

Adaptus Cares Limited

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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

Adaptus Cares Ltd is a domiciliary service providing personal care to people living in their own homes. There were 86 people using the service at the time of the inspection.

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

People were safe when they received care and support from Adaptus Cares Ltd. The service supported staff to identify and report any concerns about people's care and welfare. Risk management and medicines management protocols were safe.

Staff were trained and supported to fulfil their role. They supported people with their nutritional needs and referred them to health services 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.

Staff were caring and kind. They promoted people's wellbeing and treated them with respect. People were involved in decisions about their care and were supported to be as independent as possible.

The service tailored care to people's individual needs. People gave positive feedback about their experience of care and stated their care met their needs. Any complaints to the service were dealt with according to the provider's policies.

There were robust arrangements in place for leadership and governance. Staff were clear about the expectations of their role and were supported to meet them. People and staff felt engaged with 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

The last rating for this service was Good (published 28 June 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Adaptus Cares Limited

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 Care Act 2014.

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.

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

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 29 November 2019 and ended on 2 December 2019. We visited the office location on 2 December 2019.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including registered manager, senior manager, senior care workers, care workers and a team leader.

We reviewed a range of records. This included four people's care records and one medication record. We looked at two 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The care and support people received from the service was safe. The provider had protocols in place to safeguard people from harm and abuse. Staff were knowledgeable on how to spot and report any concerns they may have about people's welfare.
- The management team investigated concerns and worked with relevant authorities to ensure people were kept safe.
- People told us they felt safe with staff. Where people needed support with their mobility, they felt safe when staff supported them with mobility aids.

Assessing risk, safety monitoring and management

- Risks assessment protocols were comprehensive. Risks assessment records included various aspects of risks associated with people's care and included guidance of measures staff would take to minimise risks to people.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. Staff told us staffing levels were enough to support them to meet people's needs safely. There were effective arrangements in place to cover any staff absence.
- The provider's recruitment protocols were safe. They completed relevant checks which ensured they only employed staff who were suitable to work with people who used services.
- The provider was in the process of employing a recruitment officer to support them to maintain an effective system of attracting, recruiting and retaining suitable staff.

Using medicines safely

- People received their medicines as prescribed by their doctor. The service had safe protocols for supporting people with their medicines.
- Staff were trained to administer medicines. Senior staff audited medicines records to ensure the support staff provided was safe. Their audits identified any inconsistencies which staff followed up to identify and rectify any issues.

Preventing and controlling infection

- People were protected from the risk of contracting and spreading an infection. The provider had policies in place to support good infection control practices.
- People told us staff wore protective equipment when they support them with relevant tasks. The provider

ensured protective equipment was readily available to staff. Where required, staff supported people with maintaining cleanliness of their homes.

Learning lessons when things go wrong

- Incidents and accidents were investigated, and appropriate records were maintained. The service recorded outcomes of investigations and used these as tools for reflective practice and improving the service.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 their care and support commenced. This ensured the service were able to meet their needs. Staff worked collaboratively with other professionals and relatives involved in their care to ensure they obtained information that supported holistic care delivery.
- The provider's assessment tools promoted non-discriminatory practices. It ensured people's needs with respect to their disability, culture, faith was met.

Staff support: induction, training, skills and experience

- Staff were skilled and experienced in their role. They had access to a variety of training required to fulfil their responsibilities. Staff told us their training equipped them to care for people.
- New staff underwent a period of induction into the service. This include practice-based support to enable them to understand the needs of people. The provider had made improvements to their practical induction to caring for vulnerable adults. A new member of staff told us, "I found the day in the training room most effective."

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

- Most people who used the service were supported by their relatives to eat and drink. Where required, staff supported people with their meals. People told us the support they received was according to their preferences and needs.
- Where people required additional support such as special diets to meet their nutritional needs, staff completed the relevant assessments and followed best practice to support people maintain their health.

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

- Staff were proactive when they supported people to manage their health conditions. A relative told us staff informed them of any changes to their loved one's general health. They gave us an example for staff positive practice. They said, "In fact, they [staff] were the ones who contacted the district nurses."
- Staff were supported to provide care that was consistent and effective. People's care records showed staff followed guidance from health professionals to prompt and support people with various aspects of their care. This included support with mobility
- The service had protocols in place to effectively communicate any changes in people's needs. This ensured that staff and health professionals had up-to-date information of people's needs and any required adjustments were made to meet those needs.

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 Act 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.

