

Quality Care (EM) Limited Adams House

Inspection report

Willowbridge Lane
Sutton In Ashfield
Nottinghamshire
NG17 1DS

Tel: 01623 559009

Website: www.qualitycare-em.co.uk

Date of inspection visit: 6 August 2014

Date of publication: 05/01/2015

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 

Overall summary

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, and to provide a rating for the service under the Care Act 2014.

Our inspection was unannounced which meant the provider and staff did not know we were coming.

Adams House provides accommodation and care for up to 22 young adults with needs relating to learning

disabilities. Accommodation is provided in four level accessed bungalows and six individual apartments, four of which are accessible by stairs. 19 people were accommodated when we visited. There was also a ground floor skills centre for people to use for daytime activities.

There was a registered manager who was on the premises throughout our inspection visit. A registered

Summary of findings

manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

People who lived in the home told us they felt safe and we saw there were systems and processes in place to protect people from the risk of harm.

Staff received a wide range of appropriate training and were knowledgeable about the needs of people living in the home. They provided effective care and support that met people's individual needs.

During our visit we found a caring atmosphere and people told us that staff were kind to them. People were able to pursue a wide range of interests and hobbies with appropriate support from staff.

Management systems were well established to monitor the quality of the service.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS is a code of practice to supplement the main MCA 2005 code of practice. We found staff were knowledgeable about how to apply both of these and current applications for DoLS were being assessed.

Summary of findings

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.

All the people we spoke with felt safe. Staff understood what action they and others needed to take in the event of any safeguarding concerns.

There were enough staff to keep people safe. The Mental Capacity Act (2005) code of practice was being met and applications for Deprivation of Liberty Safeguard authorisations were made where needed.

The administration of medicines was managed well and people's safety was promoted by the medicines management systems in place.

Good



Is the service effective?

The service was effective.

There was a comprehensive training system and staff felt supported by the training they received. All new staff completed a full induction period prior to commencing work with individual people.

People were involved in shopping and planning their own meals. Appropriate healthy eating information was available and used.

Each person had an individual health action plan and appropriate medical intervention was always sought when needed.

Good



Is the service caring?

The service was caring.

People felt the staff cared about them. Staff usually worked with the same specific people and this allowed them to develop trust and an understanding of people's individual needs.

People were encouraged to be involved in their care planning and staff discussed care plans with them regularly. There was also information available about advocacy services.

Staff spoke respectfully with people at all times.

Good



Is the service responsive?

The service was responsive.

The staff were very aware of people's preferences in every aspect of their care and support.

Staff listened to people and offered them choices of what they wanted to do.

Complaints were thoroughly investigated and action taken where needed.

Good



Is the service well-led?

The service was well-led.

The registered manager demonstrated a good understanding of management and regulatory responsibilities.

Good



Summary of findings

Each staff member had clear information about what was expected of them in an employee handbook and there was a planned system to support and supervise staff.

The general manager for the provider company carried out full annual reviews of the quality of the service. The registered manager was continually striving to improve the service.

Adams House

Detailed findings

Background to this inspection

The inspection was carried out by one inspector and an Expert by Experience, who had direct experience of using care services.

Before the visit we reviewed all the information we held about the service. We looked at information we had received about incidents, and specific information we had requested from the provider about the on-going quality of the service. We requested this within a Provider Information Return (PIR) and this was returned to us in advance of the inspection visit. This information helped us to decide what to focus on during our inspection. For example, there was information about medicines errors, so we looked at the management of medicines.

During our visit, we observed care and support and we spoke with seven people about their experiences and their views about living in the home.

We also spoke with the registered manager and a deputy manager and two support staff members separately. We discussed how support was provided to people, as well as their views on the quality of the care and support.

We looked at parts of three people's care records. We looked at records of complaints, accidents, staffing and medicines and other records related to the running of the service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People told us they felt safe and were happy living in their bungalow or apartment. One person said, "I feel very safe here in my bungalow. I like all the staff and get on with them very well. If anything was worrying me I would speak to someone." Another person told us, "I feel safe and my staff are all kind and nice to me."

The staff told us they had completed training courses in safeguarding adults and a new staff member said that the subject was covered in detail during their two weeks induction training. They told us they would report any concerns to the registered manager or a deputy manager. They knew how to contact the local authority if their concerns were not dealt with by the management team in the home. We saw the records of staff training and this showed the dates staff had received the training during the current year.

The two deputy managers had special responsibilities as safeguarding officers and their photographs were displayed on notice boards to encourage people to contact them if they had any concerns. One of the deputy managers told us they had all the information they needed to contact the local authorities to report any concerns and they would also report to the registered manager. Our records showed that we had been appropriately notified when a suspicion of abuse arose.

We saw examples of individual risk assessments in people's care plans and these showed the action staff needed to take to reduce or diminish risks to people's safety. Most people had an individual member of staff close to them at all times to keep them safe. We saw that some objects were removed to prevent some people harming themselves and this was in line with their written risk assessments. We heard staff discussing, with the people concerned, the action taken to ensure they understood what was needed to keep them safe. We observed another person discussing with staff how to use door security to keep them safe.

