

# Adjuvo (Midlands) Support for Living Ltd

## Saffron Court

### Inspection report

45a Southfields Drive  
Leicester  
Leicestershire  
LE2 6QS

Date of inspection visit:  
24 April 2019

Date of publication:  
21 May 2019

### 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:

Adjuvo (Midlands) Support for Living Ltd., Saffron Court is a domiciliary care agency. The service provides care and support to people living in 'extra care' housing. Extra care housing is purpose built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupants' own home. The extra care housing complex was known as Saffron Court and was made up of individual flats. Not everyone living at Saffron Court receives a service from the domiciliary care service. People receiving care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate the premises. This inspection looked at people's personal care and support. At the time of the inspection 16 people were receiving a service.

People's experience of using this service:

A registered manager was not in post. The service had been without a registered manager for 27 days at the time of the inspection. We were informed that an application to register as a manager would be submitted to the Care Quality Commission, to register as the manager.

People told us they felt safe. People were kept safe by staff who understood how to safeguard people from abuse and the actions they needed to take to protect people from the risk of harm. There were sufficient numbers of staff to support people and staff were recruited safely. There were appropriate infection control practices in place. Where required staff supported people to clean their home do their laundry. People were supported to take their medicines safely.

People were supported by staff who had completed the relevant training to give them the skills and knowledge they needed to meet people needs. People were supported to have sufficient amounts to eat and drink, which included support with grocery shopping and cooking. Staff supported people to maintain their health and well-being, which included liaising with health care professionals on their behalf. 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.

People were consistent in their praise of staff for the support they provided. People spoke of the kind and caring approach of staff and their willingness to listen to them. People were involved in decisions about their care and support, and very much viewed themselves as part of a family. People's privacy and dignity was both promoted and respected.

People were involved in the assessment and care planning process to ensure the services offered were appropriate for them. People were supported to express their wishes and preferences regarding their care and staff were provided with information, within people's care plans, which enabled them to provide personalised care. People were confident to speak with staff about any issues of concern to them.

The provider had systems in place to monitor the quality of the service to ensure people received good care.

People and staff were given the opportunity to comment upon the service. The manager and staff liaised and worked with partner agencies to support people in the best way possible.

Rating at last inspection:

This is the first inspection of this service since its registration with CQC on 30 April 2018.

Why we inspected:

This was a planned comprehensive inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# Saffron Court

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one 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.

#### Service and service type:

Adjuvo (Midlands) Support for Living Ltd, Saffron Court is a domiciliary care agency. It provides personal care to people living in flats within Saffron Court. It provides a service to adults with learning disabilities and mental health conditions.

The service did not have a manager registered with the Care Quality Commission. The service had not had a registered manager for a period of 27 days at the time of the inspection. A registered manager 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:

The site visit took place on 24 April 2019 and was announced. We gave the service 24 hours' notice of the inspection visit because we wanted to provide an opportunity for the manager to speak with people about the inspection to enable them to plan their day, so they could speak with us about the service.

#### What we did:

We used the information the provider sent us in the Provider Information Return. 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.

Our planning took into account information we held about the service. This included information about

incidents the provider must notify us about. We sought feedback from s the local authority who refer people to the service.

We spoke with eight people in receipt of care and support that lived at Saffron Court.

We spoke with the manager, the regional manager, a team leader and a member of the care staff team.

We looked at the care plans and records of two people. We looked at two staff records, which included their recruitment, induction and on-going monitoring. We looked at the minutes of staff meetings, the staff training matrix and records related to the quality monitoring of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- Staff demonstrated a good understanding of the indications of abuse and were clear on how to report concerns under safeguarding or whistleblowing procedures. Staff had received training in how to safeguard adults.
- Systems and processes were in place to safeguard people from abuse, which were implemented by staff. The manager understood their responsibilities in relation to safeguarding, how to report and investigate concerns, and how to protect people from potential discrimination. They had made appropriate referrals to agencies where there had been potential safeguarding concerns.
- The provider's policies included guidance and information for staff and encouraged staff to 'speak up' and raise concerns about poor care or suspected abuse.

Assessing risk, safety monitoring and management:

- People told us why they felt safe. One person said, "I feel very safe living here and I know I can use the cord bell." (Some people had a pendant, which they could use in an emergency, which connected them to an external company, who sought emergency support on the person's behalf). A second person said, "I like it here now, I do feel safe. I'm part of the furniture."
- Risks people faced had been identified, assessed and measures put in place to reduce the risk where possible. Staff demonstrated a good understanding of the measures they needed to take to keep people safe.
- Risk assessment documentation was pre-populated with identified risks, which were not always reflective of people's circumstances, this had the potential to confuse staff when following a risk assessment. For example, an identified hazard within risk assessments stated 'pet', however only one person had a pet. The manager said they would speak to the provider to see if the style of documents to assess potential risk could be reviewed.

