

Adelphi Care Services Ltd

Roseville House

Inspection report

New Street
Wem
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Tel: 01939235163

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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

We carried out an unannounced comprehensive inspection of this service on 5 October 2016.

The home is registered to provide accommodation and personal care for adults who require care and have a learning disability. A maximum of six people can live at the home. There were five people living at home on the day of the inspection. There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe in the home and were supported in a safe way. Staff told us about how they kept people safe from the risk of potential abuse. During our inspection staff were available for people and were able to support them by offering guidance or care. People received their medicines as prescribed and at the correct time. They also felt that if they needed extra pain relief or other medicines these were provided. People were supported by an individual member of staff in the day time and where extra staff were needed to support them this had been provided.

People told us staff knew what care they needed. Staff felt confident that they were trained in how to look after the needs of people who lived at the home. All staff we spoke with felt supported by the registered manager and were able to discuss their role or training needs. People had been involved in the planning of their care and relative's views had been considered in any decision making where appropriate.

People told us they enjoyed the food and that it was well prepared by them or with staff support. People had access to healthcare professionals that provided treatment, advice and guidance to support their health needs.

People told us and we saw that their privacy and dignity were respected and staff were kind to them. People received supported to have their choices and decisions respected and staff were considerate of promoting their privacy and dignity. Staff anticipated people's care needs and attended to people in a gentle and unhurried way. Staff developed positive, respectful relationships with people and were kind and caring in their approach.

Staff knew the care needs of people who felt involved in their care and treatment. Staff were clear about the levels and expected care needs of people at the home. People we spoke with happily raised any concerns or complaints with the management team.

People were involved in their home and the registered manager regularly checked that people and their family members were happy with their home and care. The management team were approachable and visible within the home which people liked.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People's safety and well-being had been supported by the provider. People received their medicines when needed and were supported by enough staff.

Is the service effective?

Good ●

The service was effective.

People had been supported to ensure their consent to care and support had been assessed correctly. People's dietary needs and preferences were supported by trained staff. Input from other health professionals had been used when required to meet people's health needs.

Is the service caring?

Good ●

The service was caring.

People received care that met their needs from staff that knew them well. Staff provided care that met people's needs whilst being respectful of their privacy and dignity and took account of people's individual preferences.

Is the service responsive?

Good ●

The service was responsive.

People were able to make choices and their views of care were listened to. People were able to continue their personal interests and hobbies if they chose to. People were supported by staff or relatives to raise comments or concerns.

Is the service well-led?

Good ●

The service was well-led.

People and staff were complimentary about the overall service and felt their views listened to.

People's care and treatment had been reviewed by the

registered manager. Procedures were in place to identify areas of concern and improve people's experiences.

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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 was 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 inspection took place on 5 October 2016 and was unannounced and was carried out by one inspector. Before our inspection we reviewed information we held about the service. We looked at our own records to see if we had received any concerns or compliments about the service. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we met with five people that lived at the home and spoke with three people. We spoke with the registered manager, the deputy manager and three support staff.

We looked at one person's care record, medicine records, compliments, quality surveys and daily records. We spent time in the communal areas of the home to see how people were supported and how staff were with people.

Is the service safe?

Our findings

People told us how they felt safe living at the Roseville and that staff were always around to keep them safe both in and out of the home. People had keys to their rooms and were able to lock them when they were out. Staff always made sure people's valuables were left secure either in the person's room or locked in the office. People were also involved in reviewing their incidents to look at learning opportunities, or ways to prevent the same incident from occurring again. Where people had held these conversations their views and opinions had been recorded.

Staff we spoke with told us their role was to help maintain a person's safety. They told us this included looking out for any signs of potential abuse and risks to people's safety when in the home or out on activities. Staff told us the training they had received in safeguarding help them identify changes in a person's personality or physical signs of abuse and what steps they needed to take. For example, reporting concerns to the registered manager and taking any immediate action to ensure a person's safety.

People told us how staff help them when trying new things or when they were out and about. Staff ensured the person knew the possible risks involved and how and what they may need to do to keep them safe. Staff also supported people with their physical wellbeing and knew how to support people or signs to look out for if a person was at risk. For example, when a person had a potential epilepsy seizure staff knew how best to assist the person to recover.

Individual risk assessments were in a person's care plan and identified how people needed support in areas such as financial spending, travelling in a car and the number of staff needed to support a person when not at home. Where risks were identified staff told us they helped people to achieve these tasks in a way that minimised any risks.

People told us they were supported with an individual member of staff throughout the day, and we saw how each staff member spent time ensuring people were comfortable, responding to requests or socialising with people. People had enough staff available to meet their needs without restrictions to their daily living or leisure activities. The staffing levels were set in line with people's programme of activities. The deputy manager had a good knowledge of people and the staff that best worked with each person.

