

Adjuvo (Midlands) Support for Living Ltd

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Inspection report

Satya Nivas
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Date of inspection visit:
05 February 2019
07 February 2019
15 February 2019

Date of publication:
14 March 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, Satya Nivas provided personal care and support to up to 10 people with learning disabilities and/or autism and mental health difficulties. The accommodation is in a residential area in the city of Leicester.

The service worked within the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people could live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control over their own lives, choice, and independence.

People's experience of using this service:

- People were happy with the care and support they received and had developed positive relationships with staff.
- The staff were friendly, passionate about their work and caring; they treated people with respect, kindness, dignity and compassion.
- People were protected from the risk of harm and received their prescribed medicines safely.
- Staff were appropriately recruited and there were enough staff to provide care and support to people to meet their needs.
- Staff had access to the support, supervision and training they required to work effectively in their roles.
- People were supported to maintain good health and nutrition and live fulfilled lives.
- People had detailed personalised plans of care in place to enable staff to provide consistent care and support in line with people's personal preferences.
- Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005). The provider was aware of how to make referrals if people lacked capacity to consent to aspects of their care and support and were being deprived of their liberty.
- Information was provided to people in an accessible format to enable them to make decisions about their care and support.
- People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints received.
- The service had a positive ethos and an open culture. The registered manager was approachable, understood the needs of the people in the home, and listened to staff and relatives.
- There were effective systems in place to monitor the quality of the service and drive improvements.

More information is in the full report

Rating at last inspection: This was the first comprehensive inspection since the home had changed

ownership.

Why we inspected: This was a scheduled inspection.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Adjuvo (Midlands) Support for Living Ltd

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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:

Our inspection was undertaken by one inspector.

Service and service type:

Adjuvo (Midlands) Support for Living Ltd, Satya Nivas is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This was an unannounced inspection.

What we did:

The inspection site visit activity started on 05 February 2019 and ended on 05 February 2019. We contacted staff, families and health professionals to find out their experience of the service on 07 and 15 February 2019.

We reviewed the information we had about the service which included any notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who monitor the care and support the people receive.

We had not asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we gave the provider the opportunity to share any information they felt relevant during the inspection.

We spoke with four people who used the service, four support staff, a team leader, the registered manager and the provider. We also spoke with two social care and health professionals and contacted one relative.

We reviewed two people's care files, looked at three staff files and reviewed records relating to the management of medicines, complaints and how the provider monitored the quality of the service.

After the site visit we asked the registered manager for details of the planned programme of training and staffing rotas.

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

- People were kept safe. One person said, "I am happy, everyone is very nice, I feel safe, no worries." We observed people living in the home looked calm and relaxed around staff.
- Staff knew how to keep people safe from harm. They had regular training and described to us what signs of abuse they would look for. There was a safeguarding procedure in place for staff to refer to.
- The registered manager had worked with the local authority safeguarding team when concerns had been raised about the previous provider and taken the appropriate action to ensure people remained safe.

Assessing risk, safety monitoring and management

- People had individual risk assessments in place which provided staff with the information they needed to manage the identified risk. For example, managing the risk of falls for a person with poor mobility.
- Regular health and safety checks were made. For example, the fire alarm was tested each week and fire drills had been completed.
- Staff knew what to do in the event of a fire and people had up to date personal emergency evacuation plans in place.

Staffing and recruitment

- People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place, which were consistently followed.
- Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started to work at the home.
- Staff were visible and responded to people in a timely way.
- There was sufficient staff to provide the care and support people required. Staff had time to spend with people. We saw staff sit chatting with people and supporting them with activities.

Using medicines safely

- Medicines were safely managed.
- Staff received training in the administration of medicines and their competencies were tested regularly. One member of staff said, "[Registered manager] often observes us to make sure we are doing things properly."
- There were regular audits in place and any shortfalls found were quickly addressed.
- We saw that people received their medicines within appropriate periods.

Preventing and controlling infection

- People were protected by the prevention and control of infection.

- Staff were trained in infection control and had the appropriate personal protective equipment to prevent the spread of infection.
- Staff wore protective clothing when providing personal care and serving food.
- We saw that all areas of the home were clean and tidy, and that regular cleaning took place.

