

Adex Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We visited Adex Care LTD on 03 March 2017. Adex Care LTD provides care and support to people living in their own homes in Liverpool. At the time of our visit, the service was providing support for 69 all of whom were in receipt of personal care. There were 38 staff employed by the service including two co-ordinators, a training manager and a deputy manager.

At our last inspection of the home in November 2015 we asked the provider to make improvements with regards to recruitment processes, staff monitoring, training, complaint, care plans medication management and recording of people's views. At this inspection we found that improvements had been made to the majority of what had previously identified. However there were still improvements to be made and the service had shown that they had recognised what was needed and was continually improving.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was in attendance at the time of inspection as well as the two co-ordinators and the training manager.

We found that recruitment practices were in place which included the completion of pre-employment checks prior to a new member of staff working at the service. However we found that some new staff did not have two references prior to employment as was stated in the services policies.

Care plans and risk assessments were in place for the care people required, however we identified that the service did not have a system in place to check the daily log sheets that recorded the care that was being delivered was what had been agreed in the care plan or had been risk assessed.

The provider had systems in place to ensure that people were protected from the risk of harm or abuse. We saw there were policies and procedures in place to guide staff in relation to safeguarding adults and whistleblowing. Staff received regular training and supervision to enable them to work safely and effectively.

All of the responses from people who spoke with the inspector were that the service was either very good or excellent. People told us they were very happy with the staff and felt that the staff understood their care needs. People confirmed that staff stayed for the length of time allocated and arrived on time. All of people we spoke with had no complaints about the service.

The staff employed by Adex Care LTD and the registered manager knew the people they were supporting and the care they needed. People who used the domiciliary service and staff told us that Adex Care LTD was well led and staff told us that they felt supported in their roles. We saw that office staff were a visible presence and it was obvious through our observations that they knew the people who they supported really

well.

The service had individual geographical areas of working and staff who worked in these areas for the majority was able to cover their own work absences on their areas, this meant people receiving the service had familiar people coming to support them in their home.

The care records we looked at contained good information about the support people required and recognised people's needs. All records we saw were complete, up to date and regularly reviewed. We found that people were involved in decisions about their care and support. We also saw that medications were handled appropriately and safely.

Staff had access to gloves and aprons and had received training about health and safety and food hygiene this meant the infection control standards of the service were of a good standard.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe

Appropriate recruitment policies were in place, however these had not always been followed.

Daily log sheets had recorded that care had been delivered that had not been agreed in the care plan or been risk assessed.

People were getting visits on time the majority of the time and staff were staying the required length of time.

Staff managed people's medication safely when required.

Is the service effective?

Good ●

The service was effective

Staff were appropriately inducted and received on-going training.

Staff were provided with regular supervision and appraisal.

People had given consent for care to be provided.

The service had policies and procedures in place in relation to the Mental Capacity Act 2005 and staff had received training.

Is the service caring?

Good ●

The service was caring

People told us that their dignity and privacy were respected by staff.

People we spoke with said staff were kind, very caring and helpful.

People's information was held according to confidentiality policies and guidelines.

Is the service responsive?

Good ●

The service was effective

We saw each person had a care plan that met their individual needs.

People who used the service told us they were involved in their plan of care and, where appropriate, their support needs were assessed with them and their relatives or representatives.

Care documentation held in people's homes was updated and matched what was held in the office.

Is the service well-led?

The service was well- led

The service had a manager who was registered with the Care Quality Commission.

The office staff were clearly visible and staff said communication was open and encouraged.

The quality of some of the processes was monitored continuously by visits to people who used the service giving them opportunities to express their views However the documentation was not always checked.

Good ●

Adex Care Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 inspection took place on 03 March 2017. We gave 24 hours' notice to make sure that someone would be available. The inspection was carried out by one adult social care inspector.

Before our inspection, we looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the registered manager. We checked that we had received these in a timely manner. We also looked at safeguarding referrals, complaints and any other information from members of the public. We also contacted the local authority quality assurance team to see if they had any concerns or information about the service.

We visited the office on 03 March 2017 and looked at records, which included six people's care records, four staff files and other records relating to the management of the service. Records included training information, complaints and auditing processes. We spoke with five staff members including care and office staff as well as the registered manager.

The visit was followed up with visits to two people in their own home and with telephone calls to people who used the service and their relatives.

Is the service safe?

Our findings

People who used the service said they felt safe when supported by the staff. One relative we spoke with told us "No one has let [person] down, not even over Christmas", another relative told us they felt the support their mum received was 'absolutely' safe. A person receiving care from the service told us that the care she received was safe. We received no reports of missed visits and were told that the staff were almost always on time. One relative commented "They've been as regular as clockwork". We were told by everyone we spoke to that if the care staff were going to be late then they would receive a telephone call from the office to inform them of this and when the staff were expected to arrive.

