

Addison Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Addison Care Limited is a domiciliary care agency. It provides personal care to mainly older people living in their own homes in the London Borough of Ealing. It also supports younger adults and those with physical disabilities and/or sensory impairments. At the time of our inspection the service was providing care to four people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

There were systems in place to monitor the quality of the service and recognise when improvements were required and these were recorded.

Relatives told us they felt their family members were safe. Where there were risks to people's safety and wellbeing, these had been assessed and the provider had done all that was reasonably practicable to lessen those risks.

People's care and risk management plans set out the care tasks they required help with and these contained personalised information about people and their preferences for how they liked to be supported.

There were systems in place to help ensure people received their medicines in a safe way, although currently, the service was not supporting anyone with their medicines. There were systems in place to help safeguard people from abuse.

People's needs were assessed and planned for. Their health was monitored and they had access to other healthcare services. People were supported with their meals if this was part of their care plan and this was according to their needs and preferences.

The provider made sure there were enough staff to support people and people received support from the same staff. Relatives confirmed the staff arrived on time at people's homes and sometimes stayed over their allocated times. Staff received an induction, training and supervision and felt supported in their roles.

The provider sought feedback from people, relatives and staff and used this to develop the service. People and staff were confident they could raise any concerns they had with the registered manager and felt they would be listened to.

There were systems for dealing with complaints, accidents and incidents. The registered manager and senior staff were responsive to and worked in partnership with other agencies to meet people's needs.

The provider was transparent and there was clear communication within the team, so they learnt from mistakes and made improvements when things went wrong.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This service was registered with us on 22 October 2021 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service was registered.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Addison Care 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We were unable to speak with people who used the service but spoke with three relatives who lived with them about their experience of the care provided. We received feedback about the service from three care workers and spoke with the registered manager.

We reviewed a range of records. This included the care records for all four people who used the service. We looked at the staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service, including policies and procedures were reviewed. After the inspection, we continued to seek clarification from the provider to validate evidence found. We emailed three healthcare professionals to seek their opinion of the service but did not receive a reply.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Relatives confirmed their family members felt safe with the care workers who supported them. One relative stated, "I am fussy, and I have never had any concerns. I am so happy" and another said, "They know my family members so well. It's changed my life, they are brilliant."
- There was a safeguarding policy and procedures in place and staff were aware of these. Staff completed training on safeguarding adults and demonstrated how they would recognise and respond to safeguarding concerns. One staff member told us, "I would call the management and report on the spot." The provider had systems in place for noting and responding to safeguarding concerns. There had not been any in the last year.
- People told us they received their visits on time and sometimes staff stayed longer than the allocated time. One relative stated, "They are always on time. They stay the whole time and sometimes longer."
- The registered manager monitored closely people's daily visits. The electronic monitoring system required staff to log in and out of people's homes, and this was recorded in real time on the system. There had not been any missed visits in the last year.

Assessing risk, safety monitoring and management

- People were protected from the risk of avoidable harm. The provider had appropriately identified and assessed risks to people's health and safety such as the risk of falls and skin deterioration as well as the risks associated with poor nutrition and COVID-19.
- Risk assessments were clear and included details of the person's background, medical conditions, risks identified and action plans. There were guidelines for staff to follow to help ensure they knew how to meet people's needs and reduce the risk of harm.
- There were risk assessments and management plans in relation to people's environment, such as ensuring the home was left secure after each visit to keep them safe.
- There was a 'Falls prevention protocol' in place and evidence people were assessed to help ensure they were prevented from the risk of falling and sustaining injuries. This reminded staff to check if the person was wearing appropriate clothing and footwear, any visual aids, if the environment was safe and hazard-free and if the person had any mobility aids.
- Each person had a personal emergency evacuation plan in place to help ensure they were safe in the event of a fire. This considered where the person lived, how to evacuate to a safe place and how to support the person according to their individual needs.

Staffing and recruitment

- The provider had appropriate procedures for recruiting staff. These included formal interviews and carrying out checks on their suitability and identity, such as Disclosure and Barring Service checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- New staff underwent training and were assessed as part of an induction, before they were able to work independently.
- There were enough staff deployed to meet the needs of the people who used the service. The registered manager told us they and the care coordinator were always on hand to provide care at short notice in the event a care worker was unwell.

Using medicines safely

- People received their medicines safely and as prescribed. There was a policy and procedures for the safe administration of medicines and staff were aware of these. Staff received regular medicines training.
- The provider followed the National Institute for Health and Care Excellence (NICE) in relation to supporting people with their medicines in the community. People's care and support plans included details about their health conditions and medicines they were prescribed.
- The provider kept a list of drugs commonly prescribed for older people and what these were for. This provided a reference so staff would know what people were prescribed and why. They also kept a list of potentially hazardous medicines and how to handle these should the need arise.
- People who used the service were supported with their medicines by family members and the care workers were not currently supporting them with this. However, the provider had all the necessary documents in place, such as PRN protocols and medicines administration charts, in the event they needed to support a person with their medicines in the future.

