Adelaide Care Limited

Jane 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

This inspection took place on 13 April 2017 and was unannounced.

Jane House is a care home providing support to up to 8 people with autism and learning disabilities. At the time of our inspection there were 8 people living at the home.

There was a registered manager in post. 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.

Staff understood their role in safeguarding people. They had received training and demonstrated a good understanding of how they would protect people from abuse of potential harm. Staff routinely documented any incidents and these were analysed to ensure people received care that was responsive to their needs.

Staff worked alongside healthcare professionals to ensure people's needs were met. People's medicines were managed safely and administered by trained staff. Staff had been trained in how to support people with complex and challenging needs.

People's independence was promoted by kind and caring staff, who knew them well. Where risks were identified, these were assessed and measures were identified to keep people safe. Staff had access to up to date care plans and people's needs were reviewed regularly to identify any changes. Where restrictions were placed upon people, the correct legal process was followed.

People were supported to take part in activities that were important to them. Staff knew people's hobbies and interests. Important information was gathered before people came to live at the home, and a robust transition process was in place to help people and staff get to know each other. Staff understood people's needs and how they communicated. A clear complaints procedure was in place.

Staff respected people's privacy and dignity and caring interactions that we observed were kind and compassionate. There were sufficient staff present to meet people's needs safely, and staff told us that they were able to spend time with people. When employing staff, the provider undertook checks to ensure that they were appropriate for their roles.

The provider had robust systems in place to monitor the quality of the care that people received. Accurate and up to date records were maintained. Staff worked well together and were involved in the running of the home. Regular staff meetings took place and staff told us that they felt well supported by management.

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.

Risks to people were assessed and measures were in place to minimise hazards, whilst promoting independence.

Staff understood their role in safeguarding people. Staff knew how to respond to suspected abuse.

There were sufficient staff present to meet people's needs.

The provider undertook checks to ensure that staff were appropriate for their roles.

People's medicines were managed and administered safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained for their roles and knew how to meet their needs.

Staff provided support in line with the Mental Capacity Act (2005). Where restrictions were placed on people, the correct legal process was followed.

People's nutritional needs were met and people were served food that was in line with their preferences.

Staff worked alongside healthcare professionals to meet people's needs safely.

Is the service caring?

Good

The service was caring.

People were supported by kind staff, who knew them well.

People were involved in making decisions about their care.

People's privacy and dignity was promoted by respectful staff.

Is the service responsive?

Good

The service was responsive.

People's care plan were person centred and reflected their needs and preferences.

A robust assessment and transition process was in place to ensure staff knew people's needs well when they moved in.

People's needs were regularly reviewed to identify any changes.

There was a complaints procedure in place.

Is the service well-led?

Good

The service was well-led.

People got on well with the registered manager and staff said they felt well supported by management.

Staff had opportunities to be involved in the running of the home.

The quality of the care that people received was regularly assessed and improvements were actioned by management.

The provider kept up to date and accurate records.

Jane House

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 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.

This inspection took place on 13 April 2017 and was unannounced.

The inspection was carried out by one inspector due to the small size of the service.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

Before the inspection, 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.

During the inspection we looked at a range of records about people's care and how the service was managed. We looked at two people's care files, risk assessments, three staff files, training records, complaints logs and quality assurance monitoring records.

We observed the care of four people and spoke to one relative. We spoke to four members of staff and the registered manager.

This was the provider's first inspection after registering with us in November 2015.

Good

Is the service safe?

Our findings

People received their care safely. People looked comfortable in the presence of staff, who provided care to them in line with risk assessments. A relative told us, "It is safe, they have secure grounds."

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. In their PIR, the provider told us that, 'We ensure that the least intrusive response is given, appropriate to the risk presented.' We found this to be the case. Staff had a good understanding of how to manage risk and understood the importance of promoting people's independence. One person was assessed as being at risk when out in the community. They were not able to perceive danger, so could place themselves in harmful situations when attending activities or outings. The risk assessment was detailed, informing staff of things that were important to the person whilst out in the community. Measures to keep the person safe were identified. Staff walked alongside the person whilst in the community. Staff also spoke to the person to educate them about risk whilst they were out, this helped them in developing skills to become more independent in the future.