Records showed that all staff had completed training about safeguarding adults and the provider had a policy on safeguarding. Staff we spoke to were aware of the need to report any concerns to a senior person and they had knowledge of their own responsibility to report any concerns about their workplace to an outside body if necessary. We also asked staff if they felt comfortable whistle blowing. Whistleblowing protects staff who report something they believe is wrong within the work place. Each staff member said yes.

We looked at a sample of five staff files. Records showed that recruitment and checking processes had been carried out when staff were recruited. This included a Criminal Records Bureau (now Disclosure and Barring Service) disclosure, however we found that some staff did not have two references prior to employment as was stated in the services policies. This meant that a thorough check of people's work history had not been undertaken.

We were able to see that the service had a disciplinary policy in place and that this had been followed when it was needed.

Risks to people's safety and well-being had been identified and plans put in place to minimise risk. Risk assessments had been completed with regard to moving and handling, the environment, people's personal care and medication needs. However we saw daily log sheets that had recorded care had been delivered regarding the administration of eye drops that had not been agreed in the care plan or risk assessed. This meant the staff were delivering care that the office were unaware of and that they were potentially untrained for and so putting the person at risk. We brought this to the attention of senior staff who investigated our findings and also informed us that changes would be made to the services auditing systems of communication logs.

We looked at how the service supported people with their medication. People who required support with medication were encouraged to use blister packs and those people who self-medicated were identified through their risk assessments. We were told by everyone we spoke to that there were no problems with medicines. Staff had received training in medication administration and the service had a medication policy and procedure available for staff to refer to.

We saw that personal protective equipment such as gloves and aprons were available to staff. This helps to minimise the risk of spreading infection.

We saw that the service had not had any accidents or incidents but they were able to show us the processes that were in place that would monitor for trends that may occur and could therefore be addressed. An example of this was a falls monitoring form devised by the registered manager, this meant that the service would be able to identify individuals in a timely manner who may need referrals to other health or social care professionals.

Is the service effective?

Our findings

People we spoke with told us that the staff calling on them were fully trained and had the relevant skills. One person said about the staff "They are good, well trained". One staff member told us "It shows there's a lot more you need to know" and another staff member told us how they were able to immediately access the Health and Social Care Diploma and they were able to tell us about the training, induction and shadowing process following recruitment.

We reviewed four staff files in relation to the staff employed and saw evidence that staff had received an induction when they first started working at the service and that care staff competencies were regularly monitored. Staff who were new to care had started the service centred induction and the Care Certificate, which was accredited by 'Skills for Care' this is a national qualification.

Records showed that a range of training was undertaken by the staff team and this was confirmed by the staff we spoke with. The training was provided by an on line system and through face to face training. Subjects that had been covered during 2016/2017 included health and safety, mental capacity, food handling, moving and handling and medication. We also saw how the service was able to access additional training such as understanding end of life care. The training manager was able to tell us how they had identified a previous training system had been inappropriate for their needs. They had accessed a more interactive system for the benefit of the people using the service as the staff were able to access learning and implement it into their work.

The provider had a supervisions and appraisals system in place. Supervisions were both community and office based and some staff had had appraisals carried out. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs.

Adex Care had a policy in place regarding the Mental Capacity Act 2005 (MCA) and the staff received training surrounding mental capacity. The registered manager explained to us their responsibilities regarding MCA and their responsibilities to the people they were delivering a service to. Everyone we spoke to told us their choices were respected, one person said "They check with me to see what I want". The seven care plans we looked at showed care had been agreed to by the person receiving the service. We saw that people who used the service had signed to say they were giving their consent to receive the care outlined in their care plans. One person told us "Oh yes, they listen to me".

Everyone we spoke to was happy with their support with eating and drinking. One person told us how staff would ask them what shopping was wanted and that the staff would prepare whatever was requested. People were satisfied with everything that was done for them. One family member told us "When they come they make sure [person] is set for the day".

The registered manager was able to tell us how they accessed specialist advice if it was needed. For example, the service worked closely with the fire brigade to ensure people were safe in their own homes by

referring people following the initial assessment of their needs.

Is the service caring?

Our findings

People told us that staff were always kind and compassionate when attending to them. One person said "Care assistants were excellent, they were very good and very caring", another person told us "We laugh and joke. I know them all really well". We also asked relatives and we were told "They are brilliant with [person]".

People supported by the service and their relatives told us they were well informed and were also involved in the care being delivered. We saw how each person had a care file, this had a service user guide that included information regarding assessments and delivery of care. One person told us "In the beginning I went through the care plan of what I need" and a relative told us "They did a follow up visit after the start and reassessed, I'm really pleased".

People felt that staff respected their privacy and dignity when supporting them with their daily tasks. We asked people if they were able to make their own choices, all the people we spoke to said that they were. One person told us "They prepare what I want", a relative also told us "If it wasn't for them we wouldn't have been able to keep [person] in their own home".

We observed that confidential information was kept secure whilst we were in attendance in the office because we saw that records were kept locked and only accessed by staff.