Preventing and controlling infection

- There was an infection control policy and procedures and staff received training in this. Staff were provided with suitable personal protective equipment such as aprons, masks and gloves, and were able to obtain these when they required.
- The staff confirmed they had received adequate training in infection control including relevant information about COVID-19.
- During the COVID-19 pandemic, the provider had put in place a 'COVID-19 business risk assessment'. This identified the risks caused by the virus, who might be harmed, and control measures in place to prevent people becoming infected. The risk assessment also looked at the additional risk of staff working in people's homes and how they could protect themselves and others from becoming infected.

Learning lessons when things go wrong

- The provider had a procedure for the management of accidents and incidents. However, there had not been any in the past year.
- Lessons were learned when things went wrong. The registered manager told us they learned and improved their systems daily using feedback from people who used the service and staff. They also liaised with colleagues and external professionals who provided advice.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant 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 before they started using the service, to help ensure these could be met. Information from these helped to develop people's care and support plans.
- We saw assessments were detailed and contained the necessary information about the person, such as their healthcare needs, living arrangements, communication needs and mobility. The assessment also included how the person wanted their care needs to be met.
- People's choices in all areas were considered and recorded, for example, their communication needs and how they wanted their care at each visit.

Staff support: induction, training, skills and experience

- People were supported by staff who were well trained, and regularly supervised and appraised. Relatives thought the staff were well trained and had the necessary skills to meet their family members' needs. Their comments included, "[Family member] has two carers who are regular. It is consistent. I can see they are well trained" and "The management check on the carers and speak with me from time to time to see if I have any issues. The carers are well-trained."
- New staff received an induction which included an introduction to the service and its policies and procedures and shadowing more experienced staff. They were assessed in all areas of their work, such as moving and handling and personal care. When assessed as competent, new staff could support people unsupervised. Furthermore, new staff were expected to complete a probation period to help ensure they were suitable to their role, and following a review of this, they would be offered a permanent contract.
- Staff received training in subjects the provider identified as mandatory such as safeguarding, moving and handling, medicines, mental capacity and infection control. Staff were supported to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff also received training specific to the needs of people who used the service, such as dementia care, pressure ulcer prevention, person-centred care, role of the care worker and end of life care. We saw evidence staff training was up to date and regularly refreshed.

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

- People were happy with the support they received with their meals and were supported to have meals of their choice. Mostly these were already prepared by family members and required heating up. The staff supported people with small meals or snacks. For example, one person required support with their

breakfast.

- People's care and support plans detailed how people wanted their food prepared and what their preferences were. For example, one person's plan specified, "I need you to make my meal, ask me what I want on every occasion. ... I like to drink my tea with milk."

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

- People's healthcare needs were recorded in their care plans and met. The registered manager expected all staff to be vigilant during visits and report any concerns they may have about people's health conditions. We saw evidence care workers communicated well with the office and reported any concerns promptly.
- Care plans contained details of people's health conditions, what impact these had on the person and how to support people. The registered manager liaised with the relevant healthcare professionals to meet people's needs, such as the GP and district nurses.

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 MCA 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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The provider understood their responsibility in relation to the MCA. Relatives told us their family members were consulted about their care, and their choices were always respected.
- The registered manager told us people who used the service had the mental capacity to make decisions about their care, and these were respected.
- We saw, where possible, people had signed their records to show they had been consulted and agreed with the content of these.
- Staff received training on the principles of the MCA and demonstrated an awareness of this.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness and respect by the care workers who supported them and their relatives confirmed this. Their comments included, "My [family member] looks forward to them coming. The place is clean and they are really good", "The carers are nice, they communicate well with me" and "They help my mum with everything. They are great. I don't have any concerns."
- The provider had an equality and diversity policy and procedures in place. People's care plans recorded their cultural and religious needs, and these were respected. People who used the service lived with family members who supported them to practice their religion as needed.
- People's support plans considered their cultural needs in all areas of their care and support. For example, people's oral care support plan reminded staff to 'ensure cultural and religious preferences are maintained when providing oral health products'.
- The provider ensured people who used the service were supported by care workers who spoke the same language, to help communication and build a good rapport. One relative told us, "They speak [family member's] language so it has made a big difference because they can communicate with [them]. I am very happy with the service."