People were protected against the risks of potential abuse. Staff demonstrated a good understanding of safeguarding procedures and knew their role in protecting people from abuse. One staff member told us, "I'd follow company policy and tell my manager. We can do whistle blowing, or I could speak to the police or CQC." Staff had attended safeguarding training and it was discussed at team meetings one to one supervision. Where staff had concerns, we saw evidence that these were fed back to the local authority safeguarding team.

Accidents and incidents were documented and staff learnt from these to support people to remain as safe as possible. Accidents and incidents records included a record of all incidents, including the outcome and what had been done as a result to try to prevent the same accident happening again. In one incident there had been a minor altercation between two people. Staff intervened and made sure both people were safe. Relatives and healthcare professionals were informed. Risk assessments were updated to ensure plans in place would prevent a similar incident. At the time of inspection, there had been no incidents for the last three months. This demonstrated that staff deployment, with robust risk management plans, were effective in keeping people safe.

There were sufficient staff present to meet people's needs. People living at the home had complex and sometimes unpredictable needs. All people were assessed as needing staff with them at all times. Staff were allocated to each person, with additional staff in place to support people attending activities. A picture board was in place to show people who would be working with them each day. Staffing numbers that we observed matched people's assessed needs. Staff maintained an appropriate distance from people, allowing them to do what they wanted. Records were clear about how and when people could spend time alone safely. This minimised intrusion whilst ensuring people were safe.

Safe recruitment practices were followed before new staff were employed. Checks were made to ensure staff were of good character and suitable for their role. The staff files contained evidence that the provider had

obtained a Disclosure Barring Service (DBS) certificate for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Staff files also contained proof of identity and references to demonstrate that prospective staff were suitable for employment.

People received their medicines safely. Staff had been trained to manage medicines and they were required to pass a competency test before being signed off as competent to administer medicines. Information was in people's records about what medicines they took and how they liked to receive their medicines. One person liked to be given their medicine in a pot, with a glass of blackcurrant. This was clear in their records and staff were aware of this person's preference.

Medicine Administration Records (MARs) were up to date, recording each time staff administered medicines to people. Where people had not been administered medicines, this was recorded clearly. One person regularly went to stay with relatives. It was clear on MARs when relatives had been managing this person's medicines. Medicines were stored safely in locked cabinets. The temperature was checked regularly to ensure medicines were stored at the temperatures directed by the manufacturer. Regular audits were carried out to check records, storage and medicines practice.

People lived in a safe environment. Robust audits were in place to ensure the home was safe. Checks were carried out on equipment, electrical devices and water to ensure they were safe for people to use. Regular checks of fire safety equipment were undertaken and the fire and rescue service had visited recently. The environment was audited regularly as a part of health and safety checks. This demonstrated a proactive approach to keeping people's home environment safe.

Good

Is the service effective?

Our findings

People were supported by staff who were trained to meet their needs. A relative told us, "Yes I think they're trained. There are some who know (person) really well." Staff told us that they received an induction when they started work. One staff member told us, "I shadowed staff and spent time going around meeting people and reading up on all the policies and procedures." Staff training included safeguarding, health and safety, moving and handling and the Mental Capacity Act (2005). Staff received training specific to the needs of the people that they supported. Staff supported people with learning disabilities and autism. All staff had undergone training in autism and learning disabilities, to ensure they had a good understanding of people's needs. People had complex needs and sometimes displayed aggressive behaviour that required a response from staff. One staff member told us, "I had NAPPI training and find the techniques very useful. We don't restrain people here, that should always be a last resort." NAPPI is non-abusive psychological and physical intervention. It is a model of practice that focuses on positive behaviour support and encourages the avoidance of physical restraint. All staff had attended this training. Records of incidents and behaviour charts showed that staff were deploying techniques that they had learnt in practice.

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 so that they can 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).

We checked whether staff were working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that staff were following the correct legal process. Decision specific mental capacity assessments were completed before best interests decisions were made. Records documentation that showed the correct legal process was followed. One person was assessed as lacking the mental capacity to make the decision to accept care and treatment. A best interest decision was made for them to remain at the home. Relatives and healthcare professionals were consulted in making the decision and their views recorded. A deprivation of liberty application was then sent to the local authority.

