

ADL Care Ltd

ADL Care

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

ADL Care Limited is a domiciliary care agency. It provides personal care for older adults living in their own homes, some of whom were living with age related frailties. At the time of the inspection, two people were supported by ADL Care Limited, one person 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 supported by the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We have referred to them as staff through this report.

People told us they felt safe; care plans and risk assessments promoted their safety and reflected their goals and aspirations. One relative told us, "[Person] feels safe, they would tell me otherwise. I would see it."

People were protected by staff who understood safeguarding and were knowledgeable about the prevention and reporting of abuse. Staff practices protected people from the COVID-19 pandemic. Staff received training and wore appropriate personal protective equipment when supporting people.

People were involved in their assessment process. Care plans were written to empower people to have full control of the care they received; these were reviewed on a frequent basis. One person told us, "After a month they reviewed the situation, we had a frank and open discussion, it all went well."

People were supported by kind and caring staff. People confirmed staff asked consent before offering support. People told us staff knew them well. One person said, "It didn't take long for us to get to know each other. Them and myself are happy in our dispositions and we know each other now." And, "I am finding the service very good, they do everything I require, and they are very pleasant with it."

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 told us staff were approachable and they would be listened to when making suggestions, comments or complaints. One relative told us, "I have complete faith they would listen and act if I have any complaints."

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 30 November 2021 and this is the first inspection.

Why we inspected

This is the first inspection for this newly registered service.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

ADL Care

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 undertaken 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 27 January 2022 and ended on 10 February 2022. We visited the location's office on 8 February 2022.

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 reviewed information held on the service. We used all of this information to plan our inspection.

During the inspection

We spoke with two members of staff who were the registered manager and the nominated individual.

We reviewed a range of records. This included one person's care 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.

After the inspection

We looked at policies and quality assurance records. We spoke with one person who used the service and one relative about their experience of the care provided.

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from harm or abuse; People said they could speak with staff if they did not feel safe. One person told us, "I feel positively safe, if I didn't, I would take it up with them (staff)."
- Staff received safeguarding training and had read the provider's safeguarding policy. Staff demonstrated understanding on the types of abuse and how to recognise signs if someone was at risk of abuse.
- People had a copy of the provider's brochure which included the safeguarding procedure. This contained contact details so people could raise concerns with the service or directly or with the local authority if needed.
- No safeguarding concerns had been identified since the service commenced. Staff understood their duty to report safeguarding concerns externally where appropriate. They told us how investigations would be completed and how learning would be taken forward to minimise reoccurrence.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were assessed and managed safely.
- Risks to people had been identified and assessed. Care plans were written to guide staff on how to safely support people. We saw where people's needs had changed, risk assessments had been reviewed to reflect their current needs. For example, a person who used the service had undergone a procedure. Their risk assessment had been continually reviewed to guide staff in how to safely support the person with their mobility and personal care.
- Risks were assessed in relation to health needs, care plans were developed to guide staff on how to support people. For example, people had detailed risk assessments in place for wound care. Care plans contained information which included signs to watch out for that would indicate an infection, and guidance to ensure staff sought appropriate medical advice in a timely way.
- Environmental risks assessments and checks were completed. Staff had considered risks to people and staff. This included how staff would safely access people's homes. The service had a lone working policy which detailed safety measures for staff to follow. These processes ensured risks to people and staff were mitigated.
- At the time of inspection, there had been no adverse events to learn from. Staff gave examples of where future lessons would be learned. For example, if a person experienced persistent falls, a review of care and the environment would be completed along with referrals to professionals such as the falls team or the person's GP.

Staffing and recruitment

- There were enough staff to support people safely; people told us staff were always on time and they had not experienced any missed calls. People told us they did not feel rushed. One person said, "They're always on time, invariably a little bit early, it's fine with me, they know it's ok and I'm ready for them. They stay for the right amount of time and leave on time even if they start early."
- Staffing levels were determined by the amount of people using the service and their needs. The staff rota and feedback from people confirmed there were enough staff to safely support them.
- Recruitment processes were safe. Disclosure and Barring Service (DBS) checks were obtained prior to employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- At the time of inspection, the service was not supporting anyone with medicine administration, although staff had received training in readiness. The provider had plans to undertake competency assessments once staff had begun administering medicines.
- The service has a medicine policy and a quality assurance system in place for the event of supporting people with their medicines. We saw the quality assurance system included checks on documentation and practices.

