

Quality Care (EM) Limited

Adams House

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

Adams House is a residential care home providing personal care to 22 people living with a learning disability or mental health condition at the time of the inspection. The service can support up to 24 people.

Adams House has several adapted bungalows and individual apartments within a large house situated on a campus style service in Sutton in Ashfield. People living in the bungalows have their own room and access to a range of shared facilities. They can also use a range of facilities in the grounds of the service.

The service takes note of the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service is located on a campus style community and as such would not fit with current best practice guidance which suggests small local services, integrated with the community. However, the size of the service having a negative impact on people was mitigated by the use of individual buildings. Staff supporting people did not wear a uniform or any identifying clothing that suggested they were care staff when coming and going with people, and people were supported to have access to local community facilities and services.

People's experience of using this service and what we found

People received person-centred support and staff knew people very well. Plans were in place, that detailed how people wanted to be supported and we saw staff followed this guidance.

People were supported to build and maintain important personal relationships that mattered to them, with peers and relatives.

People were supported to be independent, their rights were respected and access to advocacy was available if required. Support was provided in a way that put the people and their preferences first. Information was readily available for people in the correct format for them, including easy read.

The environment was clean, and people chose colours and furniture for their own rooms and communal areas. During our inspection staff and relatives were helping re-decorate as several people were away on holiday with other staff members.

Medicines were managed well, safely administered and recorded accurately.

There were enough staff to support people and staff were always visible. Staff received support and a variety

of appropriate training to meet people's needs.

Individualised risk assessments were in place. Staff were confident they would raise concerns to safeguard people. Robust recruitment and selection procedures ensured suitable staff were employed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were well supported to make informed choices and given the opportunity to make decisions about their care and support.

Appropriate healthcare professionals were included in people's care and support as and when this was needed. Staff supported people to maintain a healthy diet and, when required, follow a specialist diet.

People were supported to engage in activities they enjoyed, and we saw the service promoted people accessing local community facilities and supporting them to go on trips and holidays.

There were systems in place for communicating with staff, people and their relatives to ensure they were fully informed this was via team meetings, phone calls and emails. People had good links to the local community through regular access to local services.

Audits and monitoring systems were used effectively to manage the service and to make improvements as and when required.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 9 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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.

Adams House

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team

One inspector carried out this inspection.

Service and service type

The service is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information available to us about this service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from commissioners and professionals who work with the service. We assessed the 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. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, the deputy manager, the director, two team leaders and four support staff. We also spoke with four people and spent time observing other people completing their daily

activities.

We looked at three people's care records including medication administration records (MARs). We looked at two staff members records. We looked at records relating to the management of the service. These included accident and incident records, meeting minutes and quality assurance records.

After the inspection

We spoke with three close relatives via telephone.

We continued to seek clarification from the provider to validate evidence found. We looked at training data and further quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. and all Staff had a good understanding of what to do to make sure people were protected from harm or abuse and had received appropriate training.
- One relative we spoke with said, "I visit regularly and see how staff interact with [Name], I don't have any concerns at all."

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed, recorded and updated when their needs changed.
- We did not find any evidence of unwarranted restrictive practices. Staff told us they were trained and supported in undertaking positive risk taking.
- Staff understood where people required support to reduce the risk of avoidable harm. Staff used de-escalation plans when people became anxious or distressed.
- The premises and equipment were routinely checked and maintained. Staff and people were aware of plans to follow in an emergency.

Staffing and recruitment

- Safe recruitment procedures were followed.
- People received care and support from the right amount of suitably skilled and experienced staff. One relative we spoke with said, "[Name] is safe and we always see enough staff are around."

Using medicines safely

- Medicines were managed well. People received the correct medicines at the appropriate times. Medicines were received, stored and disposed of safely.
- Audits were completed to check staff followed the correct procedures.

Preventing and controlling infection.

- Staff followed good infection control practices and used gloves and aprons to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong

- When something went wrong action was taken to ensure that lessons were learnt to help prevent the risk of recurrence. For example, staff told us that the introduction of twice daily medicine checks had helped reduce the risk of incorrect administration.
- Accidents and incidents were recorded and investigated thoroughly.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Improvements were being made to the environment during our visit. Bedrooms and communal areas were being refurbished with colours and themes being chosen by people.
- The service had developed the garden area which was now an engaging and positive space. The registered manager also told us of plans to develop the skills area, a large space that could be utilised more effectively as it currently wasn't being used to its full potential.

Supporting people to eat and drink enough with choice in a balanced diet

- Staff promoted a healthy, balanced diet and all meals were freshly homemade.
- Support plans outlined people's preferences and the support they required with their food and drinks.
- Where there were concerns about people's eating, drinking or their weight, appropriate referrals had been made to health professionals in a timely manner and monitoring systems put in place.

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

- Before anyone moved into the service their needs were assessed and introductory visits arranged to ensure compatibility with all other people living in their bungalow. On the day of our visit, one person had just moved into their own flat and staff were supporting them find their way around the service.
- Support plans were detailed and specific although quite lengthy. Plans related to healthcare needs were good. They showed how staff were delivering care in line with guidance from professionals.
- The care and support people received, and their needs, were regularly reviewed.