Some of the action taken to keep people safe meant that people without the mental capacity to make decisions were restricted and the registered manager had appropriately made applications for Deprivation of Liberty Safeguards (DoLS) under the Mental Health Act in respect of 17 people. A social worker was visiting during our inspection in order to reassess one person's needs for the

DoLS authorisation to continue. The staff supporting this person demonstrated that they understood the need for this. Other applications had not yet been fully assessed and actions taken by staff to keep people safe were recorded in their plans as being in their best interests to ensure their safety at all times.

Some staff told us there was not always the planned number of staff on duty at weekends. We checked staffing rotas and discussed this with the management team. We found there had not always been the planned three staff available in one unit throughout the day on Sundays. There were always two staff and an additional staff member was on duty for a "mid shift". This meant there were three staff to support the three people that lived there for activities during the main part of the day. If a further staff member was needed early morning or in the evening the staff could request assistance from the additional staff available at the service. This arrangement meant there were always enough staff to keep people safe and there was no evidence of any incidents occurring during the times when only two staff were in one unit. The staffing rotas for all other units and for the apartments showed there had always been sufficient staff as planned.

The manager told us that not all staff were willing to work a full shift on Sundays, but they were continually recruiting to improve the number of available staff to cover all shifts. One new staff member told us they had been thoroughly checked before they started work there. The registered manager showed us parts of staffing files and we could see all the required checks had been carried out prior to people starting work at the service. This showed that the service followed robust recruitment practices to keep people safe. We had previous information on our records that demonstrated staff were suspended from work if there were any suspicions about their suitability to work with the people who used the service. So, appropriate action was always taken to keep people safe.

In the Provider Information Return, the registered manager told us about three medicine errors that had occurred in the last 12 months. So, we looked at the arrangements for medicines and found secure facilities were in place. All medicines were kept safely. We checked the medicine administration records (MARs) for five people for the previous three weeks and they had been thoroughly completed. It was clear that each administration was witnessed by a second member of staff.

Is the service safe?

Previous errors were clearly recorded and investigated. In each case, specialist advice and guidance had been immediately sought and followed and no person had suffered any harm as a result of these errors. One example was of a medicine that was not given at the prescribed time, but was given later in the day as advised by a medical practitioner. The registered manager had ensured other

action was taken to reduce the risk of this happening again, such as avoiding giving staff other tasks when they were administering medicines. Medicines had, subsequently, been consistently managed well and we concluded that people's safety was promoted by the medicines management systems in place.

Is the service effective?

Our findings

Staff told us they felt supported by the training they received. We saw certificates of some training in staff files and a training plan clarified the training for all staff employed at the service. There was a comprehensive training system with training officers employed by the provider. Staff were organised in groups and each group had a week of intensive refresher training, covering all essential subjects to enable them to support people effectively.

In addition to regular training each of the staff received specialist positive behaviour management so they could be consistent in the way they responded to each person's behaviours. They felt the training they received with this helped them to deal with any challenging behaviour in the least restrictive way.

When we spoke with staff we found they were knowledgeable about people's individual needs and we observed them meeting these needs. We saw that some people had very close supervision and others were supported as and when they required.

A new member of staff told us they had completed a two week induction period in the provider's training centre and then shadowed staff to learn what specific support was needed. They said they thoroughly enjoyed the job and found all the staff worked well together.

There was a planned system to support and supervise staff in one-to-one supervision meetings. We looked at a sample

of staff records and saw that these meetings had been held regularly and at least every three months. Two staff told us these meetings were useful in clarifying information and addressing any specific help that was needed, but they could ask for support at any time. One staff member told us, "We all work together well and we know we can ask for support from the managers if and when we need it."

We looked at meal planning and found people were involved in shopping and planning their own meals. Healthy eating information was on a notice board in a pictorial format so that it was easy to understand. We saw examples in records of when staff had discussed this with people during individual sessions. We also observed a cooking activity in progress in the skills centre. We found a great deal of encouragement was given to people to choose and cook for themselves as far as possible. One person told us, "I like lots of cooking." A member of staff supported another person who wanted us to know they enjoyed cooking and had become quite independent with their meals.

There was information about people's health needs and medication in their care plans and each person had a separate health action plan. We looked at one of these in detail and found it was fully completed and up to date showing that the person's health needs were met. We saw records of health appointments and the involvement of various health and social care professionals. Staff told us they were frequently involved in discussion with other professionals to ensure all support was given effectively.

Is the service caring?

Our findings

People told us they felt the staff cared about them. One person said, "The staff treat me very nice and they are kind to me." Another person told us, "They give me privacy when I want it."

Staff told us they were mostly allocated to a specific bungalow or the apartments and they usually worked with the same specific people. This allowed them to develop trust and an understanding of people's individual needs. We observed staff speaking respectfully with people and offering choices at all times. We saw that staff used alternative communication methods as needed and we saw a lot of friendly interactions and laughing. Staff showed kindness and compassion in the way they spoke with people. One person said, "I like all my staff. I get on well with them all."

