

Adele Care Services Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Adele Care Services Limited is a domiciliary care service that provides care and support to people living in their own houses or flats in the community. At the time of our inspection there was one person using the service. 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

During this inspection, we found improvement was needed in relation to assessing risk. There were systems in place to assess and monitor the quality of the service provided, however were not sufficiently robust to identify the issues found at this inspection.

People and relatives spoke positively about the service and said they felt safe. The service had safeguarding procedures in place to keep people safe. Appropriate recruitment checks had taken place before staff started work and there were enough staff available to meet people's support needs. The service had adequate procedures in place to reduce the risk of infections. People's medicines were managed safely.

People's care and support needs were assessed before they started using the service. Staff were supported through training and regular supervision. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to maintain a healthy balanced diet and had access to health care professionals when they needed them.

People's privacy, dignity and independence was promoted. People received person centred care which met their needs and preferences. There was a system in place to manage and respond to complaints. No one at the service was receiving end of life care.

The service would work in partnership with health and social care providers to plan and deliver an effective service. The service took the views of people and their relatives into account to drive improvements.

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

Rating at last inspection

This service was registered with us on 15 December 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Adele

Care Services Limited on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to assessing risk. We will continue to monitor the service and will take further action if needed.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information and phone calls to engage with people using the service as part of this performance review and assessment.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Adele Care Services Limited

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and phone calls to engage with people using the service and staff.

Inspection team

A single inspector carried out this inspection.

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 available to support the inspection.

Inspection activity started on 19 January 2023 and ended on 3 February 2023.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used information gathered as part of monitoring activity that took place on 22 September 2022 to help plan the inspection and inform our judgements.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used electronic file sharing to enable us to review documentation. We spoke to the registered manager who was delivering the care and the nominated individual. We spoke to one person to gain their view about the service.

The nominated individual is responsible for supervising the management of the service.



Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated require improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Some risks to people had been identified and assessed. Risk assessments were in place which covered areas such as oral health, personal and safety and wellbeing.
- However, improvement was needed as we found risk assessments were not in place in relation to specific needs of the person. For example, one support plan stated the person had diabetes, however there was no information or guidelines in place for staff to follow should they have a hypo or hyper glycaemic attack. This is when a person's blood sugar falls above or below the normal levels.
- The person also had high blood pressure managed by medication. However, there was no further information about this, and about the risks associated and the signs to look out for should the person's blood pressure was high or low.
- This person's support plan stated that they suffered from knee pain due to arthritis and their mobility was slow. The person uses a walking stick but would sometimes walk without the stick to retain their independence. However, there was no risk assessment in place detailing guidance on how to support the person safely and minimise the risk of potential falls and actions to take should the person fall.
- We raised these issues with the nominated individual and were sent updated risk assessments which did reflect actions staff should take. For example, informing the family and contact emergency services if required. However, there was still insufficient detail in relation to the symptoms and signs staff should be aware of should there be any changes with the person's blood pressure and blood sugar levels. There was no risk assessment in place for mobility and actions to take should the person fall.

We found no direct evidence that people had been harmed as a result of the concerns we found. However, risks to people's health and safety were not always assessed or guidance available to reduce possible risks and maintain people's safety. This is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were managed safely. Records reflected the support people received with their medicines, which only required prompting as the person was able to administer their own medicines.
- Records showed the registered manager had completed medicines training.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. There were safeguarding and whistleblowing policies in place. The registered manager had completed safeguarding adults training.
- The nominated individual and registered manager understood their responsibilities in relation to

safeguarding and told us they would report any concerns immediately to the local authority and CQC.

- People told us they felt safe using the service. A person told us "Yes I do feel safe."

Staffing and recruitment

- The service ensured that staff were recruited safely. However, at the day of our inspection no care staff had been recruited and the regulated activity was carried out by the registered manager. People told us the registered manager arrived on time and stayed the full duration of their visits. A person told us, "They stick to the times as agreed."
- The provider followed safe recruitment practices and had ensured appropriate pre-employment checks including Disclosure and Barring Service (DBS) checks were completed satisfactorily before the registered manager was employed.
- The nominated individual told us they have the recruitment processes in place and plans to recruit more staff. This would ensure there was sufficient staff available when more people start to use the service.

