

Adjuvo Care Essex Limited

# Adjuvo Care Essex Limited - Brightlingsea

## 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: Adjuvo Essex Care Limited – Brightlingsea provides accommodation and personal care for up to nine people with a learning disability and autism. At the time of the inspection five people were living at the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

The service had been developed and designed in line with the values that underpin the CQC Registering the Right Support policy and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service:

Staff understood the risks to people and the measures in place to keep them safe. Systems were in place to ensure people's medicines were managed safely and to reduce the risks associated with the spread of infection.

Sufficient numbers of staff were employed to meet people's needs and ensure they had maximum choice and control in their lives. This included supporting people to access a wide range of activities in the community that reflected their specific needs and interests.

The recruitment, induction and training processes in place ensured staff had the right skills and experience, and were suitable to work with people who used the service.

Staff were intuitively caring, and were observed treating people with dignity and respect.

People were receiving personalised care responsive to their needs, including access to health care services. The registered manager and staff worked well with other agencies to ensure people received high quality joined up care. People had access to food and drink based on their individual choice and preferences.

People's communication needs had been assessed and were meeting the requirements of the Accessible Information Standards. This set of standards sets out the specific, approach for providers of health and social care to identify, record, share and meet the communication needs of people with a disability, impairment or sensory loss.

Staff felt supported in their roles and had confidence in the registered manager. There was an open culture of learning from mistakes, concerns, incidents and accidents and other relevant events. Staff understood how to raise concerns and felt comfortable doing so.

Rating at last inspection: Requires improvement (Report published 24 October 2017)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: Our previous inspection in August 2017 (published October 2017) identified improvements were needed in relation to the overall management of the service. The service was rated requires improvement. This was because there had been a lack of oversight of the service by the provider and the registered manager to ensure the service delivered was of a good quality, and safe. They did not have systems in place to identify what was working well and what needed to improve.

During this inspection we found the required improvements had been made. We will continue to monitor all intelligence received about this service to ensure that the next planned inspection is scheduled accordingly.

## 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 good

Details are in our Good 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 ●

# Adjuvo Care Essex Limited - Brightlingsea

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection took place on 18 January 2019 and was unannounced. The team consisted of two inspectors.

Service and service type: Adjuvo Care Essex Limited – Brightlingsea is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

#### What we did:

Before the inspection we reviewed information available to us about this service. The provider had completed a Provider Information Return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR and used this to help inform our inspection. We also reviewed previous inspection reports and the details of safeguarding events and statutory notifications sent by the provider. A notification is information about important events which the provider is required to tell us by law, like a death or a serious injury.

We spoke with one person who was able to express their views, but not everyone chose to or were able to communicate with us. Therefore, we spent time observing how staff interacted with people to understand the experience of people who could not talk with us.

We spoke with three support workers, and the registered manager. We looked at two people's care records, recruitment records for three staff and reviewed records relating to the management of medicines. We also looked at records in relation to complaints, staff training, maintenance of the premises and equipment and how the registered person monitored the quality of the service.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of processes to keep people safe and how to report concerns.
- One member of staff told us, "We have people's best interests at heart. The staff really care for the people who live here, and it shows they feel safe by the way they interact with the staff."
- Staff told us they had received updated safeguarding training and were aware of different forms of abuse and their responsibility to report concerns.
- The registered manager was aware of their responsibility to liaise with the local authority. Where safeguarding concerns had been raised, such incidents had been managed well.
- Positive behaviour support plans were in place to guide staff on how to support people during episodes of distressed behaviours, including self-harm. Staff understood the routines in place for people which provided continuity and stability and helped to reduce causes of behaviour or distress.

Assessing risk, safety monitoring and management

- Risks to people were anticipated and managed well to keep them safe. This included risks such as epilepsy, choking, managing finances, activities and using the vehicles to access the community.
- People had individual evacuation plans in place to guide staff on how to safely escort them from the premises in the event of a fire.
- Technology was used to promote people's safety, such as monitors and alarm sensor mats to alert staff if people have got out, or fallen out of bed or having a seizure.
- Systems were in place to ensure that equipment was safe to use and well maintained.

