred way. People were supported to maintain their independence and their privacy and dignity were respected.

People's care plans were kept up to date and reflected their individual needs and circumstances. People were supported to follow their interests and live their lives as they chose to. Staff assisted people to access college, community services and pursue social and leisure activities.

People were able to make a complaint if needed and their feedback was gathered to help drive improvement. Systems were in place to identify shortfalls and ensure quality care was provided. There was a positive culture within the service and people felt managers were approachable.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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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 was planned to check 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.

This was a comprehensive inspection which took place on 8 and 9 August 2018 and was carried out by one inspector. This inspection was announced on both days. We gave the service 24 hours' notice of the inspection visit because we needed to be sure staff would be available during the inspection, so we could access relevant records at the service's office. The registered manager was unavailable during the inspection. Another manager was present and we shall refer to them as the 'manager' throughout this report.

Before the inspection we looked at information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually, to give some key information about the service, what the service does well and improvements they plan to make.

We looked at the notifications received from the service and reviewed all the intelligence CQC held, to help inform us about the level of risk for this service. We also contacted the local authority safeguarding team and commissioners.

We looked at three people's care records and three medication administration records (MARs). We also looked at a selection of documentation in relation to the management and running of the service. This included stakeholder surveys, quality assurance audits, complaints, recruitment information for four members of staff, staff training records and policies and procedures.

We spoke with two people who used the service and two relatives. We spoke with seven members of staff

including the manager and administrator.

Good

Is the service safe?

Our findings

At the last inspection, we rated the service as Good. At this inspection, we found the service remained Good.

Staff continued to protect people from avoidable harm and abuse. They had good awareness of how to recognise and report concerns. One member of staff said, "I would inform [manager's name] straight away." Staff had received training in this area and were aware of the whistleblowing policy.

People were supported to take positive risks, whilst protecting them from avoidable harm. People had individual risk assessments in place which were detailed and person-centred. This covered all areas, such as people's nutritional needs, behaviour, communication, finances and risks in people's home environments.

People continued to receive their medicines safely. Medicine was administered as prescribed by the GP, which was dispensed from a local pharmacy and recorded on a medication administration record (MAR) without error. Each person who required support with their medicines had a detailed care plan in place. We saw for one person there was a minor recording gap, about how they received one medicine 'as and when required'. We noted this to the manager who updated this following the inspection.

Staff were recruited safely. Relevant pre- employment checks had been carried out for staff, including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Sufficient numbers of staff were available, to cover the scheduled hours of care for the service. The manager told us, "Our shortest call lasts an hour and we don't use agency staff." A member of staff said, "We don't do thirty-minute calls, so people don't feel rushed." We saw on the rota for the upcoming week, it was arranged people were to be supported by the same regular groups of staff. This helped to provide consistency for people. There was an out of hours number for both staff and people using the service, should they need to contact a senior member of staff urgently.

Accidents and incidents were recorded appropriately. The registered manager had oversight of these, so any patterns and trends could be identified to reduce the likelihood or impact of these reoccurring.

Systems were in place to protect people from the spread of infection. Staff told us they were provided and used personal protective equipment (PPE); People and their relatives confirmed this.

Good

Is the service effective?

Our findings

At the last inspection, we rated the service as Good. At this inspection, we found the service remained Good. The service continued to assess people's needs and provide effective care to enable people to achieve their chosen outcomes.

Staff continued to support people to maintain a nutritional diet of their choosing. A relative said, "Staff cook [person's name] meals and make things they like, offering them choices." Another told us, "[Person's name] requires their meals blended. Staff are competent and I know they will do it properly."

Staff worked in partnership with health professionals and supported people to maintain their health needs by accessing appropriate services; staff supported people to attend health appointments and/ or liaised with health professionals in the community, where needed.

Staff had the skills and abilities to communicate effectively. Staff we spoke with were aware of how to communicate best with people, dependent on their needs and preferences. A relative confirmed this telling us, "[Person's name] is unable to communicate verbally, but staff know exactly what they want. They are able to read their body language because they know them well." People's communication needs were identified and recorded within their care plan.

People were supported by staff who had completed a range of training to equip them will the skills and abilities to carry out their roles effectively. A member of staff said, "The amount of training I have been doing is brilliant and really beneficial to me. We are always kept up to date with training." Another member of staff told us, "I receive regular supervision and a yearly appraisal." We saw all staff had received this except one, who was based at the office. This was noted to the manager.

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, 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.

Staff had awareness of the MCA and its application. People's ability to make decisions was considered and documented within their care plan. People signed consent to their support plan, although there was no record documenting how the MCA had been applied for one person who lacked capacity to consent to their support plan. We discussed this with the manager so that how they recorded people's consent could be developed.

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. Where people live in their own homes, applications to deprive people of their liberty must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. No applications had been made to the Court of Protection. During

the inspection, it was identified one person may be deprived of their liberty in future. This was highlighted to the manager to respond to.

Good

Is the service caring?

Our findings

At the last inspection, we rated the service as Good. At this inspection, we found the service remained Good. People were supported by kind and caring staff. One person commented, "Staff are good and really helpful. They help me with any problems."