Staffing and recruitment:

- Staff's employment and contractual arrangements were transferred to this provider when it registered with the Care Quality Commission (CQC) and took over the packages of care provided by the previous company.
- Staff recruitment processes were in place which helped to ensure staff were suitable to provide care and support. These included checks of previous employment, identification and criminal record checks through the Disclosure and Barring Service (DBS).
- There were enough staff to meet the needs of people. People were supported by a team of four staff. Staff rotas were planned to ensure people received care from staff who were on time and stayed the full length of the visit.

#### Using medicines safely:

- People told us about their medicines. One person said, "I have a few medicines the carers help me with them." A second person told us, "The carers help with my medicine."
- People received their medicines safely and as prescribed. People's medicines were ordered electronically and delivered to Saffron Court, these were then delivered to each person for them to store within their flat.
- People's care plans included details of the support people needed to take their medicines along with details of their current prescribed medicines and an allergies people had to medicines. For example, Penicillin.
- Daily medicine records maintained by staff were in good order, showing staff had prompted or administered people's medicine where required.
- Staff had received training in how to manage and administer medicines and had their competency to do so assessed.

#### Preventing and controlling infection:

- A person we spoke told us, "I feel very safe here and it's so clean here."
- Staff were supplied with personal protective equipment, such as gloves and aprons.
- The provider had monitoring systems in place to ensure people were protected from the risk of infection and staff complied with the guidance in the providers' procedure for controlling infection.
- Staff undertook or helped people with their laundry and cleaning of their flats where support was needed.
- Staff had received training in infection control.

#### Learning lessons when things go wrong:

- The provider had processes in place to analyse and review incidents and accidents in the service and ensure lessons were learnt to reduce the risk of harm.
- At the time of our inspection, there had not been any incidents or accidents that had occurred within the service.



# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's needs were assessed by commissioners who referred individuals to the service and shared their assessment of the person's needs with the manager of Saffron Court.
- People visited Saffron Court and met with the manager to discuss their needs to ensure these could be met by the service, before deciding to move to a flat and be supported with their personal care. A person told us, "A social worker asked me if I would like to move as I only lived in one room in a big house. I've been very happy here. They [staff] help me, on Mondays I write my shopping list, they get it [shopping] for me."
- Protected characteristics under the Equality Act had been considered as part of the assessment process. For example, people's lifestyle, preferences, religious and cultural needs and relationships.

Staff support: induction, training, skills and experience:

- Staff had received training in a range of topics to meet the health, care and welfare needs of people. Staff told us training was interactive and their understanding of what they had learned was assessed.
- Staff told us they felt supported by the manager and received regular formal and informal supervision which supported them to develop in their roles and understand and meet the needs of people.
- A system of induction, supervision, appraisal and ongoing training was in place.

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

- People's care plans included the support they needed to ensure they had enough to eat and drink. Care plans promoted healthy eating to meet any specific health needs such as people with diabetes. A person told us, "I cook my own meals but they [staff] help take me to the shops." A second person said, "I get help with my meals, I choose what I want to each meal time and they [staff] get it ready."
- Staff undertook or accompanied people to do their grocery shopping where support was required.
- Staff recorded people's dietary intake where appropriate.

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

- Action was taken in a timely manner if staff had concerns, such as contacting appropriate healthcare professionals. This was done in consultation with the person. A person told us, "The nurse comes to help me on Mondays and Thursdays. If I need the nurse or doctor they (staff) contact them for me."
- Staff supported people to remember and attend health care appointments. For example, providing visual prompts of appointments displayed within a person's home and by supporting people to organise transport.
- Effective communication systems were in place to support handovers of information between staff

regarding people's health and well-being.

- A member of staff was able to describe how they had supported a person in an emergency by contacting emergency health care services and following their advice until the ambulance arrived.

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority, through the Court of Protection.

- Mental capacity assessments had been undertaken which showed people using the service had capacity to make informed decisions, however these were not decision specific. The manager and team leader said they would review the assessments undertaken.
- People's care plans emphasised their involvement in decisions about their care and the need for staff to always consult with them to ensure people's rights were promoted.
- Records indicated if people had Power of Attorney arrangements in place.

# 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

Good: People were supported and treated with dignity and respect; and involved as partners their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- People were consistently positive about their care and support and the quality of the care provided by staff who were thought highly of. One person told us, "The carers are brilliant, more than adequate." A second person said, I like the carers, I have a laugh with them, I like them all. They are like family now."
- Staff had supported some people for many years. Staff were encouraged to spend time with people, building positive relationships.