Adex Care Ltd at the time of inspection were not providing end of life care but were able to tell us how they would prepare for this by accessing end of life training for the staff.

Adex Care Ltd had a service user guide in place that gave people a good range of generic information regarding the service that was provided including policies about confidentiality, risk taking and risk management and equal opportunities. The service had added information regarding their own philosophy of care and their own principles and values.

We looked at the files held in the people's own homes and saw that on the front page, it also supplied contact information for advocacy services, these were able to be accessed through the local authority and another independent service.

We asked people and relatives if they felt that the service provided information and explanations, one person told us "Oh yes they tell me if there's a change, like staff. I get told all about the person" One relative told us "The communication is great".

Is the service responsive?

Our findings

All the people who we spoke with were satisfied with the way care was provided and felt listened to. They told us that they would certainly be comfortable with expressing concerns about the service if they had any. One relative told us "If there's anything wrong we can speak to anyone", a person using the service said "I'd speak to [manager] if I had any complaints, but I don't." A third person told us "I've no complains, they do the job".

Adex Care Ltd had a clear written complaints policy a version of this was included in the service user guide given to people when they started using the service. The complaints procedure advised people what to do regarding concerns and complaints and what to do if they were not satisfied with any outcome. It gave contact details for the local authority complaints service, the local government ombudsman and for CQC.

We spoke with a co-ordinator and the provider who told us the processes followed when a referral was received. This included making appointments with people and family for initial assessments, developing care plans and risk assessments. We saw records of these assessments in people's care files. The assessment forms had been completed in detail and recorded agreement for the service to be provided. The forms were signed by the person requiring a service or a family member.

The file that was placed in a person's home had personal details, a social history of the person, a health assessment that documented any equipment needed and any current recreational activities. Care plans were in place for the care people required, this included personal care, support with dressing and communication. The service also gave a support plan for each visit that instructed the staff in detail of what was expected by the person receiving the service. The documentation was clear and had been completed in full. Care staff completed a visit log after each visit, and these were then archived. One person told us "They [staff] write in the book at every visit".

One staff member told us she had reported the change of a person's needs to the office and this was immediately acted on. Care plans had been reviewed with clear changes documented where needed. The management of the person's care including communication with professionals from the social care department of the local authority. The staff and the manager showed that they had an intimate knowledge of people they were talking about.

We were told by one family member how they had requested changes to the times the staff were due to visit their relative, they told us "They dealt with it straight away and changed it to a later call".

We asked people if they felt their independence was encouraged by the service and everyone said they did, one relative told us "It's kept [person] in their own home. All the people we spoke to told us that their individuality and choices were respected by the service."

Is the service well-led?

Our findings

The service had a registered manager who had been in post since July 2015. He was supported by a deputy manager, two care co-ordinators, a training manager and a senior carer. The manager and both co-ordinators had taken responsibility for staff rotas and planning service reviews. They also spent time working directly with people who used the service.

All the staff who spoke with us said the service was well led and that they felt supported. One person told us "They are always asking how we are and our calls", another staff member said "They're very supportive, they even phone me to see if I was alright after an accident". We were also told how the manager was very compassionate.

Senior staff carried out staff supervisions, spot checks as part of the quality assurance systems, and liaised with the local authority. We were told by one person who uses the service "They've rang up to do courtesy calls". We saw that the registered manager carried out audits that included care reviews, training updates, complaints and staff performance. These showed the date these were checked, what improvements were required, any action needed and the when the action were completed. An example of this was surrounding staff being late to their visits and the actions taken to stop that.

We were told that care records and daily log sheets were regularly audited, however we noted that some daily log sheets were not being monitored and audited effectively and we brought this to the manager attention immediately. We also saw how staff personnel files had not been audited effectively as the services own policies surrounding recruitment had not always been followed.

Other quality assurance included asking people who used the service to express their views through a satisfaction survey as well as by a continuous improvement system. This meant that there was an on-going process of the service acting on issues and comments made. One relative told us "I'm just so happy" and another relative told us how they had come to use Adex Care Ltd through a recommendation and they managed to get their family member out of hospital and back into their home.

The service had policies and procedures in place that included health and safety, confidentiality, mental capacity, medication, whistle blowing, safeguarding, recruitment and lone working. We saw these were dated as reviewed in 2012 by a company that had been employed by Adex Care, however the manager was able to show how he adapted the policies when changes occurred and that he kept up to date with these changes by accessing the CQC website and by attending conferences. This meant staff had access to up-to-date guidance to support them in their work.

People's care files were stored securely both on a password protected database and in lockable cabinets. The information that was stored on the database and in files matched, this meant up to date information was available to staff about the care that was to be delivered to people.

We saw that staff meetings had been held and the minutes showed that staff were comfortable speaking out

and airing their views. One staff member told us "They ask my opinion" another staff member told us "They'd be there if there was a problem". We were also told "If I had any type of problem then they're really understanding".