

Adelfi Homecare Limited

Adelfi Homecare

Inspection report

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15 August 2018

16 August 2018

21 August 2018

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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

This inspection took place over four days on the 9, 15, 16 and 21 August 2018 and was announced.

This was the first inspection since Adelfi Homecare registered with the Care Quality Commission (CQC) on 23 August 2017.

This service is a domiciliary care agency and provides support with personal care to people living in their own homes in the community. It supports young adults between 18 and 65 years, older adults, people with physical disabilities and sensory impairment and people living with dementia. At the time of the inspection 29 people were receiving assistance with the regulated activity personal care. This means help with personal hygiene, eating and drinking.

The service had a registered manager, who was present during the inspection. 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's needs had been assessed when they requested support from the agency, to ensure staff had the skills to provide the care people needed. Care plans were written and agreed with people and their relatives, if appropriate. They were reviewed regularly and when people's needs changed. An effective quality assurance system enabled management to audit the care plans and other records, including medicines, accidents and incidents, to identify trends and take action when needed.

People and relatives told us staff provided the care and support they needed and treated them with respect. Staff had an understanding of the Mental Capacity Act 2005 and consistently asked for people's permission before providing assistance. One person said, "They always ask me before they do anything, very reassuring." Staff had completed equality and diversity training and were confident they protected people's human rights.

Staff demonstrated good knowledge of people's needs. They explained clearly how people were supported to make choices and plan the care and support they received. People and relatives were very positive about the agency, the care they received and the staff. They said it was a family run business; they all felt part of the family and were encouraged to discuss the care they received and raise concerns if they had any.

People told us they felt safe and risk associated with the environment and equipment had been identified and managed. Staff had attended safeguarding training and demonstrated a good understanding of supporting vulnerable people. If they had any concerns they reported them immediately to the provider or registered manager, who were on call at weekends and out of office hours.

Regular supervision and staff meetings ensured staff were up to date with current best practice. Staff told us they were supported by management and were encouraged to discuss the services provided and put forward suggestions for improvements. Staff had completed relevant training, including medicines and moving and handling and, there were opportunities for additional training that was specific to people's need, such as supporting people living with dementia.

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.

Risk had been assessed and managed as part of the care planning process and there was guidance in place for staff to reduce risk as much as possible.

Staff had attended safeguarding training and had an understanding of abuse and how to protect people.

Recruitment procedure were robust to ensure only suitable people were employed and there were enough staff to provide the support people needed.

Medicines were administered safely and administration records were up to date.

Good ●

Is the service effective?

The service was effective.

Staff had attended training for Mental Capacity Act 2005 and asked people for their consent before providing support.

Induction training for all new staff and ongoing training ensured staff had a clear understanding of people's needs and had the skills to provide appropriate support.

People were assisted to have enough to eat and drink and staff monitored their health and informed the management if they had any concerns.

Good ●

Is the service caring?

The service was caring.

Staff knew people very well. They treated people with respect and support was provided in a kind and caring way.

People were encouraged to be independent and actively involved in decisions about their care.

Good ●

Is the service responsive?

The service was responsive.

People's needs had been assessed; they received support that was personalised in line with their wishes and preferences and were involved in reviewing their care.

People and relatives knew how to make a complaint or raise concerns and were confident the management would address them.

Good ●

Is the service well-led?

The service was well led.

An effective quality assurance system was in place to monitor the service provided and identify areas where improvements were needed.

Feedback was sought from people, relatives and staff to assess the services provided and identify areas for improvement.

The management structure was clear and staff were aware of their roles and responsibilities.

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 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 contacted the agency 48 hours prior to the inspection to ensure there would be staff in the office when we visited the office. We started the inspection on 9 August 2018. The inspection was carried out by one inspector.

Before the inspection we checked the information we held about the service, which included statutory notifications. A notification is information about important events which the service is required to send us by law. We also reviewed the Provider Information report (PIR). This is a form that asks the provider to give some key information about the service; such as what they do well and any improvements they plan to make.