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

- People spoke of the approach of staff towards them with regards their care. One person said, "Staff are kind and caring, they understand me, I can tell them if anything's bothering me."
- People's care plans emphasised people's ability to make informed decisions about all aspects of their care and guided staff to always seek people's views when providing care and support to ensure people's rights were promoted and respected.
- Care plans included details of people's life history, wishes and preferences. This knowledge was used by staff to ensure they provided care to meet people's needs, in the way they wished.
- Care plans included guidance for staff to ensure people's specific requests were met. For example, how staff should enter a person's home and greet them.

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

- Staff demonstrated a good understanding of protecting people's dignity and right to privacy and independence. For example, recognising and supporting a person to take part in activities of daily living, which included grocery shopping, preparing and cooking a meal and domestic chores, such as cleaning and laundry.
- People's care plans and records contained information about the circumstances in which people's records would be shared and with whom. People had signed these records to acknowledge their understanding.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Care plans were developed with the involvement of the person and signed by them which ensured that reflected people's wishes and preferences as to the care they required and how they wished for it to be provided. One person told us about their care plan, "I know about it [care plan], I've seen it. I tell them things and they [staff] help organise things."
- The manager within the Provider Information Return (PIR) stated they worked closely with people's social workers. Any needs reflective of protected characteristics as defined by the Equality Act would be shared to ensure individual needs of people were met.
- Staff had received training on equality and diversity which provides information for staff on the promotion of people's rights and care.
- Where required, staff supported people to go out into the local community. Staff were aware of the risk of social isolation and spent time talking with people about common interests and events. One person told us, "The Christmas social event was fantastic." (Staff had consulted with people residing at Saffron Court and supported those who wished to, to participate in a Christmas meal and party held within the communal kitchen/dining area of the complex.)
- People's care plans included details of how their communication preferences, for example their preferred language.

End of life care and support:

- At the time of the inspection no one was receiving end of life care.
- Staff had receiving training on end of life care.

Improving care quality in response to complaints or concerns:

- People told us they were confident to talk with staff about any concerns or worries they had. One person said, "I've been alright here, they say to ask if anything is bothering me."
- The provider had not received any complaints or concerns since the service had commenced.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had not had a manager, registered with the Care Quality Commission (CQC) for 27 days when the inspection took place. The manager of the service had cancelled their registration with the CQC and submitted their resignation of employment to the provider.
- The manager spoke of the future managerial arrangements. We were informed that an application would be submitted by the new manager for registration with the CQC. The CQC will keep this under review to ensure an application is received and that the provider complies with their condition of registration, of having a registered manager in post.
- The manager demonstrated they were aware of the regulatory requirements, including the requirement to notify CQC of significant events and incidents in the service.
- Systems were in place to monitor the quality and performance of the service. Weekly reports were submitted by the manager to the provider. These reports were then discussed amongst the senior management team.
- The manager was supported by a team leader who was also involved in the day-to-day delivery of care.
- Staff were supervised and were aware of their responsibilities and accountabilities in the provision of people's care.
- Staff understood their roles and felt confident to seek advice and guidance from managers if they needed to.
- The provider had ensured contingency arrangements were in place to ensure the service delivery was not interrupted by unforeseen events.
- The provider had met their legal requirements, which included a Certificate of Assurance confirming the safety and security of the providers electronics systems, including computer, e-mail and mobile phones.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- People knew who the manager was. One person said, "[Name] is the manager, he's alright."
- Staff were complimentary about the support provided by the manager and the registered person. Staff told us they were approachable and listened to their comments and views about the service and the people who they cared for.
- The manager had had supported staff with training to promote the quality of care people received, staff confirmed this. A member of staff told us, "I have never had so much training, what I like is that it is interactive, not e-learning [via computer]."

- Staff told us they had received positive feedback about their work and were confident to make any suggestions for improving people's care through meetings with managers.

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

- People's views were regularly sought. Comments cards had been completed by people, one person had written, 'Good support, means a lot of my carers are always smiling and cheer me up. They are always there to help. I would be lost without them.' A second written comment stated, 'The carers are fantastic always willing to help. If I'm ill, they ring GP straight away. They give excellent care and are always very friendly and helpful.'
- The provider encouraged accessible open communication, which included a website that provided information on their principles of care.
- Where people needed support to manage their correspondence and appointments this was identified within their care plan, which included practical solutions. For example, notice boards in people's flats using pictorial references and dates to remind people of appointments.

Working in partnership with others:

- The provider worked alongside a housing association. The housing association being responsible for the maintenance of the building and all aspects linked to tenancy arrangements. Staff provided support to people to contact the housing association about maintenance and tenancy related matters.
- We sought the views of social workers who had worked with people at Saffron Court. They confirmed that had no issues regarding the quality of the care delivered by the service.
- The manager worked collaboratively with external organisations who funded people's care and with the housing association. People referred to the service received information to enable them to make an informed decision about their decision to move into Saffron Court, and any decisions about choosing the service of the domiciliary care agency to provide their personal care as identified within their assessment.