

Art Support Limited

Adicare

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

Adicare is a domiciliary care service providing personal care to people in their own homes. At the time of our inspection there were 46 people receiving this 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

Risks to people's health were assessed to reduce risks, but not all risks identified had instructions for staff about how they would manage those risks.

We have made a recommendation about risk management.

People were protected from the risk of abuse and neglect. There were enough staff to provide safe care to people in their homes. Shortfalls were covered by agency staff, who in some cases became permanently employed.

Medicines were safely administered. Staff followed infection control policies and procedures, including COVID-19 guidance to reduce the risk of the spread of infection. Systems were in place to ensure that accidents and incidents were recorded and acted upon.

People had their needs assessed prior to receiving personal care. Staff were inducted effectively into the service and trained. Staff received regular supervision to develop their roles. Where needed people were supported with their meals and to maintain a balanced diet. Referrals were made to other health and social care professionals as and when required.

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.

People and their relatives were listened to and were able to make decisions about their care. Staff were kind, caring and respectful. Care was provided in a dignified and respectful way.

People received person-centred care. They were able to make choices about the way they wanted their care to be provided. A complaints policy and system was in place so that any complaints could be dealt with appropriately. People felt able to raise concerns with staff and management if needed.

The registered manager had a good understanding of the regulatory requirements of their role. People's

feedback on the quality of care was sought. Relatives of people told us they felt the service was well managed. Systems were in place to monitor and check on all areas of the service.

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

The last rating for this service was requires improvement (published 15 April 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We carried out an announced comprehensive inspection of this service on 24 February 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve Good Governance.

We undertook this inspection to check they had followed their action plan and to confirm they now met legal requirements. This report covers our findings in relation to the Key Questions Safe, Effective, Caring Responsive and Well-led which contain those requirements.

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 ●

Adicare

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 conducted by 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

We gave the service 24 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 02 February 2023 and ended on 20 February 2023. We visited the location's office on 08 February 2023.

What we did before inspection

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 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 all this information to plan our inspection.

During the inspection

We spoke with 3 relatives of people who used the service, 3 people, the registered manager, and 6 staff members. We reviewed a range of records which included, care plans, risk assessments, recruitment information, training records, medication records and policy and procedures.

Is the service safe?

Our findings

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

At our last inspection this key question was rated Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people's safety associated with their health conditions were assessed, but not always recorded, for example, one person's support plan identified the person required to wear support boots and leg splints daily. There were no instructions for staff how they would put the boots on. There was no risk assessment to identify the impact on the person should the boots not be worn. We identified this as an oversight as all other risk assessments for this person were in place.

We recommend the provider review all risks to people and take action to update their practice accordingly.

- Risk assessments were detailed, and traffic light style red, amber and green (RAG) rated to identify the level of risk. For example, if a person was at risk of choking risk assessments were in place to inform staff what action they should take.
- Risks were regularly reviewed and updated to ensure staff were working with the latest information about people's lives.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and neglect by trained staff. People and their relatives told us they felt their relatives were safely supported. One person said, "I feel very safe with them as most of them are very nice, although it's harder if I don't know them." A relative said, "My [family members] face speaks a million words, they are always happy to see [carers] and that wouldn't be the case if [family member] felt unsafe."
- Staff understood safeguarding procedures, and knew how to report concerns if they needed to.
- Safeguarding incidents and alerts were reported to the local safeguarding team and CQC when required.

Staffing levels

- There were enough staff working within the service to meet people's needs. Any shortfalls were covered by agency staff. One person said, "I have been told they don't have enough staff and use an agency to help them out." Another person said, "I was told there would be about 6-8 regulars (Staff) on a rota which I was happy with, but that's not the case, there are regulars but often new people." Staff told us there were enough staff to cover the calls.
- Staff were recruited in a safe manner, the interview process was robust, and the appropriate checks were carried out, such as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- At the time of inspection, staff calls were being monitored by the registered manager via spot checks and

checks with people and family members. There was an electronic call monitoring system in place, this allowed accurate tracking of staff and call timings. Although people felt there was an inconsistency of staff, we did not find any evidence of impact on people's care

Using medicines safely

- People were supported to receive medicines in a safe way. We saw 1 person received support with topical medicine, and the correct medicine administration records (MAR) were used to ensure an accurate record was being kept. Body maps were also used to identify where creams should be applied to a person's body to ensure the cream would be effective.
- A regular audit of MAR took place to ensure the support with medicines was consistent.
- Staff received the appropriate training and their competency was checked to enable them to support people safely in this area.