Learning lessons when things go wrong

- Accidents and Incidents were monitored and action taken to address any identified concerns.
- Any lessons learnt from incidents were discussed with staff and action plans put in place to ensure similar incidents did not happen again.

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 prior to them moving into the home to ensure that the service could meet their care and support needs.
- Attention was paid to the compatibility of the people. Most of the people had lived together for several years, the registered manager told us that if ever there was a vacancy everyone would be involved in any decision to fill the vacancy. One person told us, "[Registered manager] spoke to us about [name of person], they are staying with us for a short time."
- People and their families were involved in developing their care plan. The plans we saw recorded people's preferences, their likes and dislikes and their cultural background.
- Staff had received training in relation to equalities and diversity. One member of staff said, "No one is discriminated here, some of the people were surprised that those of us from a different cultural background to them could look after them so well."

Staff support: induction, training, skills and experience

- People received support from staff that were competent and had the skills and knowledge to care for their individual needs.
- People told us that staff looked after them well.
- Staff training was relevant to their role and the training programmes were based around current legislation and best practice guidance. A member of staff said, "The training is very good, we are observed and checked that we do things properly, particularly when we give medicines."
- Records confirmed that staff refreshed their training such as health and safety, safeguarding and infection control regularly.
- New staff completed a thorough Induction which included classroom based training and shadowing more experienced staff until they felt confident to support people.
- Staff told us they had regular opportunities to discuss their performance and training needs and we saw that all staff had annual appraisals planned.

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

- People had a choice of meals that were prepared and served in a way which met their cultural needs.
- People's weight was monitored to ensure that they maintained a healthy weight and were getting sufficient food to maintain their weight and health.
- People were offered drinks and snacks throughout the day and were encouraged to help in the kitchen to prepare food if they wanted.

- Records showed that where concerns had been raised about a person's nutrition advice had been sought from appropriate health professionals.

Staff working with other agencies to provide consistent, effective, timely care

- People had been encouraged and enabled to attend a local adult education centre.
- Staff actively looked for opportunities for people to be involved with activities within the local community. Supporting people to live healthier lives, access healthcare services and support
- People were encouraged to take exercise and access the local community whenever they wished. We saw one person returning from a walk to the local shops. A walk they did regularly.
- Records showed that people had access to various health professionals such as GPs, District Nurses and dentist.
- People were supported to attend health appointments in the community and were visited by health professionals when necessary.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The registered manager and staff were aware of their responsibilities in relation to the MCA and we saw that where DoLS applications had been made these were appropriate and people were being supported in the least restrictive way as possible.
- We saw that staff sought people's consent before they supported them.
- People told us they chose when they wished to get up, go to bed, eat or go out into the community. One person said, "I can come and go whenever I want."

Adapting service, design, decoration to meet people's needs

- People had their own bedrooms which they had personalised to their taste and they had been involved in choosing the décor and furnishings for the lounge and dining areas.
- The house from the outside met the conditions of 'Registering the Right support' in that it fitted into the residential area it was set in.
- Regular maintenance checks were carried out.

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 in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us they were very happy with the care and support they received. One person said, "Staff are very good, very supportive, all very nice." Another person said, "I am very happy with all the staff, I am very happy living here." A professional visiting at the time of the inspection commented that people always seemed happy.
- We observed that people looked calm and relaxed around the staff.
- Staff were cheerful and receptive to people's needs. One person said, "Nothing is too much trouble for the staff."
- Staff were deployed so there was always one member of staff on duty who could speak the language of people whose first language was not English.
- People's cultural backgrounds were celebrated. One member of staff told us that they celebrated various religious festivals such as Diwali.

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

- People told us they got up when they wished and went to bed when they wished.
- People who lacked capacity to make decisions for themselves had an independent representative who visited regularly and checked that as far as possible people were included in decisions and any decisions made on their behalf were made in their best interest.
- Easy read and pictorial information was available, such as menus, to enable people with different communication needs to express their preferences and views.
- People's care was reviewed regularly with them, their family, if appropriate and other health professionals. One person told us they met with their social worker to look at their care plan at least once a year and they spoke with the registered manager.
- Staff spoke politely to people and we observed them asking people what they wished to do during the day.
- The registered manager was aware of the need for people to have access to an advocate if they needed support to express their views about their care.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to do things for themselves, for example one person liked to assist in the kitchen and eat their meals separately which they were enabled to do so.
- People were free to come and go as they pleased and those with restrictions in place were supported to access the community when they wished.