During the inspection we went to the agency's office and spoke with the provider, administrator and a member of staff. We spent time reviewing the records of the service, including policies and procedures, three people's care and support plans, the recruitment records for three care staff, complaints recording, accident/incident and safeguarding recording and staff rotas. We also looked at the provider's quality assurance audits.

Following the inspection we contacted two people and two relatives and spoke to them on the phone. We visited three people who used the agency, when the registered manager carried out spot checks and spoke with three staff who had provided support during these checks.

Is the service safe?

Our findings

People and their relatives were very complementary about the care and support provided and they said staff ensured they were well cared for. One person said, "Yes, very safe, they know exactly how to look after me." A relative told us, "All the staff know how to move him safely. They are all very good."

Assessments had been undertaken to assess risks to people who used the service and to the staff who supported them. The assessments detailed what the activity was, the associated risk and guidance for staff to follow to minimise the risk. For example, when people needed help to move around their home using aids such as hoists and wheelchairs, there was clear guidance for staff to ensure this was done safely. This included the aid to use and how many staff were needed, such as two staff when using an electric hoist. A relative told us the staff always asked their family member which aid they wanted to use, "Hoist or stand aid" and they said, "Wouldn't do what he does if he didn't feel safe with the staff." Staff confirmed they had completed moving and handling training to assist people to move around their home and the training plan supported this. The provider and registered manager confirmed that risk assessments were reviewed when people's needs changed and showed how they updated the care plans and guidance for staff following the reviews.

The provider was aware of the multi-agency policies and procedures for the protection of adults and they had followed these when they had been advised of a safeguarding concern. The registered manager had made a referral to the local authority and CQC had been informed in line with current legislation. There was clear guidance for staff to follow to ensure people's rights were respected and they were protected from harm. These included guidance to protect people from abuse. Staff said they had attended safeguarding training; they were clear about their roles and responsibilities and how to identify, prevent and report abuse. One member of staff said, "We have a whistleblowing policy, we all know what to do if we see anything we are worried about and I don't have any problems reporting anyone." One person told us, "I never have any concerns, they are excellent." A relative said, "Can't fault them. I am happy to go out and walk the dog when they are here."

Medicines policies and procedures were available for staff to follow and there were systems to manage medicines safely. Staff said they had received medicine training and they had been observed assisting people, to ensure they were competent before they assisted people on their own. Staff showed how they accessed medicine administration records (MAR) on their mobile phones and recorded when people had taken their medicines. One member of staff said, "The system is really good. We have to complete each of the activities so that we can go on to the next and if anything unexpected happens the office and the manager know straight away as our mobiles are linked directly to them." The provider said the system identified and highlighted any changes to the support provided. For example, if staff recorded that a person had refused medicine senior staff would know about this immediately, although staff would also contact them for advice and appropriate action could be taken. This included, informing relatives or the person's GP. Records showed that the registered manager audited the MAR monthly to identify errors and discussed these with member of staff concerned. Audits for May and June had not found any errors.

Appropriate recruitment procedures were followed to ensure only suitable people were employed. These included two references and there was evidence of residency and right to work in the UK. A disclosure and barring system (DBS) check had been completed to ensure staff were safe to work in care. There were sufficient staff working for the agency to provide the support people wanted. People said the staff arrived when they were expected and stayed for the agreed time. One person told us, "They arrive when they say they will, but if they are going to be late they let me know."

Staff were clear about how they would respond in case of an emergency. For example, if there was no response when they attended a call. Staff said they were able to contact senior staff at any time as the on call system covered out of office hours and weekends. This meant people, relatives and staff were able to contact the agency at any time. A lone worker policy, in the staff handbook, offered guidance for staff when working on their own. In addition, the online system enabled the provider and registered manager to track where staff were or if they were unexpectedly late for a visit, to ensure staff safety as much as possible. Any incidents and accidents were recorded and the registered manager told us they and the provider kept an overview of these to monitor any patterns and the quality of the care provided as well as offer guidance and support where needed. For example, an incident occurred between staff and a person support with personal care. The registered manager visited the person and discussed the incident and assured them it would be addressed. Additional training was provided for the member of staff and it was agreed that they would not provide support for this person. This showed that lessons were learnt and appropriate action taken when incidents occurred to prevent a re-occurrence.