Preventing and controlling infection

- People and their relatives told us staff wore gloves and masks whilst carrying out personal care.
- There were safe and effective measures in place to reduce the risk of the spread of infection and COVID-19.
- The provider had an infection prevention and control policy and staff were trained in this area.

Learning lessons when things go wrong

- The provider had processes in place to investigate and act on any incidents that could affect people's health and safety.
- People had raised concerns as some had not receiving a weekly rota and there were staff changes at short notice. We saw minutes of meetings where this had been identified and discussed with staff. The registered manager reiterated the importance of contacting people when changes occur or if staff are running late between calls.

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.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to 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 received care from the service. Care plans were person-centred and detailed to ensure care was concise and effective.
- People confirmed they had been involved with their care planning to ensure they received the care they wanted. A relative said, "Yes my relative has a care plan and it does get updated." Another relative said, "As far as I know my family member has a care plan, but we don't see it." We spoke with the registered manager and they told us people and family get access to the electronic care plans and if requested they can have a paper copy.
- People's protected characteristics, such as religion, race and sexual orientation. were respected when care was planned; protecting them from the risk of discrimination.

Staff support; induction, training, skills and experience

- Staff were fully supported to develop their skills and experience, as they received induction training before starting work. One staff member told us, "We have online training, meetings and group chat to support and inform each other about people. I am fully informed and supported by my management and seniors." Another staff member told us the service supported them with their study by giving them flexible hours when needed. A number of staff were working towards higher qualifications in adult social care.
- People and their relatives felt staff were well trained. One person said, "I would say they all know what they are doing." Another person said, "I would say they are well trained, most of them have done it for a long time and some of them moved over from the previous company."
- Staff received regular supervision, and this included spot checks where the registered manager monitored all aspects of staff competency, including correct dress, PPE use, timeliness, and respecting people's privacy and dignity.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to have sufficient food and drink. Staff helped to prepare meals and drinks.
- Most people had the support of family members. One person said, "I arrange for the food to be bought and they [staff] cook it for me as I can't do it myself. Often the food they [staff] cook is fresh like omelettes, salad or chicken, they leave snacks and a drink out in a beaker between calls."
- Staff confirmed they supported people with meals and drinks. We saw recorded in people's daily logs that staff had supported people to prepare lunch and make drinks daily. Where required fluid intake was monitored to ensure people received enough to drink to keep them hydrated.
- Information about people's preferences and needs with their diets was recorded within care plans.

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

- The registered manager and staff had built up good working relationships with people's GPs, district nurses, SALT team (Speech and language therapist teams) involved in people's care and support.
- People's health conditions were monitored, and any significant changes were reported and acted on quickly to reduce the impact on people's health. We saw examples where occupational therapists were contacted when a person's mobility needs changed.

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.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's consent was sought when receiving personal care. Where people lacked the capacity to consent to aspects of their personal care, the provider followed the principles of the MCA.

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.

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's personal information was stored, but not always secure at the office location. When we arrived the care plan cabinet was unlocked in a room with an open door adjacent to the main entrance. This meant there was a risk information could be accessed inappropriately. We spoke with the registered manager. They provided a plan and removed the care plans to a more secured area within the office the day after our inspection.
- Staff respected people's privacy, dignity and independence. Care plans detailed people's needs and people and relatives confirmed this. One relative said, "My family member can put their own clothes on up to a certain extent which staff encourage and then they will help where needed." Another relative said, "The staff are very good at encouraging my relative to be independent and they want to do as much as they can for themselves."
- Care plans had gentle reminders for staff to ensure they respected people's dignity, for example, reminding staff to close curtains when providing personal care.

Ensuring people are well treated and supported; equality and diversity

- Staff developed positive working relationships with people they cared for. One person said, "The staff who know me well, know me very well." Another person told us about a time they were distressed. They said, "There had been times when I have been very upset and one of the regular carers will always sit with me until I calm down even if its past their time to go."
- Relatives also confirmed staff treated and supported people in a positive way. One relative told us, "I think they are getting to know my family member and their needs well." Another relative told us, "A few staff know my family member well but it takes a long time to get to know them, to know their moods good and bad, unless they know them well staff don't always get it right, that's why it needs to be regular staff."

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

- People were involved in their own care and making decisions if they were able to.
- People were able to have a preference of male or female care staff. One person said, "I had a male and felt very uncomfortable about that, so I have asked just for female staff" and "I need to be told who is coming as it's my home, I don't like it that new people just turn up."
- Relatives felt people had freedom and choice. One relative told us, "My relative only wants female carers and they get that 100% of the time." Another relative said, "We mostly have female carers although sometimes the odd male and that's ok" and "There is a regular team, we have had the odd new person, but they know what they are doing."