- Staff discreetly spoke to people when they needed assistance and were aware of people's specific routines which supported their cultural background.
- Care records were stored securely and staff were aware not to discuss people in front of other people. We saw that when a health professional visited people were given the space and privacy to meet with them.

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

- People had individualised care plans, which detailed the care and support people wanted and needed; this ensured that staff had the information they needed to provide consistent support for people.
- There was information about what was most important to people, the important people in their lives, and their hobbies and interests. We read in one person's care plan that they liked to watch Bollywood movies and Asian TV, we saw that a Bollywood film was played during the inspection.
- One person told us they met with their social worker to look at their care plan at least once a year and they spoke with the registered manager. People took part in activities in the home and in the community when they wished. We saw people enjoying an exercise session and three people attended a local college. One person said, "I like to visit the Temple sometimes and go out to the shops or go out on the bus."
- The registered manager had ensured that there was an appropriate religious statue in the home so that people could practice their religion.

Improving care quality in response to complaints or concerns

- People knew who to speak to if they were unhappy and wished to make a complaint. One person said, "If I was not happy with anything I would speak to [registered manager], she would sort it out for me."
- A relative told us, 'I have never had to make an official complaint as things are normally dealt with through a two-way dialogue with [registered manager]. We are open with each other on [person] needs and discuss matters jointly. These conversations are always prompt and any query is resolved immediately.'
- There was a complaints procedure in place which was also made accessible to meet people's individual communication needs.
- The registered manager told us that if any issues were raised they would be dealt with as quickly as possible. We saw that when people had raised concerns about the previous provider the registered manager had listened and taken the appropriate action to respond to the concerns raised.

End of life care and support

- At the time of the inspection there was no one who required end of life care.
- There was a commitment to ensure that people remained living at the home for as long as possible and the service had recently supported someone at the end of their life.
- The registered manager and staff were aware of the need to have individualised plans in place which took account of people's wishes and respected their cultural needs.

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.

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

- People were at the centre of everything the service did; the registered manager ensured that people were involved with any decisions about the way the home was run.
- The provider and registered manager were focussed on providing the support and care people required to meet their individual needs and promote their independence and choices as to how they lived their lives. For example, supporting people with activities inside and outside of the home, involving people in decisions about the décor, talking with people about their cultural background to help people gain a better understanding and tolerance of people's differences.
- The registered manager ensured that people and their families were involved with their care. One relative told us, ' [Registered manager] is approachable and does take time to listen but also makes good suggestions relating to my [relative] well-being.
- The registered manager was aware of, and they and the provider had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew about how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear about their roles and responsibilities towards people living in the home and felt listened to by the registered manager. They had supervisions with the registered manager and attended regular staff meetings. One member of staff said, " [Registered manager] is amazing, she is always available and listens to you."
- Staff meeting minutes confirmed that staff were able to raise concerns and make suggestions as to how the service could be improved.
- There were effective systems in place to monitor the quality and standard of the service. The provider had established audits in place relating to the running of the service. These included care records, staff training and medicine administration. We saw from one audit undertaken by a local pharmacist that changes had been made as to how medicines were stored.
- The registered manager had notified CQC about events they were required to by law.

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

characteristics

- The registered manager spent time with people and spoke regularly with families and staff about looking at ways to improve the service. They had recognised the need to engage with people about respecting the diversity amongst the staff and people in the home.
- People living the home met regularly to talk about what they would like in the home and what social activities they would like to access. People were empowered to speak up and say what they thought. The registered manager told us how proud she felt that people did 'have a voice.'
- Staff were supported to access the training they needed in a way which supported their communication needs.
- Information was made available in a format which met people's individual needs. For example, information about keeping safe was in Easy read.

Continuous learning and improving care

- The registered manager continuously looked at ways to engage with other professionals to share experiences and best practice. They told us about introducing handover sheets following contact with a group of managers' who shared ideas. This had improved communication between the staff team and ensured they remained up to date with people's changing needs and routines.

Working in partnership with others

- The provider and registered manager worked closely with the local authority commissioners and safeguarding authority to ensure the service developed and people remained safe.
- The registered manager had liaised with a local adult education college to secure places for several people to attend.