People's medicines were managed and administered by staff who had been trained and assessed by the registered manager. Staff told us this training provided them with the information needed to administer medicines for people living in the home and any risks associated with medicines had been documented. People had their medicines reviewed with the GP or consultant every six months or as needed. This identified any changes needed that staff would then follow.

Information about people who required, as needed (PRN) medicines was available for staff to follow. These protocols provided the reasons for these medicines, what actions needed to be taken before giving this medicine and how and when they should be given. People's medicines records were checked daily by staff to ensure people had their medicines as prescribed.

Is the service effective?

Our findings

People told us they used a variety of ways to make their wishes known and the staff understood them. The staff we spoke with felt supported by the management team to provide effective care. Staff told us they received regular supervision and appraisals. Staff we spoke with felt there was good team work and support from the management team which helped them provide the care people required. They felt this equipped them with the skills and knowledge to carry out their role. One member of staff told us, "Training here has built my confidence in my role". Identified mandatory training included topics such as supporting people with mental health needs, learning disabilities and autism.

New staff were supported with induction and we spoke with a new member of staff who told us they felt supported and colleagues regularly checked they were okay. They told us their experience of their induction so far had been positive. New staff were completing the care certificate which covers the minimum standards of care. We saw new staff had their competency assessed regularly and had a final review. This showed new staff felt confident to work independently and any issues could be identified and addressed by the management team.

The Mental Capacity Act (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. We checked whether the service was working within the principles of the MCA.

We saw that people were able to consent to an activity or intervention and would show their decisions in ways so staff knew, such as facial expressions. Staff knew the different ways people would indicate their choice and such as Makaton sign language. People had made choices and these had been recorded in their care plans. Where people were assessed as not having capacity to make a decision, a best interests meeting had been arranged and a decision made on their behalf. Staff we spoke with told us when they would consider a best interests decision meeting and would not make this decision without management support.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had a good understanding of the legislation and made sure that staff also received training to enhance their understanding. The registered manager had made DoL applications to support people who used the service. They were clear about why these applications were required and so were the staff team.

People we spoke with told us they enjoyed their meals and were involved in choosing, preparing and cooking their meals. People were supported to eat a healthy and well balanced diet, but staff recognised that people had a choice. When staff had concerns about a person's eating they had made referrals to the local speech and language therapy (SALT) team. Menus were developed following people's preferred meals, however we saw that people had made changes on the day. Staff confirmed that it was regularly changed to

suit people preferences.

People were supported with their general health matters and routine annual health screenings. This included, seeing their GP, opticians and dentists. Any medical appointments were arranged by staff who escorted people to the appointments. Where people were working alongside other health professionals, included the consultants and mental health team's, comprehensive records were kept which showed how their needs should be met. Staff told us they recorded concerns about people's health and would make suggestions for people on what to do. Where changes were made to people's care and support needs by other health professionals we saw their care records had been updated to reflect this.

Is the service caring?

Our findings

We saw people were relaxed and comfortable in their home and were chatting and laughing with each other and staff. People also spent time on their own or with a member of staff. The atmosphere reflected the people living at the home, where they had choice of four communal areas, the gardens and their rooms for privacy. We saw that people were able to choose where they spent their time, and staff knew when to respect people's privacy. Staff spoke to us about the importance of people having their own space and even though they were on one to one support knew when people were safe and needed private time. People were treated with dignity as staff spoke to and communicated with them at a pace which was appropriate to their level and needs.

People were confident to spend time with in the office, for example we spoke with one person who enjoyed speaking and karaoke singing with the deputy manager. We saw that they thoroughly enjoyed this and spending time talking about their activities and interests. They sought answer to questions about their week so they were able to manage their time and expectations over the next few days. For example, when the registered manager would be going to the local public house to sing karaoke with them.

It was evident from our conversations with staff and observations that people were involved in their day to day decisions such as what to wear, what they would like to eat and what activities they would like to participate in. For example, we observed a staff member talking with one person about what they would like to do that afternoon. Staff knew the needs and preferences of the people using the service were able to provide a detailed account of people's daily routine as well as their likes and dislikes. All staff in the home took time to engage and listen to people. Conversations were friendly, relaxed and mutually engaging. People's individual sense of humour were known by staff and conversations held were fun and personalised.

People regularly reviewed their care they received and to discuss topics such as holidays and who and when they would visit family and friends. People's support plan's contained information about their preferences, likes, dislikes and interests. Information included details about their family, where they were born, important life events, childhood information and celebrations. People also kept in regular contact with their family by using tablets to email and make video call their tablets.

