Adriel Care Limited

ADRIEL CARE LIMITED

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. It provides a service to older adults, younger adults with disabilities and children. Not everyone using Adriel Care Ltd receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection there were three people receiving 'personal care'.

This announced inspection took place on 10, 12 and 15 January 2018. We gave the service two days' notice of the inspection site visit. We gave the service notice to ensure the manager would be available and that people could be supported to make decisions about taking part in the inspection. We received further information form the service until 12 February 2018.
There was a registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in January 2017 we identified a breach of regulation. This breach was in respect of the robustness of recruitment systems and processes. At this inspection we checked to see if the provider had made the improvements necessary to meet the requirements of the regulation. We found that staff were recruited in a way that included appropriate checks on their employment history and their suitability to work with people who may be vulnerable.

At our last inspection we also made a number of recommendations. We recommended the provider updated their complaints process. We recommended that the provider reviewed its systems for assessing and monitoring the service. We found these recommendations had been followed. There were systems in place to ensure that the quality and safety of care people received was monitored and improved. People and staff contributed to these processes both formally and informally. People felt able to raise concerns and there was information about which agencies could handle these concerns available.

We also made a recommendation that the provider evaluated how records keeping could become more accurate, contemporaneous and more readily available. We found this recommendation had been followed. However we also identified that reporting could be more person centred and we made a recommendation about this.

Staff understood how people consented to the care they provided and encouraged people to make decisions about their lives. Care plans did not however reflect that care was being delivered within the framework of the Mental Capacity Act 2005. We highlighted this and the registered manager addressed it immediately. We have made a recommendation about this.

People were happy with their care. They felt supported to maintain their independence and were confident in the skills of the staff team. They told us staff were kind.

Staff understood people's care needs and spoke with confidence about the support people needed to meet these needs. They told us they felt supported in their roles and had taken training that provided them with the necessary knowledge and skills. There was a plan in place to ensure staff received refresher training as deemed necessary by the provider.

People felt safe. They were protected from harm because staff understood the risks people faced and how to reduce these risks. Measures to reduce risk reflected the person's preferences. Staff also knew how to identify and respond to abuse.

People told us they received the care and support they needed. They also told us they were supported to maintain their health by staff including support to access health professionals when this was appropriated. People also told us they received their medicines as they were prescribed.

People were satisfied with support they received with food and drink and there were systems in place to ensure people had enough to eat and drink if this was necessary.

People told us they received support and care from a small group of staff at times that suited them and we saw that efforts were made to accommodate people's needs and preferences regarding the time of visits.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People felt safe and they received their visits at an appropriate time to meet their needs. People were supported by staff who understood the risks they faced and spoke competently about how they reduced these risks. People told us they received their medicines as prescribed.

Is the service effective?

Requires Improvement

The service was mostly effective. People who were able to consent to their care had done so and told us they directed the care they received. Staff provided care in people's best interests when they could not consent: however these decisions had not been made by staff from the service or recorded appropriately. This was addressed by the registered manager during our inspection.

People's needs had been assessed and they were cared for by staff who understood these needs. People had the help they needed with food and drink and saw a range of health professionals when they needed.

Is the service caring?

Good

The service was caring. People told us they received kind care. Staff described how they treated people with dignity and respect. People and their relatives were listened to and felt involved in making decisions about their care.

Is the service responsive?

Good

The service was responsive. People told us they were supported to live their life the way they chose to. People, and relatives, were confident they were listened to and knew how to complain if they felt it necessary.

Is the service well-led?

Good

The service was well led. People, relatives and staff had confidence in the management. There were systems in place to monitor and improve quality including seeking the views of people and relatives. Staff were committed to the ethos of the service and were able to share their views and contribute to

developments. The registered manager and senior team were responsive and addressed all concerns identified during our inspection.

ADRIEL CARE LIMITED

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection took place on the 10, 12 and 15 January 2018. We also received information from the provider up until 12 February 2018. The inspection team was made up of one inspector.

Before the inspection we reviewed information we held about the service. This included notifications the service had sent us and information received from other parties. The provider had submitted a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with three people and relatives by telephone. We also spoke with five members of staff, the registered manager and a social care professional who had worked with the service. We also looked at three people's care records, and reviewed records relating to the running of the service. This included four staff records, quality monitoring audits and accident and incident records. Following the inspection we asked the registered manager to send us policy information and some further details about the implementation of the Mental Capacity Act 2005. We received this information as agreed.

Good

Is the service safe?

Our findings

At our last inspection in January 2017 we had concerns about the robustness of the provider's recruitment systems and processes. There was a breach of regulation. At this inspection we found the provider had made the improvements necessary to meet the requirements of the regulation. Staff were recruited in a way that included appropriate checks on their employment history and their suitability to work with people who may be vulnerable.

