

Mrs Elaine Sonia Longhurst

# Addocare Score

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Addocare Scole is a service that provides support to people in their own homes. At the time of the inspection, ten people were using the service for personal care.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good.

Staff understood how to protect people from the risk of abuse and avoidable harm. There were enough staff available to provide support to people when they wanted it. Staff knew how to protect people from the risk of infection however, improvements are required so the provider can be sure that people have received their medicines correctly.

People had a say in how their care was to be delivered. They were listened to and their opinions respected and they were supported to have maximum choice and control of their lives.

Staff had received relevant training and supervision to make sure they provided people with safe care that met their individual needs. The provider had established good relationships with other health and social care professionals to ensure people were supported with their healthcare and to maintain their independence.

The provider and staff were kind and caring. They provided people with compassionate care at all times, including at the end of people's lives. People were treated with respect and their dignity was upheld.

Good leadership was in place. This had resulted in the staff being well supported and happy in their work. The provider had instilled a culture within the service where the person was treated as an individual and was respected.

The provider was keen to continually improve the service where they could. They had systems in place to monitor the quality of care provided and were open to suggestions for improvement.

We have made one recommendation regarding the provider becoming more familiar with the Accessible Information Standard. This is a standard that is in place to improve how care services provide people with information where they require support with their communication needs.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Systems to monitor that people had received their medicines correctly required improvement.

Systems were in place to reduce the risk of people experiencing abuse or avoidable harm.

There were enough staff to keep people safe and to meet their needs.

Staff took precautions to reduce the risk of the spread of infection.

Systems were in place to report and investigate into incidents or accidents.

**Requires Improvement** ●

### Is the service effective?

The service remains Good.

**Good** ●

### Is the service caring?

The service remains Good.

**Good** ●

### Is the service responsive?

The service remains Good.

**Good** ●

### Is the service well-led?

The service remains Good.

**Good** ●

# Addocare Scole

## 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 was a comprehensive inspection that took place on 30 November 2018. The inspection was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure the provider was available to assist us with our inspection.

The inspection team consisted of one inspector. Prior to this inspection we reviewed the information we held about the service. This included important events the service must tell us about by law, previous inspection reports and feedback we received from the commissioners of the service. We reviewed the Provider Information Return (PIR) that we had received from the provider. The PIR is a document that tells us what the provider feels they do well and what improvements they plan to make to the service.

We spoke with two people who used the service, two staff and a healthcare professional who regularly worked with the service. We also spoke with the provider and deputy manager.

The records we viewed included three people's care records, two people's medicine records, two staff recruitment records, staff training records and other information in relation to how the provider monitored the quality of care people received.

# Is the service safe?

## Our findings

At our previous inspection of this service in May 2016, we rated safe as good. At this inspection we have rated safe as requiring improvement.

Both people we spoke with told us they received their medicines when they needed them. The staff said they gave people their medicines as required. Staff had received training in how to give people their medicines and their competency to do this safely had been recently assessed. However, the systems for ensuring people received their medicines correctly required improvement.

There were some gaps in the medicine administration records (MAR) we looked at. This indicated that people may not have received their medicines correctly. We spoke with the provider about this and they told us the MAR had been checked for errors but these gaps although identified, had not been investigated. We therefore checked other records relating to these people's care and found the staff had stated they had received their medicines. However, this check had not been completed prior to our inspection which would have given the provider assurance in relation to this area.

The MAR in place had not been provided by the pharmacy or GP. The provider told us there was no arrangement in place for this to be done. Therefore the staff had written each person's medicine prescription onto the MAR. However, the information written did not follow best practice guidance such as that written by the National Institute of Health and Care Excellence. For example, the frequency at which the medicines needed to be taken had not been detailed on the MAR. It is also good practice for two staff to sign the MAR to confirm that the prescription details have been transferred correctly. We spoke with the provider about these issues. They agreed to immediately review their current processes in relation to the management of people's medicines and improve them in line with national guidance.

Both people we spoke with said they felt safe when staff were in their homes. One person told us, "Yes I feel very safe." The staff we spoke with had a good understanding of how to protect people from the risk of abuse and avoidable harm. This included in relation to risks such as falls, developing pressure ulcers or not eating or drinking enough.