Preventing and controlling infection

- Infection prevention and control policies kept people safe and were updated to reflect the latest guidance for the COVID-19 pandemic.
- People had individual assessments in place to consider their risks of COVID-19 complications, care plans guided staff to promote people's safety.
- The service ensured they had ample stocks of personal protective equipment (PPE) One person told us, "They wear masks and plastic aprons and gloves."
- COVID-19 testing was carried out in accordance with government guidance.
- Staff had received training in infection prevention and control.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed in line with the protected characteristics under the Equality Act 2010 such as age and disability. People were assessed for aspects of their health and well-being to ensure their needs could be met.
- Staff out initial assessments before people used the service to ensure people's needs could be met. Care plans were written based on people's needs and wishes. People contributed to the assessment process to ensure their views and goals were considered. One person told us, "I thought they were on the ball, they understood what I needed, and they explained what they could and couldn't do."

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills to support people effectively. People were supported by staff who received training relevant to their role such as well-being and pressure area care.
- People told us they felt staff were appropriately trained for their role. Comments included, "What they do, they perform well." And "I could understand if someone had high needs, they would be very capable of helping them."
- The registered manager told us new staff would be shadowed by experienced staff until they were assessed as competent to work alone. New staff would also undertake the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. The management were trained to assess staff on completion of the care certificate.

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

- People received support to ensure their nutritional requirements were appropriately met. Staff would ensure choices are offered to people. One staff member told us, "[Person] knows what they want and it's the same every day. Even though we know what they want, we still ask them daily."
- Staff received training in food hygiene and used this knowledge when preparing food for people. Where required, staff prepared snacks for people such as sandwiches and left hot drinks in flasks at request. This ensured people were supported to maintain their nutritional and hydrational intake.
- People's care plans identified the levels of support needed to ensure a person maintained a healthy fluid intake and balanced diet.

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

- At the time of the inspection, the service had not been required to work with other agencies or supported people to access healthcare. Staff gave instances of where they had made suggestions to people and their families. For example, an occupational therapist was suggested to assess the need for grab rails to support a person in the shower.

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.

- Staff received MCA training and understood how to work in the least restrictive way for people. Staff described ways they supported people using the principles of the MCA and gave scenarios of when they would carry out mental capacity assessments to work in people's best interests.
- People told us staff frequently asked for consent when helping them. One person said, "They ask right at the start, we get along famously, we talk all the time in the morning about various things, they make the whole experience very pleasant."
- Records showed people were involved in decisions relating to their care and support, and their choices were respected. We saw consent forms had been completed by people.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity;

- People were supported by staff who knew them well and were respectful of their needs. Staff had received equality and diversity training which was reflected in their practice.
- Staff described people's routines and personal preferences as well as what would make a good day for the person. One staff member told us, "We talk to [person] about their goals and how we can all work towards them."
- People and their relatives provided positive feedback about the care they received. One person told us, "I tell them what I want but they have got to know me so well they instinctually know."
- Staff documented people's feelings and opinions as well as the care delivered, care was documented in a respectful way.

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

- People were supported to make decisions to have control over their lives. Staff carried out care plan reviews and encouraged people to contribute to any changes. When asked if they could make changes, one person told us, "They have made it very clear that I can do that. There were times where we had to pause, and it was managed quite well."
- People's care was reviewed after a week of the service commencing to ensure their needs were being met. Following this, monthly reviews were carried out. We saw example of where adjustments had been made in care records in response to changes in people's needs.
- Staff told us they made sure choices were given to people. For example, discussions were held to support a person to choose whether to bathe or shower.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected.
- People spoke highly of how staff promoted and protected their dignity. One person told us, "I was reluctant to start having care and I am very pleased they started, I have managed to keep my independence, they ask me if I want anything done rather than taking a lead." A relative told us, "[Registered manager] gave my relative total confidence and dignity, this is what they were worried about, losing their dignity, but my relative was comfortable with [registered manager]."
- People's independence was encouraged and respected by staff. Staff gave examples of how they respected people's privacy and encouraged independence whilst assisting with personal care. When talking about people, staff described them as strong and independent. One staff member said, "It's important to not take over."
- Staff received training in privacy and dignity and had access to the service's policy. Positive feedback from

