

Adult Transition Services Ltd

Adult Transition Services Ltd

Inspection report

26 Juno Crescent
Brackley
NN13 6GN

Tel: 07568562271

Date of inspection visit:
07 March 2023

Date of publication:
13 April 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Adult Transition Services Limited is a domiciliary care agency. They provide personal care to people living in their own homes. 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. At the time of the inspection 5 people were receiving personal care.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support:

People were supported with medicine administration. Risks to people had been assessed and mitigating strategies had been implemented. Staff understood safeguarding procedures and how to protect people from potential abuse and harm.

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.

Staff ensured they asked consent from people before supporting them. Staff understood people's rights to refuse care. Staff supported people with dignity and respect.

People were involved in their care planning. Staff asked if people had a preferred gender of staff and assessments of people's needs, including those in relation to protected characteristics under the Equality Act were reflected in people's care plans.

Right Care:

Staff recruitment and staff training required improvement. We found the provider had not always followed safer recruitment procedures to review staff's past work history. Staff had not always had sufficient training to provide person centred, safe care to people.

Records were not always kept up to date. Daily notes were not always completed, and some information was missing or incorrect in people's care plans. Therefore, there was not always evidence if staff supported people with their assessed needs.

People told us staff were kind and caring. We received positive feedback on how staff related to people.

People were supported to remain healthy and access healthcare professionals if needed. Staff supported people with meal preparation as required.

Right Culture:

Management oversight required improvement. Audits had not been completed to review and analyse information to ensure records were kept up to date and to identify where the service needed to improve.

People, relatives and staff had not consistently been asked to feedback on the service and there were no actions plans implemented to drive improvements.

People and relatives did not always have the information required to contact the service or understand the service's procedures. However, people, relatives and staff spoke positively about the registered manager and provider.

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 12 January 2022, and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service and in part due to concerns received about staffing and the quality of care provided. A decision was made for us to inspect and examine those risks.

Enforcement and Recommendations

We have identified breaches in relation to staff recruitment, staff training and management oversight at this inspection.

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.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Adult Transition Services 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 completed by 3 inspectors. One inspector completed the site visit and 2 inspectors made calls to people and their relatives.

Service and service type

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

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.

Inspection activity started on 7 March 2023 and ended on 15 March 2023. We visited the location's office on 7

March 2023.

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 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 spoke with 3 people and 8 relatives of people who used the service about their experience of the care provided. We spoke with 5 members of staff including the registered manager and care workers.

We reviewed a range of records. This included 2 people's care records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 requires 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.

Staffing and recruitment

- The provider had not consistently followed safer recruitment practices or followed their own policies and procedures regarding recruitment. Interview records could not be evidenced as per their policy. The provider could not provide evidence of the reasons staff had gaps in their employment history and not all references had the name of person giving the reference recorded.

The provider had failed to ensure staff were recruited safely. This placed people at risk of harm. This was a breach of regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they did not always know which staff were arriving to support them. The registered manager also stated at present they did not provide people with a rota of staff allocated. The registered manager told us they were in the process of sending rotas out to people. One person told us, "I do not have a rota, so I don't not know who is coming. The care staff are not able to tell me when they are coming next as they do not seem to have an advanced rota either."
- Not all support calls had been recorded as completed. For example, we found some calls had not been 'logged in to' by staff. However, people and relatives told us they had never had a missed call.

Using medicines safely

- People's medicine administration records (MAR) evidenced medicines were given as prescribed. However, we were told staff had administered prescribed medicines to 1 person that had not been recorded on their MAR. We found no evidence of harm.

Learning lessons when things go wrong

- The registered manager told us they could not evidence that trends and patterns for incidents were reviewed or identified. However, the registered manager told us they had identified a need to start a call earlier for 1 person due to support with continence care.

Systems and processes to safeguard people from the risk of abuse

- People were protected against potential abuse and harm. The provider had policies and procedures in place to ensure staff knew how to record and report any concerns.
- Staff understood the signs and symptoms of abuse. Staff were confident in raising any concerns either internally or externally.
- People and relatives told us they felt safe with staff. A relative told us, "I do feel [person] is safe with the carers. [Person] would definitely tell me if there are any issues or if they were frightened or unhappy."