People had personalised their rooms and living spaces. People's bedrooms were individually personalised and decorated to reflect people's interests. The registered manager wanted people to feel like they were living in their own homes. By involving people in decisions regarding decoration of rooms and the home this feeling was promoted. Staff told us it was part of their role to encourage people who used the service to be as independent as possible. People had guidance included within their support plans which were agreed actions that people wanted to be able to achieve independently.

Is the service responsive?

Our findings

People were supported by staff who were experienced, trained and responded to changes in people's needs. Staff gave us examples of how people had developed and improved in areas of their life since living at the home. These included, people requiring less staff support when out of the home to people achieving personal confidence goals and raising money for charity whilst celebrating their own achievements. This linked to the overall ethos and values of the service to encourage people to be in charge of their lives.

People's needs had been assessed and care plans developed to inform staff what care to provide. The records informed staff about the person's emotional wellbeing and the ongoing goals and wishes that people had wanted. The plans focused on the positives and what people could do and addressed areas such as communication, personal care and mobility. Plans also focused on support and encouraging independence and enabling people to develop where possible. One person we spoke with told about their wish to go on a plane to Disneyland which they had done.

Daily records were completed by staff and contained information about what people had been supported with, what they had done and what they had eaten. There was also a communication book and handovers between shifts which enabled staff to have the information they needed to respond to individuals changing needs and the daily running of the service.

Whilst people had their preferred structure of hobbies and interests available this was subject to change on a daily basis. People were provided with opportunities to change their mind and participate in alternative activities. Staff knew people's preferences and provided people with choice asking people daily what they would like to do. People and staff were heard discussing the various options about how they were going to spend their day. This ranged from more structured activities to walking to the local shops to buy some personal items. Each person had a 'Key Worker' who sought the person's views and supported them when planning activities, holidays and opportunities to access the community. People were asked during their monthly house meetings whether or not there were any indoor or outdoor activities they would like to see available to them and these were accommodated where possible.

Part of people's activities was learning, maintaining or improving life skills. This included all aspects of keeping a house. These included cooking, cleaning, shopping and budgeting. Staff provided support and discussed progress at key worker sessions. People were also encouraged to attend activities using public transport to help boost their confidence when in the community.

People and relatives were encouraged to give their views and raise any concerns or complaints. The provider's complaints policy provided information for people, relatives and staff about how a complaint could be made. This also included the timescales people should expect for any response. People's support plans included easy to read information with pictures explaining how people could raise concerns if they were unhappy. People were also reminded at regular monthly residents meetings that if they had any concerns and wished to complain that they could speak with staff and would be supported in doing so. Systems were in place so if complaints were received they could be documented, raised to the registered

manager, investigated and a suitable response provided.

Is the service well-led?

Our findings

Each person we spoke with had a key member of staff to talk with about their experiences of living at the home and if they wanted any changes. The staff we spoke with showed and told us how people were involved in making it their own home. These included people's individual requests which were acted on. Examples included one person's own garden shed, garden beds that people had made and coffee tables that had been made by people and were used in the home. People had worked together to improve outcomes each other, and this had resulted in two people building a smoking shelter away from the door into the garden.

There were systems in place to monitor and improve the quality of the service being provided to people. We found the service obtained feedback on a one to one basis, group discussions with people and advice from external professionals. The provider undertook a range of quality checks and took action to improve the service as a result. We saw evidence that checks had been carried out by the registered manager in various areas such as staffing, premises, records, complaints and supervision. The registered manager told us they knew how the service was performing and what they could do to improve it because they had regularly checked the home was meeting the provider's expectations. Prior to the inspection the registered manager provided us with detailed information in the PIR. This accurately reflected the records of the checks and what we found during the inspection.

There was a management structure in place with a team of care workers, registered manager and the provider. Staff had a positive attitude and were of the opinion that the service was well managed and had an open and transparent culture where the registered manager had a visible presence and spent quality time with people. One member of staff told us, "They [management] are doing a fantastic job for the people and I love working here". On the day of the inspection we observed that there was a good working rapport between staff and how they communicated well with one another. Staff also felt the registered manager was supportive and approachable. One member of staff told us the registered manager, "Knows them all well and spends time with them [people]".

The service had a system for ensuring effective communication amongst staff and this was confirmed by staff we spoke with. Records showed there were staff meetings where staff received up to date information and had an opportunity to share good practice and any other concerns. One member of staff told us "We have meetings where ideas are shared. We are also told about any changes".

The management team spoke about how they worked well together, supported each other and spoke highly of their staffing team. They all worked well together to ensure people were treated as individuals living in their own homes. Resources and support from the provider were available and improvements to the home were in progress. The deputy manager and the registered manager kept their knowledge about care updated with support from other agencies such as Skills for Care and Social Care Institute for Excellence.

Care documentation was up to date and comprehensive. The home had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed

topics such as infection control, safeguarding and health and safety. Staff were aware of these policies and procedures and followed them. People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.