People told us they felt safe and relatives shared this feeling. One person told us: "I feel safe. I can say that about Adriel Care." Another person told us how they had confidence in staff skills and liking the staff made them feel safe. They told us: "They (staff) are excellent. I am confident in (them)." They were confident they could tell someone if they had concerns. One person explained the office called: "They call now. They are checking they are doing the right things."

There was a safeguarding policy and procedure in place, which had been reviewed by the provider in April 2017. Staff had all received training in how to follow the safeguarding process and were able to describe how they would report suspected abuse. They were confident any concerns would be taken seriously and acted on. One member of staff described indicators of abuse and told us: "I would make sure the person was safe – out of harm's way – and then I would report to the police or the office: "there is a number for the safeguarding team too." The registered manager explained how safeguarding training was reinforced through regular contact between the office and the care staff. The policy for responding to safeguarding concerns included information on providing people with access to advocacy if appropriate within a safeguarding process.

People were supported by staff who understood the risks they faced and valued their right to live full lives. This approach was supported by the provider's risk management policy, which highlighted the importance of people's rights. Staff confidently described individual risks and the measures that were in place to reduce them. Risk assessments were in place for each person. These assessments reflected individual need such as reduce the risk of falls. Staff described the individualised responses to these risks, explaining how they speak with people and how they monitor risks. Care plans detailed what mattered to people and how their dignity would be respected as part of risk management. This approach meant that equality was considered and this protected people from discrimination. This values based approach was reinforced by posters on the walls of the office highlighting the importance of dignity and respect.

Where people used equipment such as walking aids staff visually checked that they were in good condition before using them. If they were concerned about the safety of equipment they contacted the office who could arrange for appropriate action to be taken.

There were enough staff employed to meet people's needs. People told us that they received their care and we saw that staffing plans were completed in advance and took account of individual needs. One person told us: "They always come when they are due." A relative explained that if staff cancelled a replacement was always provided.

Staff received effective training in safety systems, processes and practices such as in moving and positioning, and infection control. If people used new equipment staff were shown how to use this in people's homes and could call on the in house trainer for support if necessary. Staff were clear on their responsibilities to ensure infection control and a person told us that staff supporting them wore personal protective equipment such as disposable gloves and aprons.

The registered provider had a policy regarding the operation of the medicines system based on current guidance. There was also a policy in place for the administration of covert medicines (medicines hidden in food and drink). However, no one was receiving their medicine in this way when we visited.

The service had safe arrangements for the administration of medicines. Staff responsible for the administration of medicines had undertaken training and had their competency assessed. Medicine Administration Records (MAR) were completed and audited appropriately. One person who took medicines that had to be taken at the same time each day told us they were happy with the help they received. People were supported to administer their own medicine whenever possible. Where appropriate, people were supported to access healthcare professionals who prescribed and reviewed their medicines. One person told us "They (staff member) take me to appointments when I need them to."

Staff understood their responsibilities to raise concerns, record safety incidents, concerns and near misses. They understood that they should report these internally and externally as necessary. Staff told us if they had concerns the registered manager and office staff would listen and take suitable action. One member of staff told us: "I can always call. Anytime." Accident and incident records were all read by the registered manager and actions taken as necessary. These had included seeking medical assistance and changing organisational systems. Lessons were learned and shared amongst the staff team and measures put in place to reduce the likelihood of reoccurrence. For example a missed visit had led to a change in how rotas were disseminated and there had been no further occurrences.

Requires Improvement

Is the service effective?

Our findings

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 people lack mental capacity to take particular decisions, any decisions 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. Staff were supporting one person who could not consent to their own care and who was assessed as needing their liberty restricted when they were struggling to manage their own levels of anxiety and agitation. This plan was followed by all staff working with the person, some of whom did not work for Adriel Care Limited, and was identified by those who knew them best as the least restrictive way to support them at these times. The decision to provide care in this way had been determined in line with the MCA by the person's relatives. The service did not, however, have a record of this decision making process for their staff. We asked the registered manager to explore this and ensure that their decisions were recorded appropriately. They acted on this and put appropriate measures in place.

There was a system to check if people using the service had a Lasting Power of Attorney (LPA) for health and welfare arrangement in place. This means they would have appointed people to help them make decisions or make decisions on their behalf. The registered manager understood this process. However, requests to see the documents had not been followed up and in one situation where a relative had provided consent for care the registered manager was not assured that the relative had the legal power to make decisions. This situation was complex due to the nature of how the care package was set up and managed and the registered manager and staff in the office were responsive to our requests for clarification.

We recommend the service seeks appropriate guidance to ensure that care plans reflect the framework of the MCA.