Assessing risk, safety monitoring and management

- Risks to people had been assessed. People had risk assessments in place in relation to potential risk associated with falls, medicines and infection.
- The provider had completed risk assessments to cover any environmental risks or any potential risks from equipment.
- People and relatives felt staff understood the risks posed to people. One relative told us, "All staff who have worked with [person] have demonstrated a good understanding of their key risks, including the [health concern]. This shows information is passed on."

Preventing and controlling infection

- Staff wore appropriate personal protective equipment (PPE) when supporting people with personal care to reduce the risk of cross infections.
- Staff received training in infection prevention and control (IPC). The provider had up to date policies and procedures in place regarding IPC.

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 requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider did not evidence all staff had received appropriate training for their roles. The registered manager sent us some training information, but this did not evidence sufficient training had been offered to staff. For example, 2 staff records did not provide evidence of training for medicines, moving and handling or Mental Capacity Act training. This meant we could not be assured staff had adequate training to provide safe care to people.
- We received mixed views from people and relatives regarding the staff's knowledge and skills. One relative told us, "Someone came and asked lots of questions, but they did not show the carers what needed doing. I had to call an [another person] to come to the house and show the new staff. Adult Transition Services Limited did not arrange for training or shadowing for their staff as I would have expected." Another relative said, "The staff are well trained using the hoist and how to communicate with [person]."

The provider had failed to ensure staff received sufficient training to enable them to carry out their duties. This placed people at risk of harm. This was a breach of regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received an induction and shadowed experienced staff before lone working. One staff member told us, "During my first week at Adult Transition Services Limited, I was shadowing staff and was introduced to clients."

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

- People's oral health records required improvement. Records were not consistently completed to evidence support with oral hygiene.
- When people needed referring to other health care professionals such as GP's, district nurses or specific professionals, staff understood their responsibility to ensure they passed the information on to relatives so that this was organised, or they assisted the person to call themselves. One relative told us, "They (staff) always call me if [person] is unwell, they are very reliable."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plans contained person-centred information and identified the tasks people required support with. However, some care plans had conflicting information within them. The registered manager agreed to update these immediately.

- People and their relatives were involved in care planning. One person told us, "I was involved in the developing of the care plan."
- Pre-assessments were completed before a person started using the service to ensure staff had the necessary skills to support the person safely. One person told us, "The manager came to discuss my needs, I was able to say what I needed and wanted."
- Spot checks were completed to ensure staff were delivering good quality care.

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

- People's likes and preferences were recorded in their care plans. Where possible, staff encouraged people to choose healthy eating options.
- Staff when required supported people to prepare their own meals.

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

- People's rights under the MCA were respected, consent was gained, and people were supported to live their lives independently.
- People were supported to make decisions. When a person lacked the capacity to make a decision a best interest meeting was held to evidence any decisions made were in people's best interest and were the least restrictive option.

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; Respecting and promoting people's privacy, dignity and independence

- The provider had asked and recorded people's preferred name, language, ethnicity, religion and culture. Staff had an awareness and appreciation for respecting people's diversity with regard to culture, religion and ethnicity.
- People were able to choose if they had a preferred gender of staff to complete personal care and this need was met. One relative told us, "[Person] now has 2 carers and our gender preferences were met."
- People and relatives told us staff were kind, caring and professional. One relative told us, "Staff are a breath of fresh air, because they have the personalised approach, it has had an impact on the whole family, I am really impressed, it's fantastic."
- People were treated with dignity and respect by staff. Staff told us how they protected people's privacy and dignity by closing doors and curtains, knocking before entering and explaining to people what they were doing. One relative told us, "Staff have all got a good relationship with [person], they treat [person] with dignity and respect." A staff member told us, "I ensure privacy by closing curtains and doors when giving personal care. I maintain confidentiality by keeping people's information private."

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

- People and relatives were involved in all aspects of their care and support. Staff supported people and their families to engage with the service. Care plans were completed with people or their relatives. One relative told us, "I helped develop the care plan to ensure there were suitable staff to support [person]."
- Staff told us how they always asked for consent before completing any tasks. People and relatives also confirmed consent was requested. One person told us, "They (staff) do seek my consent before they support me; they always do this."