Staff skills, knowledge and experience

- Staff had the skills and experience to support people. They received a programme of training, designed based on the needs of people who used the service. A new training programmer brought in this year was enthusiastically received by staff. Comments from them included, "The training is loads better, its hands on and real, " and "You remember more and its good networking with other services."
- New staff completed induction training and learned from experienced staff before they delivered care. The induction process included completing the Care Certificate, a set of required standards for care staff.
- The deputy manager had a lead role in ensuring the training and support of staff. Supervisions were well recorded, and issues of performance clearly tracked.

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

- The service worked well with other organisations to make sure people received the care they needed.

Timely referrals had been made to a range of healthcare professionals.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Adams House continued to follow the MCA. Wherever possible people made their own choices and were given information in a way that they were able to understand. Their decisions were respected.
- Where people did not have capacity to make decisions this had been properly assessed. Family members and healthcare professionals had been included in best interest decisions.
- Where people's liberty was deprived to keep them safe, DoLS authorisation had been granted.
- Staff reduced restrictions wherever possible. For example, with people who experienced difficulties with managing their behaviour around food, we saw they still had supported access with staff to kitchen areas and were encouraged to help plan and prepare their meals.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

At our last inspection we rated this key question as good. At this inspection this key question has remained the same. 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

- We observed staff treating people with warmth, compassion and kindness. One staff member said, "We want everyone here to be the best they can."
- Staff had created a relaxed and friendly service. People's body language indicated they were at ease. When people became anxious, staff offered reassurances.
- One relative we spoke with said, "The staff are wonderful and now bring [Name] to see me as I have difficulty with travel, its great."

Respecting and promoting people's privacy, dignity and independence

- People's equality, diversity and human rights were respected. People were supported to live their lives the way they wanted to.
- Families were made to feel welcome. Relatives could visit at any time and the service support people to maintain relationships that were important to them. For some people the service helped them safely use social media to keep in touch with their friends and family.
- People's dignity was upheld. People were supported to have their own private areas within the service but also to engage and build relationships with others around the wider service.
- Staff supported people to maintain their independence. Support plans were clear about the tasks people could manage themselves and what support or encouragement was needed from the staff team.

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

- People and their relatives had been included when care and support was being planned and reviewed. One relative told us, "The staff support [Name] well and understand them and their needs."
- Staff understood how people communicated. Support plans set out how staff should offer people choices in a way they would understand so they could make decisions about their care and support.
- People had been supported to access an advocate. Advocates are independent and can help people to make complex decisions.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received person-centred care which was based on their assessed needs and preferences.. Person-centred planning is a way of helping someone to plan their life and support, focusing on what is important to the person.
- Support plans were in place covering a range of people's health and social needs. They contained detailed guidance for staff on how these needs could be met to ensure people received the care and support they wanted and needed.
- Plans were regularly reviewed with people to ensure they reflected people's current support needs and preferences.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to access activities they enjoyed. We saw that people accessed the community regularly to join activities such as trips to the cinema and shopping.
- People were also supported to go on holiday and several people were away at the time of our visit at Butlins holiday park. Staff were supporting one person to develop their own garden area.

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.

- Staff were knowledgeable about people's communication support needs and people were given information in accessible ways. When staff spoke with people we saw them adapting to how the person would best receive information, for example by referring to photographic timetables.

Improving care quality in response to complaints or concerns

- Policies and procedures were in place to investigate and respond to complaints. The complaints policy was promoted to people and relatives.
- Records showed complaints were investigated and lessons learnt to improve the service.

End of life care and support

- At the time of our inspection nobody at the service was receiving end of life care, but policies and procedures were in place to provide this where needed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; How the provider understands and acts on duty of candour responsibility.

- The management team demonstrated a commitment to providing quality services and respecting people and staff members.
- There was a friendly and welcoming atmosphere with staff describing morale and teamwork as good. Staff told us, "It's a good team we all look after each other."

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

- The registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.
- Feedback received from people, staff and relatives? was used to continuously improve the service.
- The registered manager made sure people received good care and support. For instance, they met with people, relatives and staff to seek their views and to check on records and safety.

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

- Staff and the registered manager involved people and their relatives in day to day discussions about their care. One relative told us, "They are pretty good with communication and we have a lot of contact with the team leader."
- People and staff were positively engaged and encouraged to speak up freely, raise concerns and discuss ideas. Staff members regularly approached management to ask questions.
- People met with their keyworkers regularly to talk about their views of the service and to be involved in plans for the future. For example, around activity planning.
- Staff understood the provider's vision for the service and they told us they worked as a team to deliver high standards. One staff member said, "We get opportunity to reflect and are supported to move out of our comfort zone, that's helped me learn new skills."

Continuous learning and improving care.

- There was an effective system in place to check on the quality and safety of the service.
- Actions arising from audits carried out by the provider and management team were captured in ongoing improvement plans with target dates for completion. All actions had been completed or were being addressed at the time of our inspection.

Working in partnership with others.

- Managers and staff worked well with external health and social care professionals.
- The service had good links with the local community. People attended local events and used local facilities.