Staff had received training in MCA and DoLS and demonstrated a basic understanding of the principles of the legislation. People were asked for their consent before care was delivered. One person told us: "They do what I want them to." Staff told us they always informed people of what they were doing and said they asked permission before giving personal care. Daily notes showed that, when people refused assistance, this was respected and monitored sensitively.

Before using the service people had their needs assessed. This assessment process identified initial support needs and enabled the service to determine whether or not they could meet those needs. People were protected from discrimination on the grounds of their gender, race, sexuality, disability or age. Admission assessments were used to develop a care plan for the person so care was delivered in line with current legislation, standards and good practice guidance. The registered manager described how they kept abreast of good practice through information shared at a managers' group and through discussions with their professional mentor. Staff knew people well and described how their care plans reflected what mattered to

them.

The use of technology and equipment to assist with the delivery of effective care was being developed. An IT system had been implemented that could be used to manage scheduling and provided oversight information. Staff were able to access information held on this remotely and this meant that important information about people's care needs could be shared with staff. These applications were not necessary at the time of our inspection due to the size of the service.

Staff had the appropriate skills, knowledge and experience to deliver effective care and support. Records showed staff received regular training and support that enabled them to carry out their roles. For example, care staff received training in first aid, fire safety, infection control, moving and handling and safeguarding. There was equipment available in the office to refresh moving and handling training and staff could access this whenever they needed to.

New employees completed a comprehensive induction programme. This consisted of a mix of training and shadowing as well as an introduction to organisational policies and procedures. Staff told us that their induction and on going training was effective. The induction for care staff met the Care Certificate requirements and organisational expectations. The Care Certificate is designed to help ensure care staff that are new to working in care have initial training that gives them an understanding of good working practice within the care sector. The organisation's trainer told us that they were developing plans to link spot checks more closely to the Care Certificate. The induction process included a session on promoting equality and diversity. Staff told us they ensured that they protected people from discrimination and harassment by treating each person with respect and valuing their way of life. The registered manager reinforced this saying; "Quality is different for each person. It is what they want that matters."

Staff told us they felt supported by their colleagues in the office and the registered manager. There was a system in place for staff to take part in regular supervision and appraisal sessions. This gave them an opportunity to discuss any concerns, highlight any training needs and discuss their career.

Staff told us they worked well with each other and communication was good. One staff member said: "We are like a family. We are close and friendly – everyone knows each other and people (other staff) are happy to see you ." Another member of staff, for whom English was not their first language, highlighted communication saying: "They are helpful. They support me with my English. They understand." A call had been missed due to a communication error and the system for communicating rotas had been changed as a result. Care staff now came into the office once a week to pick up their rota. The registered manager explained this had improved communication within the team.

Where staff assisted people with meals and snacks, people were involved in decisions about what they ate and drank. People were asked about their diet as part of their assessment process and this included any cultural or religious needs. One person told us they were happy with the support they received with food. People were enabled to have a diet that supported their health and wellbeing and if it became necessary to monitor this there were systems in place to do so. At the time of our inspection no one needed their food and drink monitored in this way.

People's day to day health needs were dealt with in conjunction with health care professionals as appropriate. One person had been supported to attend hospital appointments and staff had liaised with their GP over these. Records showed that people were supported to access support from a range of health professionals such as: nurses and GPs.

Good

Is the service caring?

Our findings

People who were able to talk to us about their view of the service told us they were happy with the care they received. One person who had learned that the local authority intended to commission their care from another provider told us: "They are very good. I will be broken hearted to see them go." Another person told us: "I am happy with the support they give me."

Staff told us they enjoyed their work and liked spending time with people. They all expressed their motivation for their work being the people they visited. One member of staff said; "I am happy working." Another member of staff told us: "I love my job. We try to go above and beyond for people."

People were supported to maintain their independence where possible and said staff were respectful in all their interactions. Staff told us they took time on visits to talk with people. Professional relationships were evident in the way people referred to the staff who supported them. One person said: "They are respectful. Really excellent."

People and their relatives told us staff respected people's privacy and dignity. We asked a person about how their privacy was respected and they told us they never heard about anyone else from staff. Staff told us they respected the fact that they were in people's homes and ensured that tasks were done the way people wanted. Staff and people told us that people were encouraged to make decisions about their care, for example when they wanted their care and day to day decisions such as what they wanted to eat.

Good

Is the service responsive?