People were supported by the same groups of staff which enabled trusting relationships to be built. People told us they were familiar with staff. This helped people to receive a more person-centred service. A member of staff told us, "I support the same people all the time, which is good so they get consistency. Things run really well and the person feels more comfortable."

People's interests and preferences were considered when arranging which staff would support them. A member of staff told us, "The managers try and match people with staff with similar interest. I am always introduced to a person before supporting them. We get to know their likes and dislikes." This supported people to have meaningful experiences and conversations with staff.

One member of staff told us about how they developed a positive relationship with one person using the service who had a learning disability. This had a positive impact on the person, who as the trusting relationship was built, required less support as a result.

Staff we spoke with were able to tell us about ways they supported people to maintain their independence and relatives we spoke with confirmed this. A relative told us, "Staff support [person's name] independence. They will provide help when needed." Another said, "Staff know what [person's name] can do, so they will encourage and prompt them so they maintain their skills." People's care records contained information which supported this.

Staff respected people's privacy and dignity; they could describe how they would do this. A member of staff said, "We go into people's homes, you can't become complacent about that." Staff were also aware of the importance of maintaining confidentiality. A member of staff told us about how they would not discuss people's support in front of another person, to maintain confidentiality and respect people's privacy.

Staff were aware of equality and diversity and respected people's individual needs and circumstances. From speaking with them, we could see people were receiving care and support which reflected their diverse needs. A relative said, "Staff treat each person as an individual."

Good

Is the service responsive?

Our findings

At the last inspection, we rated the service as Good. At this inspection, we found the service remained Good.

Staff were knowledgeable about people's individual needs and were responsive in meeting their needs in a person-centred way. A relative told us, "Staff are really good at understanding [person's name] and their needs." Another said, "Staff know [person's name] routines which is really important to them."

People were supported to access the community as they chose to, including going to the local shops and bank. People were supported to follow their interests, access a wide range of chosen activities and education. One person attended college, with support of staff and another person had developed their skills so they could attend on their own, following support from staff.

Staff encouraged people to build links in the community and network with other people. For example, there was a yearly Christmas party, which people were invited to and supported to attend if needed. This was a way for people using the service to meet one another. The manager told us staff used to support two people to go to the cinema, but they now had the skills to go together without staff, which they continued to do.

Staff promoted a service which was accessible to all. Some staff organised a yearly camping trip for people who used the service, which they told us was on a first come first served basis. A member of staff said, "It's inclusive for everybody because we go where there are disabled facilities." They also told us about a walking group which had been arranged for people to access and socialise with other people, which was also accessible for people who required the use of a wheelchair.

Staff supported people to live their lives as they chose to, including going on holiday. One person told us, "Last year I went to Spain and I'm going again this year. My Social Worker helped me plan the holiday."

People's care plans contained detailed and personalised information about their abilities, health needs, likes and dislikes. This enabled staff to provide person-centred care, and support people in line with their preferences. We spoke with staff who could tell us details about people's needs, the support they required and the person's preferred routines. We saw this matched what had been recorded in people's care plans. A relative told us, "We have reviews every six months for [person's name] and there is a care plan with all the necessary information for staff. People were involved in their reviews and we saw people's care plans were reviewed and kept up to date.

A complaints policy was in place and people knew how to make a complaint. One person said, "I received a handbook, which told me all about the service. I haven't got a bad word to say about the company." A relative told us, "I would go the manager is I had any concerns." We reviewed the complaints received and found that these had been responded to appropriately.

Good

Is the service well-led?

Our findings

At the last inspection, we rated the service as Good. At this inspection, we found the service remained Good.

There was a registered manager at the service. 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. There was also another manager in post who assisted the registered manager.

The registered manager and manager were both based in the same office and accessible to staff and people using the service. One person said, "The managers are really nice and helpful." A member of staff told us, "The managers are approachable." Another said, "If there are any concerns they are sorted out as soon as possible."

There was a positive and supportive culture within the service. A member of staff said, "I have worked at another company before, but here it is like a family." Another said, "Everyone gets along."

The registered manager had effective quality assurance systems to ensure shortfalls were identified in a timely way and to drive continuous improvement within the service. Managers carried out a range of audits such as care plans and medicines. An external health and safety officer completed health and safety audits.

Overall systems were effective; however, one shortfall had been missed. Audits of staff files had not been completed since 2016. One member of staff had a positive DBS check, although the manager told us the risk had been considered, this risk assessment had not been documented. The manager completed this following the inspection and took this learning on board for in the future.

Effective communication was ensured through a variety of means including staff meetings, memos, phone calls and staff visiting the office. Some staff were also provided work mobile phones. Staff were provided a handbook when they started work at the service, which provided relevant information including the service's policies and procedures for them to refer to.

People told us they felt listened to. We saw views of people using the service and the staff were requested through an annual survey, to help drive improvement. Largely positive feedback had been received.

The registered manager had established links with other organisations and professionals to ensure people received a good service. This included working in partnership with health and social care professionals.