We observed that when one person started to display behaviour that others found intrusive, staff were caring in the way they gave close supervision and redirected the person to an alternative positive behaviour. We saw other staff working closely and speaking softly with people to keep them happily involved in their tasks.

There was specific training about person centred planning which helped staff to look at people's needs individually. People were encouraged to be involved in their care planning. Two people told us they knew where their care plans were and that staff discussed these with them regularly. One person told us they looked at their plan every day and felt staff cared about how they wanted their support. Where people did not have the mental capacity to consent to care and treatment an assessment had been carried out so that staff followed the plan that was in the person's best interests. We saw that relatives had also been involved in making decisions. There was information available about advocacy services and the registered manager told us of two people who had received support from advocates.

Staff told us their training included how to treat people with dignity and respect. The registered manager was a dignity champion. This meant she had undertaken extra training and had an additional role to remind staff about good practice in maintaining people's dignity. She made information available to all staff about how maintain dignity even when their behaviour was challenging. Some people did not have curtains at their bedroom window due to their specific behaviours, but frosted glass had been fitted to maintain their privacy and dignity.

Is the service responsive?

Our findings

We observed staff listening to people and offering them choices of what they wanted to do. Each person had a plan of how the provider supported them to engage in their individual hobbies and preferences. One person told us, "I have my activity plan in my bedroom and I change it when I want different activities." Activities included: bowling, cinema, ride in a car, cooking and going to a disco. The skills centre staff had provided further choices of activities that people could incorporate into their daily plans and attend the activities they enjoyed.

One person was involved in some voluntary work and there were opportunities for all people to visit family and friends. One person said, "I enjoy seeing my family regularly. Staff are good at reminding me to keep contact with them."

The staff we spoke with were very aware of people's preferences in every aspect of their care and support. We saw examples in care plans of how people's preferences were recorded. We saw examples of what each person was able to do for themselves and how they needed staff to assist them. We asked people about the choices they made and three people told us they had lots of choices of food, drink and different activities to do every day.

Staff told us they always tried to take people out individually when they chose to go, but those trips had to be planned when there were sufficient cars and drivers available. One person was waiting for another person to return from an appointment so that they could use the car to go shopping. The manager said that, although there were some times when people had to wait, there were always options to use public transport and some use was made of taxis. These were available when staff were not able to drive. There were two cars always available each day for the service and four people had their own mobility vehicle. Most people accessed the community at some point during the day we visited.

One person told us, "I don't need to make a complaint, but if I did I would talk to the manager of my bungalow." Another person said, "I know what to do if anything is worrying me. I know where to find the manager." There was a policy and procedure in place to deal with concerns and complaints. The manager said that the process was explained to people who used the service and their relatives on admission and there was a pictorial version of the procedure to help people to understand the process. There was a log for recording complaints and we saw a management folder that contained full investigations of complaints received.

Is the service well-led?

Our findings

The service was well-led and had a registered manager in post, who was on the premises throughout our inspection visit. The registered manager was able to demonstrate a good understanding of management and their regulatory responsibilities. Information we requested was immediately available and comprehensive. We found from our own records that the registered manager had notified us appropriately of specific incidents.

There were also two deputy managers and there was always at least one of them available for staff to contact at any time of the night or day. The registered manager held meetings with unit managers, who in turn held meetings with the staff group in their unit. We saw some records of these meetings and staff told us they found the system was supportive and kept them informed of developments and changes.

Each staff member had clear information about what was expected of them in an employees' handbook. We observed staff in the units and they each understood the tasks they needed to undertake separately, as well as with people who used the service.

We looked at the way repair tasks were managed. We saw a log of tasks and records of when they were completed. One staff member from one unit told us, "Maintenance is good here and carried out within a week of us reporting anything." However, in another unit staff told us, "We keep reporting repairs, but they're not getting done." We found

that not all requests for maintenance had been made in writing and this contributed to them not being done in a timely manner. We made the registered manager aware of specific small items that needed repair and they told us priority action would be taken and that all staff would be reminded to follow the procedure for reporting things in writing.

We saw that other areas of the service were monitored to ensure consistent quality. There were audits carried out by unit managers and these ensured care planning was up to date and the environmental safety checks were all carried out. We saw that these were completed. In the provider information return, the registered manager told us they ensured the quality of the service was continually checked through formal auditing of the service at different levels, meetings to keep everyone informed and by keeping up to date with new legislation and policies. The general manager completed monthly reports on behalf of the provider and also carried out full annual reviews of the quality of the service. The last one was completed in May 2014. We saw that developments had been made to the service with re building and refurbishment of individual apartments.

The registered manager was continually planning how to improve the service. For example, they were proposing a change in management structure and deputy managers' roles in order to improve the staffing rota coordination. They were also continuing to make improvements in the recruitment of new staff.