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 requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Improving care quality in response to complaints or concerns

- We could not be assured that people consistently received person centred care. We received mixed views from people about the support they were offered. A relative said, "Care staff know how to look after [person]. They have all got a good relationship with [person]." However, a person told us, "Some staff that come are not very experienced. I have to keep telling them what they need to do."
- Daily notes did not always evidence what tasks staff had supported people with. Therefore, there was not always a written record of staff meeting people's needs.
- People and relatives told us; they did not always have the information to raise a complaint. One person told us, "I would not know who to make a complaint to or how to do this. There isn't much paperwork from them. It would be better if I had telephone numbers to contact." A relative said, "I have no paperwork, contract or contact details to be able to contact the company. I had to ask a carer to give me the telephone number of the company."
- The provider had a complaints procedure, and the complaints log indicated no complaints had been raised. However, we were told by 1 person and 1 relative they had raised complaints regarding staff arriving late and the lack of staff training. These complaints had not been recorded. Therefore, no actions could be evidenced.

End of life care and support

- People and relatives told us the registered manager had not had any discussions with them regarding people's end of life preferences or wishes. One relative told us, "This has never been discussed and I don't know if staff are trained or if the service could meet this need. I would like to know as [person] does not want to go to hospital for end-of-life care."
- The registered manager told us, 'At the time of the inspection, the service was not supporting anyone who required end of life support. If anyone required end of life support the registered manager would ensure all staff had support and they would liaise with the appropriate health care professionals.'

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 care plans had information regarding their communication needs. The registered manager

understood the need to make sure people had access to the information they needed in a way they could understand it, including the use of easy read, large print or translating into another language.

- Care plans contained information regarding any visual or hearing aids required and if a person was able to communicate verbally.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems and processes to ensure good management oversight required embedding into practice. The registered manager had not completed any audits or recorded any findings from reviewing paperwork. This meant the registered manager had not identified the issues with missing or conflicting information in care plans, medicine records and daily notes. However, we found no evidence of harm.
- Audits on call times were not completed. Therefore, the registered manager could not identify any trends or patterns in late calls or put mitigating strategies in place to reduce the risk of reoccurrence. One person told us, "Staff are lousy, their timings are lousy."
- Systems and processes were not in place to ensure staff training was kept up to date and was effective. Records showed an unnamed member of staff completed 37 courses in 1 day. We did not have assurances from the provider for the effectiveness of training offered.
- People, relatives and staff had not been formally asked to feedback on the service. Therefore, the registered manager was not aware of some of concerns people and relatives raised with us, such as late calls, staff training issues and staff not always staying the allocated amount of time.
- The provider was unable to access all staff training documents. Therefore, they were unable to review and analyse if staff had the necessary training to provide safe care to people.
- The provider had not completed any actions plans to identify when improvements were needed or who was responsible for acting on them.
- Not all people and relatives had seen their care plan. One person told us, "I have never seen my care plan." Another person said, "I have no care plan, here is no paperwork at all."

The provider had failed to ensure effective and robust quality monitoring systems were in place to ensure they had good oversight of the service. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was aware of their role and responsibilities to meet the Care Quality Commission (CQC) registration requirements. Records showed statutory notifications of notifiable events were submitted to CQC as required by law.

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

outcomes for people;

- People and relatives told us they knew the registered manager and provider. One relative told us, "[Registered manager] really put [person's] best interests at heart and got our issues sorted." Another relative said, "I can and do frequently contact [provider], they always return my calls and if I raise any small issues, they are resolved."
- Spot checks were completed to ensure staff were delivering good quality care.
- Staff told us they felt supported. However, staff had not had team meetings or regular supervisions. The registered manager and staff told us information was shared using a variety of electronic applications.

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 responsibility to apologise to people, and those important to them, when things went wrong.
- Staff knew 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 were not acted upon.

Continuous learning and improving care; Working in partnership with others

- People and relatives were kept up to date on the service and any changes to people's needs had been shared with the relevant people.
- Staff liaised with healthcare professionals to coordinate better care for people.
- The registered manager was engaged and open to the inspection process and remained open and transparent throughout.

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	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure effective and robust quality monitoring systems were in place to ensure they had good oversight of the service.
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to ensure staff were recruited safely.
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure staff received sufficient training to enable them to carry out their duties.