Staffing and recruitment

- Our previous inspection identified people were not receiving their designated one to one staff hours, assessed as part of their care package to enable them to access the community. The registered manager has since reviewed each person's funding and ensured there are sufficient staff available to meet the contractual arrangements and facilitate people's access to activities.
- The staff rota was planned around people's individual activities to ensure their hours and needs were being met.
- One member of staff told us, "Since the new company has taken over, everyone has a one to one. Where people need more support, the provider agreed we could have another member of staff, so that people have two to one support to access the community."
- A thorough recruitment and selection process was in place, which ensured staff recruited had the right skills and experience, and were suitable to work with people who used the service.

Using medicines safely

- People's medicines were ordered, stored, administered and disposed of safely and in accordance with relevant best practice guidance.
- Random sampling of people's routine medicines, against their records confirmed they were receiving their medicines as prescribed by their GP.
- Profiles were in place for each person describing their preferred method of how they wanted or needed to take their medicines.
- Where medicines were prescribed on an 'as required' (PRN) basis, clear protocols were in place to guide staff when these should be administered.

#### Preventing and controlling infection

- The service was clean and tidy. The laundry room had been refurbished with new flooring.
- Red dissolvable bags were being used to launder soiled linen. These bags are used to separate out soiled linen and prevent the risk of spreading infection.
- We observed staff using personal protective equipment at all times, when this was needed.
- Cleaning products were stored safely, and colour coded equipment, such as mops, were being used appropriately to ensure the risk of cross infection was minimised.

#### Learning lessons when things go wrong

- Systems were in place to ensure lessons were learned and improvements made when things went wrong.
- Staff were aware of their responsibilities to raise concerns, record safety incidents and near misses.
- Incidents were monitored by the registered manager, the provider's area manager, and operations manager to ensure oversight of health and safety in the service. Learning from such incidents was shared with staff at supervision and monthly team meetings.

## 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

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 care plans contained information on how their physical and mental health needs were being assessed and met. Where people had specific health needs, advice had been sought from health professionals
- Staff had received training to ensure they have the skills and experience to support people with specific health conditions, such as managing epilepsy and PEG feeding in line with recommended best practice guidance. Percutaneous Endoscopic Gastrostomy (PEG) is a medical procedure where a tube is passed into a person's stomach to provide a means of feeding when oral intake is not adequate, due to the risks of choking, because of poor swallowing.
- Care records reflected relatives had had input into people's care, including their past, likes, dislikes, health and their behavioural needs.

Staff support: induction, training, skills and experience

- Staff told us they had access to the training they needed that gave them skills and knowledge to carry out their roles. Training included challenging behaviour, positive behaviour support, epilepsy, safeguarding people, and administration of medicine called buccal midazolam for emergency use in the event of prolonged seizures.
- One member of staff told us, "We have our own trainer and they are very good at what they do. They don't just train you on a specific subject, they use actual, real examples. It's much better than eLearning."
- Staff told us they when they first started working at the service they had had an induction. One member of staff commented, "I had a meet and greet with everyone, and was shown around the service, and shown where records were kept including the policies and procedures. I also shadowed experienced staff, before commencing shifts as a permanent member of staff."
- Staff told us they received regular supervision and annual appraisal regarding their performance. Supervision is a formal meeting where staff can discuss their performance, training needs and any concerns they may have with a more senior member of staff.

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

- People were supported to eat and drink and maintain a healthy balanced diet. One member of staff told us, "We have menus as a guide and to help people choose what they want to eat. I show people different options and they will pick what they want."
- People, chose what they wanted to eat and where to have their meal. We saw people getting their own cutlery and choosing where they would like to sit at the dining table.
- People had access to the kitchen and could help themselves to snacks, as well as being encouraged to prepare their own meals. One person told us, "I have cooked pasta for my lunch, it's my favourite."