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

- Relatives told us their family members were consulted and involved in decisions about their care. They told us staff took time to explain things and listen to them.
- People were encouraged to express their views via quality questionnaires and telephone monitoring. Documents we viewed indicated people were happy with the service.

Respecting and promoting people's privacy, dignity and independence

- People's choices and wishes were recorded in their care plans and respected. People and relatives told us the care workers knew their individual needs and met these. One relative stated, "My mum is very happy with the carers" and another said, "They come three times a day. We have the same two carers all the time."
- The registered manager told us they monitored closely how people were supported. They told us they had a good staff team who cared about people. They said, "We visit people, we speak with them on the phone. We ask their opinion, any concerns they may have etc." They added, "Our ethos is about caring."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were recorded and met in line with their needs and preferences. All the relatives we spoke with were happy with the care their family members received. Their comments included, "The service is good. They are brilliant" and "They are amazing", "The service is good, it has made a big difference to the family."
- People's care plans were comprehensive and person-centred and were developed during the pre-admission assessment. Care and support plans were clear and detailed and written in the person's voice. They described how the person wanted to receive care in all aspects of their lives and the outcome they wanted to achieve.
- Care plans were divided into sections which covered every area of the person's needs, such as mobility, personal care and communication. Each area stated the current situation regarding the person's needs and wishes, what assistance was required, and any equipment needed.
- The provider carried out an oral hygiene assessment of each person to help identify any problems which may need further checks or monitoring. They had an 'oral hygiene protocol' which outlined the person's choices of how they wished to be supported with their oral care and how to support the person with any appointments.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded in their care and support plans and met. People's care plans detailed their preferred methods of communication and if they had any impairments.
- All the people using the service were from a specific community and were supported by care workers from the same background which facilitated meaningful rapport and communication.
- The provider ensured people who used the service had access to documents they could understand, and these were translated into the person's first language.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans contained information about the social activities they enjoyed such as gardening and cooking. If this was part of their care plans, staff supported people to undertake activities of their choice.
- People who used the service lived with relatives and were able to maintain relationships with their extended family. Relatives also took their family members out to places of interests.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place. People knew how to make a complaint and were confident these would be addressed. Their comments included, "I have never had any concerns" and "[The provider] speak with me from time to time to see if I have any issues."
- The registered manager confirmed they had not received any complaints in the last year.

End of life care and support

- The provider had systems in place to support people at the end of their lives although nobody required this support at the time of our inspection.
- People's care plans included information about their end of life wishes, such as if they preferred to be resuscitated and if they had requested to have their organs donated after death.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives spoke positively about staff and management. They told us the registered manager and their team were approachable and they knew them well. One person said, "The managers are good, they are there for us, communicate well with us."
- Staff told us they enjoyed their work, felt supported by the management and could contact them at any time. Their comments included, "The management is always there for help, support and advise", "They are highly motivated and know what they're doing", "The manager is a lovely person and always there for us", "The company looks after us by giving us support, training and listening to our concerns", "The manager is a very caring person and will consider every person's situation" and "The management spends a lot of time and effort to make the clients happy."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their duty to report any accident or incident, to take appropriate action and to offer an apology if necessary. They demonstrated they knew they had a legal requirement to notify the CQC and would do so as necessary.

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

- The provider had auditing systems in place which included audits about recruitment, care plans, accidents and incidents and health and safety, and these were recorded.
- The registered manager and care coordinator undertook regular spot checks of the care workers, so they could help ensure people received the support they needed. Checks included punctuality, personal appearance, respect for the person, ability to carry out care, knowledge and skills. They also checked if the care worker was wearing PPE appropriately and if the person was satisfied.

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

- People's views of the service were sought regularly and these were recorded. The registered manager also called people weekly to ensure they were happy with the staff who supported them.
- Records and feedback indicated people were happy with the service they received and the care workers

who supported them.

- There were regular staff meetings where a range of subjects were discussed, such as risk assessments and care plans, new referrals or any important information. The staff had the opportunity to discuss any concerns and share communication.

Continuous learning and improving care

- The registered manager who was also the owner of the company was experienced and knowledgeable. They had completed a level five diploma in health and social care. They told us they ensured they kept up their knowledge and skills by undertaking relevant training whenever they could.
- The provider kept a record of any compliments they received. A recent compliment stated, "I would like to thank you for the amazing job you are doing, also your wonderful care worker [Name], [they are] such a patient and caring person and my [family member] loves [them] very much."

Working in partnership with others

- The registered manager kept abreast of developments within the social care sector by attending meetings and networking events organised by the neighbouring local authorities such as Hounslow, Ealing, Hammersmith and Hillingdon.
- The registered manager accessed information about social care via the CQC website and a range of publications.