- At the time of our inspection, none of the people who used the service was deprived of their liberty.
- People told us staff sought their consent before they provide care and support. This showed staff promoted people's choice and control and supported accordingly.
- People and their relatives were supported to understand the rights and the requirements of the MCA. They were provided with written information to aid their understanding and how this would apply to their assessment and care planning process.
- Staff demonstrated a good understanding of their responsibilities under the MCA. Where people had made advance decisions about their care, this was clearly recorded in their care plan.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Staff were passionate about their role and their impact on the lives of people that used the service. They were kind and compassionate.
- People spoke highly of the caring attitudes of staff. Some of the comments we received included, "They are brilliant" and "Staff are really excellent."
- People were treated like they mattered. Staff demonstrated a shared commitment to the wellbeing of people they support. People gave positive feedback of the impact of staff care. A relative told us, "They spend time with [person], they are absolutely brilliant. We were anxious because [reason]. They have helped settle [person]. We can't thank them enough."
- Staff told us the service was underpinned by caring values. They told us this supported them to provide good care to people. They told us this meant they found their role rewarding.
- The provider's Equality and Diversity policy supported staff to meet people's needs irrespective of their race, disability, religion etc. This meant the provider complied with the requirements of the Equality Act 2010.

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

- Staff told us they were supported to have the time necessary for them to engage with people meaningfully and involve them in decisions regarding the care they received.
- Where required, people could access advocates to support them with decision making. Advocates are independent professionals who support people to understand and convey their wishes and rights.

Respecting and promoting people's privacy, dignity and independence

- The service promoted people's right to privacy and dignity. People and staff gave us several examples which showed staff practice aligned with the provider's policies.
- People's records were stored securely. The provider had systems in place to ensure any information they held about people was treated confidentially and complied with the Data Protection Act.
- People were supported to be as independent as possible. For example, staff supported a person to maintain their independence in the community. Another person was supported to regain some independence with their mobility needs.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- The care and support people received met their individual needs. People complimented the service and the outcomes staff supported them to achieve. One person said, "They [staff] do what I want them to do." A relative said, "They do a good job. It's really nice to tell someone."
- Since our last inspection, the provider had improved their care planning process. Care planning protocols showed staff involved people and where applicable, their relatives and other professionals in developing and updating people's care plans.
- Care plans were comprehensive. They reflected people's history, preferences and the support they required with various aspects of their lives. Staff told us the information in care plans provided the guidance they needed to support people.

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.

- Care records included the support people required for effective communication. This included guidance to support staff tailor information with regards to each person's needs. For example, one person's records stated how staff could tailor verbal communication to aid person's understanding and engagement. This meant adjustments were made to make information accessible to people.

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 were supported to follow their interests or access social activities in the community where required. For example, staff supported a person to maintain their fitness goals. One person told us, "[Staff] take me out and about for shopping and support me with writing."

Improving care quality in response to complaints or concerns

- People knew how to raise any concerns or complaints they may have. Most people told us they had not needed to complain. A team leader told us they sought to resolve any issues as early as possible through their care review protocols.
- Records showed complaints received at the service were investigated and dealt with according to the provider's policies.

End of life care and support

- At the time of our inspection, there was no one receiving end of life support at the service. The provider had protocols in place to support people receive good care towards the end of the life.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People and staff had easy access to senior staff for advice and guidance. One person said, "What I like is, whenever you ring, there's always someone on the phone and they deal with whatever you want." Staff feedback was very positive about the support they received and how this supported them to do their job well.
- The registered manager and staff team demonstrated a shared understanding of the vision and ethos of the service. This supported staff to be consistent in delivering a good standard of care.
- People were at the centre of service provision. The registered manager had embedded a person-centred culture which supported staff to be proactive and flexible to meet people's individual needs.

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

- The service had a clear structure of support, governance and accountability at all levels. The registered manager understood their regulatory responsibilities and had arrangements in place to ensure that requirements are met.
- Meetings records showed staff were supported to understand and meet the expectations of their role.
- Staff received support and feedback in a positive and constructive way. They told us this enabled good performance in their role. A care staff told us, ""They [managers] bend over backwards for us." They went on to say this made them "go above and beyond."
- The service had secure arrangement in place to manage and store confidential information they held about people and staff.
- The service had regular audits and checks in place which they used to monitor the standard of care.

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 demonstrated a good understanding of the duty of candour. The systems within the service support transparency in managing incidents and accidents. Records showed relevant people and agencies were notified of incidents where required.

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

- Communication within the service was effective. People and staff had positive experience of

communication and felt engaged with the service.

- The provider was in the early stages of using technology to improve prompt access for staff, people and their relatives to communicate and receive updates and support from the service.

Continuous learning and improving care

- The provider had made improvements to the service since our previous inspection. For example, care plans were improved to be more person centred, and supported staff to better manage risks associated with people's care.
- We reviewed records from a local commissioner's monitoring visit. This showed the provider had taken action to address any identified issues and received positive feedback on improvements made.

Working in partnership with others

- The provider worked with relevant bodies and professionals to ensure they delivered a good standard of care. This included collaboration in developing and reviewing policies at the service. For example, the registered manager told us they were working with a local authority nursing professional to review a medicine policy.