- Mealtimes were arranged to meet people's individual needs and to fit in with structured activities. People's specialist diets were considered. Where a person had their meal through their PEG tube, staff made sure they were included in the mealtime, so as not to be excluded.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager had worked well with the local authority and the learning disability intensive support team to provide emergency respite for a person with complex needs. The local authority provided the staff via an agency. These staff have experience in supporting people with extreme behaviours that can be challenging to themselves or others. The registered manager had worked with the agency staff to create a structured activity plan and used social stories to help the person access the community. (Social stories and comic strip conversations are ways to help people with autism develop greater social understanding.)
- We have received positive feedback from the local authority about this arrangement, including a significant reduction in use of medicines to manage the persons behaviour.

Adapting service, design, decoration to meet people's needs

- There had been significant improvements made to the premises, to ensure it was safe. These changes were ongoing, with planned maintenance, redecoration and landscaping the gardens.
- The service provided a safe and comfortable environment for people to live. Rooms were bright, clean and tidy. People had access to communal areas, including an open plan lounge, dining area and kitchen.
- People's rooms had been decorated to reflect people's personalities and individual needs, including sensory equipment.
- Staff had utilised communal areas creatively to provide a safe environment. One person had their own sensory corner, in the lounge / dining area where they could relax or play with engaging objects.

Supporting people to live healthier lives, access healthcare services and support

- People had good access to healthcare services, including an annual health check and access to professionals, such as the speech and language therapy, psychiatry, physiotherapists, dietician, occupational therapy and aromatherapy.
- Risks to people's health and welfare had been identified and acted on. Where a person had been diagnosed at risk of choking due to swallowing difficulties, advice from health professionals had been sought.

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.
- Peoples care records contain information on how staff supported them to make day to day choices and decisions. One member of staff told us, "Everyone's capacity is different and some might have it to choose their food or their clothes but may not have it to make other decisions."
- Systems were in place to support people in the least restrictive way and ensuring their rights were protected. Where people had been deemed to lack capacity to make significant decisions about their health, welfare and finances, the relevant people including health professionals had been involved. For example, where people's medicines were disguised in food or drink to ensure they received their prescribed medicines, covert medication assessments had been carried out. This had been discussed with the persons GP and next of kin, to agree this was in the person's best interests.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the

Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA, and whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager confirmed all five people had authorisations in place to restrict their freedom for their own safety. These were due to expire, but the registered manager confirmed they had submitted applications for the authorisations to be renewed.

## 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff had developed good relationships with people using the service. We saw positive interactions between staff, and the people they supported. Staff were smiling and using humour as they engaged with people. Interactions were natural, but respectful.
- Staff had a good knowledge of people's personalities, their likes and dislikes and what they could do for themselves. One member of staff commented, "Where they can, we encourage people to do things for themselves, such as put their clothes away in their room."
- Staff told us they would be happy for a family member to live at this service. One member of staff told us, "People are cared for very well by the staff and they go out and enjoy their life, they are not stuck in doing nothing."

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

- Information, such as how to make a complaint had been produced using an easy read format.
- Staff knew people's communication needs well and we saw people being able to make decisions about how they spent their day and what they had to eat. Communication passports provided information to staff on how best to communicate with people. These included how the person expressed themselves, such as, 'I will push objects away or throw them if I do not want them', or using objects of reference, for example, showing a person a swimming costume to indicate I want to go swimming.'
- Digital technology, such as DVD's were used by staff to help them understand people's communication methods and to help them make choices. Photographs of places, communal areas and the garden were used to help people decide where they wanted to be.
- One member of staff told us, "People are supported to make decisions, for example, when I was talking to [Person] about activities, they signed 'train'. As they had not previously travelled by train, we carried out a risk assessment to ensure this was safe, and then arranged for them to access activities by train."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, respect and kindness.
- Staff understood it is a person's human right to be treated with respect and dignity and to be able to express their views. We observed them putting this into practice during the inspection.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

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

- People using the service received care, support and treatment personalised specifically for them.
- Care plans contained detail guidance for staff on how meet people's individual needs. The plans were person centred, referring to people's preferences on how they wished for their care to be provided. These include how they communicated, made decisions, and access activities of interest and therapies that benefited their health and wellbeing.
- Care plans contained information to show that people's care and support needs had been discussed and agreed with family members. People were supported by advocacy services where this was needed.
- Where people had behaviours that can be challenging to themselves or others, specialist advice and support from professionals, such as the Intensive Support Team and the Behavioural Advisory Team (BATS) had been sought. Support plans were in place to guide staff on how to support people to manage their behaviours, in their best interests and with the least restrictions possible.
- People had access to a range of indoor and community based activities designed to meet their interests and health benefits. These included, bowling, visits to the zoo, ice skating, going to the cinema, and access to health centres for swimming, spa and sensory sessions.
- Staff told us they had supported one person to have a one week holiday in Spain. This was successful, and staff were planning to go again this year.