Preventing and controlling infection

- People were protected from the spread of infection. The service had an infection control policy in place and implemented safe infection control practices.
- People told us the registered manager always wore personal protective equipment (PPE) when providing them with personal care.

Learning lessons when things go wrong

- Systems were in place to respond and monitor accidents and incidents if and when they occurred. The nominated individual told us there had been no accidents and incidents since they were registered.
- The nominated individual told us that any lessons learnt would be used to improve the quality of service and relayed to staff to embed good practice.

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

- Assessments were carried out before people started using the service to ensure their needs were met.
- People and their relatives were involved in the assessments to enable them to make an informed choice about their care.

Staff support: induction, training, skills and experience

- Records showed the registered manager had completed training the provider considered mandatory in areas such as safeguarding, moving and handling, health and safety, medication and first aid.
- The registered manager received supervision and their competency was assessed by spot checks undertaken by the nominated individual. This involved the registered manager being observed and assessed on how they carried out their duties.

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

- People were supported to eat, and drink based on their individual preferences. People's care plans contained information on the support they required with their food and drink.

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

- People were supported to access healthcare services when required. People were supported to attend healthcare appointments by family members.
- The nominated individual told us they would work in partnership with other services, and health and social care professionals such as social workers, district nurses, GPs and pharmacies to deliver effective and timely care if required.

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 service worked within the requirements of the MCA. A person told us, "They always ask me before they do anything."
- The registered manager and nominated individual were knowledgeable of the requirements of the MCA and were aware that if a person lacked capacity to make specific decisions, they would ensure the best interests decision making process was followed which would include involving relatives, healthcare professionals and an attorney. A lasting power of attorney (LPA) is a legal document that lets the person (the 'donor') appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf.

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 spoke positively about the care they received. A person told us, "I can talk to them; they are good to me."
- People's cultural and religious beliefs were detailed in their care plans. Equality and diversity policies were in place and the registered manager had completed training to ensure best practice.

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

- Records showed people and their relatives were involved in decisions about their care.
- People received information about the service prior to joining the service.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, and independence promoted. A person told us, "They do support me with my independence like asking if I can dry myself."

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 care plans were person-centred and included details of people's preferences and the level of support they required.
- People spoke positively about the service they received which met their needs and preferences. A person told us, "They are good and do exactly what I want."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans contained information which showed how they communicated and how staff should communicate with them.
- The nominated individual told us that no-one required information that needed to be tailored to their needs. However, if they did, this documentation would be provided in the form of large print or in a pictorial format.

Improving care quality in response to complaints or concerns

- The nominated individual told us no complaints had been received about the service. A person told us, "I have no problem with the service."
- Procedures were in place for receiving, handling and responding to comments and complaints which also referred to contacting the Local Government and Social Care Ombudsman if people felt their complaints had not been handled appropriately.

End of life care and support

- No one at the service currently received end of life care. The nominated individual told us, if people required this support they would work with people, family members and other healthcare professionals to ensure people's end of life wishes were met.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- As a small service, there were limited audits in place to monitor the quality of service which covered aspects of the service such as review of care records and daily notes which reflected the support provided and spot checks. However, we found improvement was needed in relation to assessing risk.
- Management staff understood their responsibility under the duty of candour and were aware to notify CQC of any significant events at the service
- People spoke positively about the service. A person told us, "I can speak with them freely. So far, all is good, and I am very happy."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The nominated individual told us they obtained feedback from people about the service via surveys, records showed positive feedback about the service had been received.

Working in partnership with others

- The nominated individual told us they would work in partnership with other services, and health and social care professionals such as the local authorities, social workers, district nurses and GPs to deliver effective and timely care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to people's health and safety were not always assessed or guidance available to reduce possible risks and maintain people's safety.</p>