The provider had ensured there were enough staff working for the service to keep people safe and to meet their needs. People told us staff always arrived for their care visits and that they were on time and stayed for as long as they needed to. They also said staff had time to chat with them and they did not feel rushed. The staff we spoke with confirmed this was the case.

The provider had carried out the required checks to ensure that the staff who worked for the service were of good character and were safe to work in the care industry before they commenced employment with them.

People told us staff used precautions when providing them with care to protect them from the risk of the spread of infection. One person told us, "Yes, they always wear gloves and aprons." The staff had received training in this area and said they had access to sufficient equipment when they required this.

Staff understood that any incidents or accidents that occurred needed to be reported to the provider. Staff said they could not recall any recent incidents and the provider advised us this was the case. However, they confirmed that any incident would be fully investigated and lessons learnt to reduce the risk of it re-occurring if possible.

# Is the service effective?

## Our findings

At our previous inspection of this service in May 2016, we rated effective as good. At this inspection we have continued to rate effective as good.

The provider had assessed people's care requirements prior to them using the service to ensure they could meet their needs. This was a holistic assessment that covered their physical, mental, emotional and social needs.

People told us they felt staff were well trained and the staff said they had received enough training and supervision to help them confidently provide people with support. The provider regularly worked with staff and so could monitor they were competent to perform their role safely. New staff received good induction training which included shadowing and working with more experienced staff to help them learn the relevant skills they required. The provider ensured that new staff were competent in their role before allowing them to support people on their own.

Where people received support with their eating and drinking, people told us this was received to their satisfaction. One person told us, "They always ask me what I want and prepare me a meal of my choice." The staff demonstrated they monitored people's food and drink intake where there were concerns they were not eating or drinking enough. One staff member told us how they always encouraged people to drink, particularly in the hot weather. The provider demonstrated they were aware of people's individual preferences in relation to food. For one person they described how they would take them a vegetarian cook book so they could choose the meals they would like to have prepared for them.

The staff worked well as a team and with other healthcare professionals to ensure that people received effective care and were supported with their healthcare needs. The healthcare professional we spoke with said staff were very pro-active at alerting them to any concerns they had and always acted on their advice. The staff we spoke with told us of a number of different professionals they worked with including GPs, district nurses, physiotherapists and occupational therapists. On the day of the inspection, a staff member had reported that one person they supported was having difficulties with walking and may therefore benefit from some equipment. The provider was in the process of contacting the occupational therapist to review the person.

The people we spoke with told us the staff always sought their consent before they started a task. One person told us, "They always ask me what I want or if they can do something." The staff we spoke with understood the importance of consent.

The provider told us that no one using the service lacked capacity to make decisions about their care. However, the staff we spoke with demonstrated they understood the principles of the Mental Capacity Act 2005 (MCA) and would only make decisions for people in their best interests. The MCA provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.



## Is the service caring?

### Our findings

At our previous inspection of this service in May 2016, we rated caring as good. At this inspection we have continued to rate caring as good.

The people we spoke with and the healthcare professional said staff were kind, caring and treated people with dignity and respect. One person told us, "Yes, they are lovely carers." Another person said, "They are very good, very respectful and kind. They are very understanding."

People said they had developed good caring relationships with the staff and that they looked forward to their visits. The staff spoke about people affectionately and demonstrated that they knew people well. The provider employed a small number of staff and people told us they were familiar with all of them and liked and trusted them.

The provider told us that staff often went above and beyond what was expected of them when they supported people. For example, one staff member in their own time had taken a person to a hospital appointment. Another had taken a person some flowers when they had felt down. Staff would often post letters for people or get birthday cards for them if they could not get out of their home to do this themselves. These actions demonstrated a caring approach by the service.

The people we spoke with told us they were able to express their views at any time and felt listened to and actively involved in their care. One person told us, "Yes, they always ask me what I want, how I want the care done." People said they had choice and the staff confirmed that choice was always offered. As the provider and deputy manager regularly visited people, they said they were able to talk to people about all aspects of their care.

People told us their independence was encouraged. The staff gave us examples of how they did this. One staff member said they encouraged people to do as much personal care for themselves as they could. Another said they encouraged a person to walk regularly when they saw them. Staff also referred people to other professionals who could help them with their independence. For example, to a physiotherapist or occupational therapist for exercises or equipment.