Our findings

People were supported to live their lives the way they chose and staff respected these choices. Staff described people's needs without judgement and emphasised people's individuality in their discussions with us. For example they discussed communication styles, sense of humour and the risks people faced, with respect and sensitivity. Care plans were current and covered a range of areas including mobility, health and nutrition and hydration. They were personalised and included information about people's likes and dislikes and their wishes. Staff could access the information in people's homes and this meant they had the information necessary to enable them to provide appropriate care according to people's personal preferences. One person who received care had a detailed care plan designed by their family. This was important because the person could not tell staff with words what they needed and wanted. This care plan supported their rights and valued their skills. Staff were aware of each individual's care plan, and told us care plans were informative and gave them the guidance they needed to care for people safely. People told us the staff were responsive to their changing needs. One person told us: "They do more if I need more." Monthly reviews reflected people's views and involvement in their care planning.

Communication needs were identified at assessment before people began to use the service. These were recorded in the care plan so staff had information about people's needs and staff utilised this knowledge to ensure appropriate responses. This was very detailed for one person to ensure that they received prompts and reassurances that they could understand. We spoke with a member of staff who supported this person and they described the importance of this clear communication. They also explained that augmentative communication systems were used to support the person's communication to promote their ability to communicate their wishes.

There was a system in place for receiving and investigating complaints. People and relatives confirmed they knew how to make a complaint and felt any concerns raised would be dealt with to their satisfaction. One person told us: "They are really great and any real problem I can just phone up the office." Where concerns had been raised, these had been investigated promptly and used to raise standards and drive improvements. For example, a time keeping concern was addressed the day after it was received with training and supervision provided to support the member of staff involved.

There was no one who needed or wanted an end of life care plan at the time of our inspection. There were systems in place with monthly reviews undertaken with relatives and people to address this sensitively and in response to individual wishes.

Good

Is the service well-led?

Our findings

The registered manager had acted on the findings of our last inspection and worked to improve the quality monitoring of the service to ensure people received safe and effective care. They told us that their belief was that a quality service provided individual care in a way that mattered to people. They spoke highly of the whole team and explained that they believed all the staff were motivated to do the best for people. They told us: "I feel the staff are working that (a person centred) way now."

Staff spoke with pride about their own work and that of their colleagues in securing good outcomes for people. We saw that staff feedback in the last employee satisfaction survey had identified that staff felt happy and supported and this was reflected in their comments during the inspection. The staff told us there was a family feel to the organisation and this contributed to their happiness and sense of support.
The staff emphasised the role of senior and office staff in their confidence in the team. One member of staff said: "They are available 24/7." Another member of staff said that : "They always make it clear they are thankful for help. It is so nice to know that I am valued.." There was a culture of openness evident with care staff visiting the office weekly for discussion about care practice and training updates. Staff told us they would be confident to whistleblow if this was necessary and there was a policy to support this.

The service had a clear management structure. The registered manager owned the service and they ensured they were kept up to date by attending provider events and receiving independent supervision. The registered persons had ensured most relevant legal requirements, including registration, safety and public health related obligations. There had been no statutory notifications required at the time of our inspection. The previous rating issued by CQC was not displayed on the provider's website. The registered manager was not aware that this was the case and rectified it immediately it was brought to their attention.

The registered manager believed staff had a clear understanding of their roles and responsibilities and this was evident to us throughout the inspection. Policies provided a framework for staff development and support and the supervision process was supportive and gave staff an opportunity to develop their skills. Staff had regular opportunities to share ideas and to feedback on how the service was working in weekly discussions and training sessions. Senior staff met daily to share information and plan for the smooth delivery of people's care.

Records were stored securely in the office and people chose where they were kept in their homes. There were systems in place to ensure data security breaches were minimised. For example: staff brought people's records into the office in person and understood the importance of respecting confidentiality. Records were not always detailed and were largely task focussed. Language was at times medicalised. For example referring to a person as 'compliant with medication'. This was not impacting on people as the service was small and staff were able to act to improve people's experiences without the need to review records. As the service grows there is a risk that task focussed records would not provide necessary information to support the person centred care people received during our inspection.
We recommend you seek appropriate advice and implement more person centred recording to secure the care practices as the service grows.

Quality assurance processes included spot checks on staff, visits to people and their feedback on staff performance and audits. The approach to quality assurance also included annual surveys. The results of the most recent survey had been positive. Relatives and people told us they were able to comment on all aspects of the service with confidence. The registered manager undertook audits and oversight and these had been effective in identifying where improvements were necessary to ensure quality. For example care plan and staff file audits had identified information necessary. The audits had not identified the MCA omission we identified. The registered manager told us they would add this to their care plan audit. Senior staff met regularly to discuss the development of the service.

The registered manager said they thought relationships with other agencies were positive. Feedback from commissioning professionals identified that the service was not part of their preferred provider framework as they did not meet some of the criteria. The registered manager discussed this with us and identified how they planned to consolidate the service and expand their workforce capability. Where appropriate the registered manager said they ensured suitable information, for example about medication matters, was shared with relevant agencies.