Improving care quality in response to complaints or concerns

- Systems were in place to acknowledge and respond to complaints.
- A review of the complaints book showed there had been no complaints raised about the service since the last inspection.

End of life care and support

- Where a person using the service had sadly passed away, the registered manager told us this had been a very difficult time for people and the staff, as the death had been very sudden.
- The registered manager had maintained contact with the family providing support where they were able to.
- Support was provided to people using the service and staff. The registered manager showed us a bear made using some of the persons clothing to help people remember them. The persons initials had been embroidered on the bear's foot. Two bears were made, one for people using the service and one for the person's key worker. Additionally, the registered manager had a picture album made using photographs of activities the person had taken part in whilst living at the service for their family.
- A debriefing session had been provided for the staff involved, and bereavement counselling was being offered. Staff told us they had received good support from the registered manager.

- Staff told us they wanted to have training that would help prepare them in the future on how to deal with death and dying. One member of staff commented, "We haven't had death and dying training, but I want it especially after what we went through, none of us expected what happened. The registered manager told us this training was being arranged."

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager told us Adjuvo Essex Care Limited aspires to be a leading provider for people with learning disabilities. Adjuvo's motto is, 'Nothing about me, without me'.
- Staff were aware of the core principles set by the provider, to provide high quality person centred care to people. These had been presented to staff, by video and via a power point presentation called, 'it all starts with you'.

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

- The registered manager and staff had a clear understanding of what was needed to ensure the service continued to develop, and ensure people received high-quality care.
- The registered manager praised the staff team. They told us, "They are a good team, who work together well." The registered manager and staff had developed a good culture where they were able to challenge each other in a positive way to improve standards and ensure people received good quality care.
- Staff told us they felt supported by the registered manager. Comments included, "I can raise anything with the manager and talk to them about anything," and "I would go to the manager. They are very good at supporting me. If there was a situation, she would support me. They are always there, even if you have a problem at home."
- The service had clear and effective systems in place to identify and manage risks to the service and drive improvement. Monthly reports completed by the registered manager were shared with the regional manager and operations director to ensure any issues or concerns identified, were addressed.
- The registered manager told us since the new provider had acquired the service they had received more support. They commented, "The area manager is always on the end of the phone, they are very good, they know what they are doing. For example, the drains used to keep getting blocked, the area manager sorted this, the whole pump was replaced, it was a massive piece of work."
- The registered manager attended three monthly meetings with other managers and directors to ensure they were kept up to date on the values and business plans of the company, financial matters and plans to move the service forward.

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

- People, their relatives and staff were provided with a welcome pack when Adjuvo Essex Cares Limited acquired the service setting out the vision, values and core principles as a provider. Adjuvo in Latin means 'to

support / to assist.'

Continuous learning and improving care

- The registered manager told us they signed up to CQC to receive updates that helped to keep them up to date with subjects such as safeguarding and the Mental Capacity Act. They also had regular meetings with the pharmacist to ensure they were working in line with recommended pharmaceutical guidance.
- The registered manager had kept up to date with changes in legislation, most recently ensuring they were following the new General Data Protection Regulation (GDPR) legislation.
- The registered manager was signed up to receive MHRA (Medicines and Healthcare products Regulatory Agency) alert updates. These provided information which helped them to ensure the safety of people using and working in the service.

Working in partnership with others

- The registered manager told us their biggest achievement since the last inspection had been developing their relationship with the local authority and commissioners. This has helped the service to develop.
- The improvements made showed that there had been a willingness by the provider, the registered manager and staff to work in partnership with other agencies to improve the service.