- The registered manager regularly checked in with people and relatives to ensure their voices were heard. Telephone monitoring was taking place during the inspection. A member of staff was contacting people via telephone, to make sure the care they received was how they wanted it or if there were any concerns this could be dealt with immediately.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were person-centred and informed staff how to meet people's care need preferences. We saw people had been involved in care reviews and records showed care reviews were completed on a regular basis to ensure people's changing needs were met.
- Staff told us they were kept up to date with people's care needs through an electronic system. A staff member said, "We have easy access to the care app (this is the electronic system the service use for care notes), and all necessary information about people we care for."
- One person shared their experience as they had not been able to get out of the house for a number of years. This impacted on the persons mental health. With encouragement from staff the person was able to take walks in their garden, out in the fresh air. This had a positive impact to the person's wellbeing. This progressed to the person going further afield for a day out by the sea. From pictures we saw and a personal testimony the person was overwhelmed with excitement.

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.

- The registered manager was aware of this requirement and was able to provide documentation in different formats if and when required.
- People's likes and dislikes were recorded along with their preferred method of communication to be used, for example, face to face, phone or email.

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 received social calls as well as calls for personal care. There were examples of staff going above and beyond when people were distressed and out of call hours (not receiving care call at the time). One person contacted the service and requested assistance which was promptly responded to.
- A relative told us "My relation goes to a day centre, several days a week, to football matches, bowling, pottery, out to garden centres and on holidays. Most activities require someone to take them to and [Name] is a social butterfly and enjoys the company."

Improving care quality in response to complaints or concerns

- People were comfortable raising concerns. A relative said, "If I have concerns, I contact the registered

manager at the office, or I can text a senior care staff."

- There were systems in place to ensure issues and concerns were followed up and investigated. For example, one person had requested a copy of the rota, as they could not access the electronic system. We saw recorded in the service team meeting that a paper copy was to be made available to this person and others.
- Complaints had been dealt with in a timely manner and in line with the provider's policy and procedure.

End of life care and support

- Discussions had taken place for end of life or advanced care. We saw where a person and family wished their decisions known or where this was not to be discussed at this time was recorded in the person's care plan.
- Staff had received end of life care training to ensure they were able to provide this service should the need arise.

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.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection in February 2021 the provider failed to ensure their systems and processes to keep people safe were working effectively and could not assure the Commission they had good governance systems in place. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Safeguarding processes and procedures were more robust. The provider had reviewed their systems and increased oversight to ensure safeguarding concerns could be escalated and safety measures put in place to keep people safe.
- The management of and assessing risk was more manageable, clear and concise. Risk assessments were digital so staff could access them easily.
- Medication management was electronic to help mitigate errors. Regular audits were completed to ensure action was taken in a timely manner for issues and concerns.
- Since our last inspection the provider had improved their interview process. There was more rationale for why the staff member was suitable to be employed.
- People and their relatives shared positive feedback. They said the service they received was good. One person told us, "It is excellent, the carers are lovely." A relative said, "What is good about the service is the change I see in my relation, they are happy which makes me happy." They went on to say, "It's the best team they have had in the last 10 years."

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

- The registered manager and staff had good knowledge and understanding of the people they were supporting. Relatives told us they and their family members had a positive experience with the service.
- Staff told us they were happy working at the service and felt supported by the registered manager. A staff member said, "I can speak with my manager whenever I need. It is an open culture and the manager treats us all equally. I do also pop into the office when I need something."
- Staff put people at the centre of the service and provided good quality care that focused on people's care

and support needs.

- The provider and registered managers understood their legal responsibilities, including submitting statutory notifications to CQC, informing the local authority of safeguarding concerns and being open with people.

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

- Care plans demonstrated that people's equality characteristics were considered and respected.
- People were asked for their views and involved in decisions made about all aspects of their care. This was achieved through regular care reviews, wellbeing calls and during spot checks on staff. The latest survey results showed high rates of satisfaction.

Working in partnership with others

- The registered manager and staff were aware of people's health needs and worked alongside other professionals when required to ensure people's needs were met. For example, people were referred to a dietitian if needed.
- Feedback from people and healthcare professionals were positive. For example, where staff had adapted the care and support for someone who refused personal care. Healthcare professionals praised the service. They said, "This took staff a lot of patience and adaptability but gave positive results in the end."