## Is the service responsive?

### Our findings

At our previous inspection of this service in May 2016, we rated responsive as good. At this inspection we have continued to rate responsive as good.

The people we spoke with told us the support they received met their needs and that they had been involved in the assessment and planning of their care. Following this assessment, care records had been put in place for each person. These gave staff information to guide them how people wanted to receive their care. This included their preferences such as the gender or carer they wanted to have visit them and the time they wanted their care visit to start. We noted that these care records were written based on outcomes people wanted to achieve and reflected most areas of people's needs. However, there was not clear guidance in place in respect of diabetes, catheter or stoma care. The staff we spoke with were knowledgeable about these areas and the provider agreed to immediately address this to assist any new staff who joined the team.

People's communication needs had been thoroughly assessed and information was available to people using the service in different formats such as large print to help them make decisions about their care. However, the provider was not familiar with the Accessible Information Standard. This is a standard that requires providers of health and social care to assess people's communication needs and provide them with support where they have a sensory need. Although we did not see any concerns within this area, we recommend the provider familiarise themselves with this standard to ensure they are meeting its requirements for all of the people using the service.

The staff ensured that people's wellbeing was at the forefront of their care. For example, one staff member told us how it was important for the person to be able to watch the birds outside their home. Therefore, they made sure the bird feeder was always topped up so the person could enjoy this. The provider told us that another person had a great interest in birds. To help stimulate this interest, the provider had taken some photographs of various birds and discussed them with the person.

People told us they did not have any complaints but felt confident to raise any concerns they had either with the provider, deputy manager or staff. A complaints procedure was in place and any concerns or complaints raised had been fully investigated and dealt with.

The provider was passionate about ensuring that people received compassionate care at the end of their life. Their service had recently been accredited with the Six Steps programme for end of life care and staff had received training in the subject. The Six Steps is a recognised training programme for end of life within the care industry and is delivered by end of life healthcare professionals. Compliments had been received from relatives regarding the care that had been shown by the provider and staff at this time. For example, one relative had stated 'Thank you for support, if not for you we would have given up' and another 'Appreciate all that was done to make dads last days as comfortable as possible'.

Advanced care plans detailing people's wishes and choices were in place where required. A healthcare

professional told us that staff worked very well with other professionals at this time to ensure people had a comfortable and pain free death. The provider and staff demonstrated their compassion and drive within this area to ensure that people's wishes and their needs and that of their families, were respected at this difficult time. The provider told us they used various techniques with people such as relaxation that they found assisted people's wellbeing.

## Is the service well-led?

### Our findings

At our previous inspection of this service in May 2016, we rated well led as good. At this inspection we have continued to rate well led as good.

The people and healthcare professional we spoke with told us they felt the service was managed well. A commissioner of the provider's services also told us this. One person said, "Yes I think it is run very well, I would certainly recommend it."

The provider and staff had received a number of compliments from people using the service, relatives and healthcare professionals. One healthcare professional had recently advised the provider that their service was professional, provided personalised care to people and they would recommend the service to deliver end of life care to people. Another healthcare professional had stated that the staff were proactive in contacting them regarding people's equipment needs and that they had an excellent working relationship with the provider and staff.

There was an open culture at the service. People said they felt comfortable talking to the provider, deputy manager or the staff whenever they felt the need. Staff also spoke about how they could go to the provider with any concerns and said they were confident they would be listened to and the concerns dealt with.

The staff were very happy working for the service and some described it as an extended family. They felt supported and valued. They enjoyed working with the provider when they joined them on care visits to people. The provider was passionate about supporting people to stay in their own homes for as long as possible and had instilled a caring and person-centred approach within the staff who worked for the service.

The provider understood their responsibilities in relation to the statutory requirements such as the regulations under the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014. They had forged good working relationships with other professionals so that people received seamless care to meet their needs.

Most systems that were in place to monitor the quality of care people received were effective. For example, the completion of staff training was monitored and their competency regularly assessed. The provider often visited people to gain their feedback on the care they received so they could continuously learn and improve the service. This was also done more formally, through an annual questionnaire. People's care records had been regularly reviewed to ensure they reflected people's current needs. One area that did require some improvement was the monitoring of people's medicines. However, the provider responded immediately to our feedback regarding this area and put new processes in place to rectify this.