People were protected by the prevention of infection control. Staff had attended training and we observed them using aprons and gloves, personal protective equipment (PPE), as they supported people during our visits. The provider had policies and procedures in infection control and staff received copies of these in their staff handbooks on induction.

Is the service effective?

Our findings

People and relatives were very positive about the care and support provided by the agency and said the staff had a good understanding of their needs. One person told us, "They are very well trained and know exactly what I need. Couldn't ask for more." A relative said, "Yes, they provide the right support and we can rely on them." Staff told us the training was ongoing, they were expected to attend and were supported to develop their practice.

Staff had a good understanding of mental capacity, they had completed training and there were policies around Mental Capacity Act 2005 available for staff to refer to. 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. We checked whether the service was working within the principles of the MCA. Staff had a good understanding of consent and people and their relatives told us staff always asked for their consent before any care was given. One person said, "They always ask first and when they finish they ask if there is anything else they can do before they go." A relative told us, "They ask what he wants to do and he decides. It lightens the mood here, they have a joke and laugh and it has helped my wellbeing as well."

People were supported by care staff that had the knowledge and skills to carry out their roles. The provider told us all staff completed the induction training, irrespective of previous experience, "As each service is managed differently and supports people with different needs." This training included competency assessments based on observations of how new staff communicated with people, their understanding of each person's needs and their ability to provide support. Records showed that their competency was assessed and only when they completed the training successfully were staff signed off and assisted people on their own. The provider said if they employed staff new to care they would be required to do the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers. Feedback from staff was that the induction training was good. One member of staff said, "It helped build up my confidence and the staff were very supportive."

Ongoing training was provided and staff said they attended this, "So we are up to date with any changes in care." Staff had completed first aid, health and safety, infection control and dementia awareness. Additional training was provided as required and staff were working towards a certificate in mental health problems and two staff had joined the Virtual Dementia Tour. One member of staff who had attended this said it was excellent and, "It made me think differently about dementia and how to support people with dementia."

Staff said they had received regular supervision and yearly appraisals were planned to commence when staff had worked for the agency for a year. Staff were supported to work towards health and social care qualifications, which are work based awards achieved through ongoing assessment and training. Care staff we spoke with said they had completed levels 2 and 3 and management had completed levels 4 and 5.

The provider had equality and diversity policies for staff to refer to and staff had attended training. The policy provided clear details about the groups covered by the Equality Act 2010; age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation and, that these are now called 'protected characteristics'. Staff were confident people's equality, diversity and human rights were protected and they were aware that as employees they were also protected. One member of staff told us, "Clients rights would always be protected."

Where required people were supported by staff to have sufficient food and drink to meet their nutritional needs. We saw staff asked one person what they wanted for lunch and made the sandwich and hot drink of their choice. Staff had a good understanding of people's dietary needs, they discussed people's likes and dislikes and, there was clear information in the care plans for them to follow. Staff said if people had not eaten the meals provided or they looked like they had lost weight, staff rang the office or 'on call' for advice and recorded their concerns on their mobile. Staff had completed training in food hygiene, they were aware of safe food handling practices and we observed they used gloves when preparing meals.

People were supported to maintain good health and attend appointments as required. People and relatives said most appointments were coordinated by them and the agency staff; so that staff knew if a visit to their home was not required or if a different visit time was needed. Staff said they monitored people's health during their visits and any concerns were recorded and discussed with senior staff, who in turn would discuss these with relatives or relevant health care professionals.

Is the service caring?

Our findings

People said staff respected their choices and care and support was based on their preferences, this included the times support was provided. One person told us, "Yes they provide the support I need and they do their work to a high standard." One relative said, "All the girls are very good, but one is extra special and really gets on well with him." Staff said they enjoyed working for the agency. One member of staff told us, "We all work really well as a team, including the clients and relatives."