people and their relatives evidenced staff put their learning into practice.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was personalised to their wishes and goals. People told us they felt in control and were fully involved when planning their support. One relative told us, "It has changed [persons'] outlook on life, they are happier and feels like they are in control which is important to them."
- People's care records were detailed to include life histories and what was important to them. Staff discussed aspirations with people to see how they could be supported to achieve their goals. For example, a person wished to increase their strength. Staff worked with them to follow an exercise regime.
- People were able to make decisions to suit their needs and lifestyles, for example, times, frequencies and lengths of visits. People told us changes had been made and accommodated, records confirmed this.

Meeting people's communication needs

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

- People's communication needs were assessed and met. Staff advised all documentation could be produced in large print and an easy read format if required and they would arrange time to read documentation aloud for people to aid their understanding or if a different language was spoken, picture aids would be used or translation with the help of family.
- Where people needed assistance with hearing or sight, this was documented. Care plans guided staff where people had communication needs. For example, if people required support with glasses or hearing aids.

Improving care quality in response to complaints or concerns

- Staff encouraged people to give their feedback on the service. People and their relatives confirmed they would be comfortable to approach staff to raise a complaint. One person told us, "I have none whatsoever, only compliments. I am certain they would listen me." A relative told us, "I couldn't say there are any negatives. I wouldn't hesitate to contact them if I was worried about something."
- The service had not received any complaints. The nominated individual told us they would be open to complaints and said, "To me, complaints can be positive, they promote better care as long as you learn from them." Staff explained what actions they would take in the event of receiving a complaint, how they would investigate and respond.
- The complaints procedure included response timescales and where to escalate concerns if the complainant was not satisfied with the outcome.

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

- There was a positive and inclusive culture for people. Staff visited people to carry out care reviews and gained their feedback and people felt they could approach them. Comments included, "They phone me regularly to make sure we are happy with the service, I know I can ring them any time. We meet face to face; they are charming and lovely."
- A suggestion box had been placed at the reception of the office, this was so people could make comments and suggestions anonymously should they wish to.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Managers were clear about their roles and responsibilities. Staff had oversight of the service and carried out visits to people. During the visits they undertook quality audits including, checks on documentation such as diary notes and care plans. The management undertook spot checks and supervisions with each other to ensure a high-quality service.
- Quality audits were documented; there had not been any shortfalls identified. Staff told us action plans would be developed based on any findings. They met on a monthly basis to discuss topics such as business growth and regulations. Their vision was 'To raise standards in care provision and to deliver the most trusted, reliable service in the local area.'
- People and their relatives spoke highly of the staff. One person told us, "I can only vouch for what I see, the paperwork presented, I had an opportunity to read everything beforehand, the whole service seems well run."
- Staff demonstrated knowledge of regulatory requirements. They understood their responsibility to notify CQC of events within the service and gave examples of when this would apply.
- Staff understood their duty to be transparent and honest when something was to go wrong. They described the duty of candour as being truthful and open, and to provide an apology if something was to go wrong.

Continuous learning and improving care; Working in partnership with others

- Staff assessed the service to drive improvements. They had identified the service's electronic care system was not as user friendly as they wished so designed paper documents to cover shortfalls of the system.

- Staff kept their knowledge up to date and subscribed to emails from CQC, skills for care and the local authority provider update service. Staff belonged to social media care management support group and linked with local care providers. They told us this provided a networking opportunity where knowledge, best practice and mutual support was shared.
- The service had a clear direction for the future. Although the service was in its infancy, plans and policies were in place for growth along with contingency plans for emergency situations. When speaking about the future of the service, the nominated individual said, "We want the company to be built on reputation and word of mouth, it will be quality over quantity."
- The service had not directly worked alongside any professionals since providing support to people. Staff had created a contact list of professionals for ease of access if required in the future. This included details for local teams such as, the community matron, district nurses and the dementia crisis team.