Staff said people and their relatives, if appropriate, decided how support was arranged. This was to ensure people were independent, they exercised choice and control and had the care they wanted. Staff were knowledgeable about people's individual needs, they were confident they provided the level of support people wanted and needed and records confirmed the staffs knowledge and understanding. People and relatives said they were happy with the care package that had been set up with Adelfi Homecare and said it was exactly how they wanted it to be. One relative said the staff had enabled their family member to stay up until later in the evening, while other agencies had offered to assist them back to bed at approximately 7.30pm. "It is brilliant, they breeze in and breeze out, they always acknowledge him, like an extended family."

Staff told us they respected people's privacy and dignity. People and relatives agreed with this and said staff were very respectful. A relative said staff asked permission to enter and they had been asked if they had a preference for male or female care staff, "We want only female staff and other agencies are unable to provide this and although Adelfi have male staff they are not allocated to us." As much as possible people were supported by the same staff. If there were any changes, due to holiday or sickness, new staff would visit the person with regular care staff and be introduced. If this was not possible people were called to explain why there was a change and staff would have time to read the person's care plan and discuss people's needs with senior staff before they visited them. One member of staff said, "We can access the care plans on our mobiles, so we don't have to go into the office and if we have any questions we can ring the manager or on call just to check. I think it is really well organised and clients understand how it works."

People had been involved in developing their care plan and there were regular checks, through phone calls and visits to ensure people had the support they needed and wanted. Staff said the provider or registered manager carried out regular spot checks. One member of staff told us, "They make sure we provide the care people want, I don't have a problem with that, I know we look after people very well and if there are any problems they are picked up very quickly and sorted out." People told us they had calls from the agency to check, "The staff are looking after us, not a problem" and, management visited them to ensure staff were there at the booked time and provided the care they needed. We accompanied the registered manager during these spot checks and confirmed staff did not know when they would occur. Relatives felt they were a good way of ensuring the staff provided appropriate care. We saw communication between people, relatives and staff was relaxed and comfortable. People and relatives were very positive about the staff and the care offered. One relative said their family member's quality of life had improved since the agency had provided support, "They are so good."

Copies of care plans were kept in people's homes and stored securely in the office. Staff had signed to

confirm they been given the providers policies regarding confidentiality and understood the importance of ensuring that information about people and their support needs was confidential. Including information on the mobile phones, which was only accessible by agency staff.

Is the service responsive?

Our findings

People said staff listened to them and provided the support they wanted. The management and staff said they worked together with people and their relatives to provide care that was specific to meet each person's needs. People and relatives were aware of the complaints procedure. One person told us, "Yes, I know they have one, but haven't needed to use it."

The provider said senior staff visited people who requested support from the agency; to assess their needs and ensure they had staff with the right skills and knowledge to meet them. They told us, "We visit people and talk to them and their relatives about their needs and what they expect from us" and, "We aim to support people to remain in their own homes, if that is what they want, and plan their care around them. They make all the decisions, we might discuss other options with them, but it is up to them." One person said the registered manager had visited them to talk about their health care and how much support they wanted. They told us, "They came to see me and we had a good chat about what I want them to do, we decided between us and wrote the care plan. They really know what I need help with." A relative said the registered manager spoke to their family member when they visited to discuss the support they needed. "They involved him in decisions about all aspects of the care package and they support me as well, because I don't have to worry about what they are doing we are very happy, they are excellent."

People and relatives told us they had been involved in writing their care plan; they discussed their needs daily with care staff and reviewed their care plans. Records showed that telephone checks, spot checks and monitoring visits were carried out regularly and that people were happy with the support they received.

Staff knew people very well and showed how technology enabled them to provide the care that people wanted. One member of staff said, "Our mobiles are linked up to the computer in the office and to the manager's system, so they know where we are and if we have provided the right care. We can't move on until we have completed each part of the plan on the mobile." They showed us how the mobile app did not move onto 'making lunch' until they had completed 'support with personal care'. The online system enabled senior staff to make alterations to the care plans. For example, if a person's needs changed or if a person had requested a different visit time. People knew how the online system worked and said they saw staff using their mobiles while at their home. A paper copy of each person's care plan was also kept in their home; the provider told us these were produced following a request from health professionals. They said, "They wanted to see what care and support we provide, so they can contact us if people's needs change to let us know if we need to review the care plan."

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. Staff were knowledgeable about people's communication needs and showed these were included in their care plan.

Staff had completed training in supporting people when their health care needs changed and when

appropriate had discussed people's preferences and wishes for end of life care. One member of staff said, "People are able to remain with the agency with palliative care, if that is what they want. We can plan care and support around people's specific needs and choices."

The complaints policy provided information to people and relatives on how to make a complaint, how it would be responded to and the timescales involved. People told us they knew about the policy and were confident if they had any concerns the provider or registered manager would take action. One person said, "I don't have anything to complain about, they are so good." A relative told us, "There is no reason to complain, but I am sure if I had a problem it would be sorted out quickly."

Is the service well-led?

Our findings

People said the agency was run as a family business, with the provider and registered manager providing support and discussing their needs as much as the care staff. One person told us, "It is a small agency, much more personal than the larger ones, the staff are all very good and they turn up when they should." A relative said, "Only too happy, thrilled with them, they treat us as part of their family and they run the business that way." Staff also told us they were supported like a member of the family and were involved in discussions about how the service was developing.

An effective quality assurance system was in place and all aspects of the service were consistently monitored using the on line system. The provider demonstrated how the system was set up to identify if care was not provided as planned. For example, an alert would be raised if staff had not filled in the mobile app to record that medicines had been taken. One incidence occurred when the battery on one member of staffs mobile was flat and there was no signal. The importance of staff keeping their mobiles fully charged was discussed with all staff to prevent a re-occurrence. The programme had quality audit tools which enabled management to look at people's records, medicines, accidents and incidents and identify any trends or areas for improvement.

The provider and registered manager spoke about the vision and values for the service and how they worked with staff to ensure they followed these. The provider said, "People's needs are assessed and designed in consultation with them and staff are supported to provide the care people want." Staff told us they had the same aims as the management and were confident they could provide appropriate care. They were aware of their roles and responsibilities and there was a clear management structure with identified leadership roles. Staff told us the agency was very well led and they felt supported by the provider and registered manager. They were asked for feedback about the service through supervision, staff meetings and questionnaires. Staff said, "We work really well together as a team, we have the same aims and beliefs as the management. To provide the care people want." "We are all like a family, including clients and relatives; it is the best agency to work for."

Feedback was sought daily from people and relatives as staff provided care and through satisfaction questionnaires. These had been given and sent out in April 2018 and the responses were all very positive. Comments included, 'As a family we thank you all so much for your level of care.' 'Give me confidence that she is being cared for.' 'No improvements needed' and, 'Would recommend you as a great service, keep up the good kind work'.

There were policies on staff responsibility under Duty of Candour and staff were aware of these. One member of staff said, "There is no point in not being upfront when things go wrong, it would reflect badly on us and people would lose their confidence in us." People and relatives said there was an open and honest culture within the agency and they were kept up to date with any changes.

The provider, registered manager and staff worked closely with health professionals, such as GP's and other domiciliary agency's. Adelfi Homecare provided support for people in the evenings and at other times when

another domiciliary agency was unable to provide support. Staff said this worked well together and if they noticed changes in people's need they contacted the other agency and discussed the care package in place.

The provider and registered manager have previous experience of owning and managing a domiciliary care agency and had kept up to date with best practice in health and social care. They were aware of CQC's revised Key Lines of Enquiry, introduced from November 2017 and used to inform the inspection process. Notifications had been submitted to CQC about events or incidents they are required by law to tell us about and staff were aware of the changes in data protection and the General Data Protection Regulation (GDPR) that came into effect in May 2018. Training had been provided and staff were confident information about people who used the agency and staff was secure and had been obtained with their consent.