People's nutritional needs were met by staff. In their PIR, the provider told us that, 'Each resident has a personal nutrition and hydration care plan and risk assessment, individual likes and dislikes are recorded.' Our findings supported this. Staff had a good understanding of what people liked and disliked. Information about what foods people liked was gathered at assessments from relatives and healthcare professionals. People at the home were unable to provide verbal feedback on what foods they liked. Staff recorded people's responses to different foods to establish their preferences. Where people had expressed a like of new foods, this was added to their records. One person really enjoyed eating pies. Staff were aware of this

and their records contained pictures of pies. A main meal was cooked every day and people could have alternatives prepared for them if they wished. Where people needed specific support to eat, this information was in their care plan. One person found chewing difficult, so staff ensured food was cut into small pieces for them. They were then able to eat independently.

People had access to a range of healthcare professionals. Care plans contained information from specialists and consultants, as well as evidence of staff working alongside healthcare professionals to meet people's needs. People were not able to express verbally if they were feeling unwell. Care plans contained information for staff on how people may behave if they were feeling unwell or experiencing pain. We saw evidence that where staff had concerns, these were shared with healthcare professionals. One person had ongoing support from a 'Challenging Behaviour Team'. Staff completed behaviour charts and shared these with professionals. This helped to inform them in planning support for the person and was also used to identify any triggers or preferences

Good

Is the service caring?

Our findings

People were supported by kind and caring staff. A relative told us, "They (staff) all seem very caring." People were smiling and looked happy in the company of staff. Interactions between people and staff showed kindness and compassion. People were supported by staff who interacted with them warmly. Staff allowed people to take the lead and make choices. It was clear that staff knew how to make people smile and understood people's personalities.

People were supported by staff who knew them well. A relative told us, "They seem to know (person) really well." Care plans contained information on people's personalities, preferences and backgrounds. Staff had a good knowledge of people's needs when we spoke to them. One person liked to greet new people in a certain way. Staff were knowledgeable about how the person would like to be introduced on the day of inspection. Records contained details on where people had lived. The transition process when new people came to live at the home involved staff visiting them at their last home. This meant that when people came to live at the home, they were already familiar with some members of staff. All staff we spoke to demonstrated a very good knowledge of people's routines and what was important to them. One staff member told us, "We work closely with people so the support plans are very useful."

People's privacy and dignity was respected by staff. In their PIR, the provider told us that, 'Clients privacy and dignity is respected, clients chose who support them with personal care and staff respect and promote clients private time.' Our findings supported this. Where people received personal care, this was done discreetly by staff. People's right to privacy was emphasised in their care plans and private time was written into people's schedules. Staff demonstrated a good understanding of how to promote people's privacy and dignity. One staff member told us, "Some people can do things themselves, but others need staff. We always keep doors shut and talk to people about what we're doing."

People's independence was promoted and encouraged. People's records contained information on tasks that they were able to do and staff were aware of these. Staff told us that they were encouraged to provide support to people in a way that promoted their independence. One person was developing food preparation skills. They had a small kitchen area in their room where they were able to prepare their own sandwiches and drinks. People's care records contained information on skills they were developing. People completed domestic chores and staff provided enough support for them to be able to do this independently. This helped people to develop skills.

People were involved in their care. Staff knew people's personalities and how to recognise how they were feeling. As people were not able to provide a lot of feedback verbally, staff documented their responses to things to establish their preferences. Staff said they observe people's facial expressions and reactions. One person pushed their hand out when they did not like food. Staff were aware of this and when the person did not like a new food, they documented this. People were regularly supported to try new activities to identify new interests. People's bedrooms reflected their personalities and interests. One person liked Disney films. They had posters in their room, along with an area to watch their favourite films. Staff worked with people and relatives to ensure their living space reflected their interests, taste and personalities. People's rooms

contained pictures and objects that were important to them.

Good

Is the service responsive?

Our findings

People received person-centred care that was responsive to their needs. A relative told us, "(Person) is in the right environment and they have an understanding of what's needed." We observed people being supported in a way that reflected what was in their care plans. In their PIR, the provider told us that, 'we aim to make our services as responsive as possible to the resident's needs and preferences as we not only aim to meet the current, but also their future needs.' One person had complex needs and could become aggressive towards staff and people. At previous placements, there had been a number of incidents and the placements had not worked out. The person had a long assessment and transition period before coming to live at the home. Staff worked with the person, identifying things that may make the person frustrated. The provider created a safe area where the person could go to exercise when they became agitated. Staff used prompts to encourage the person to complete tasks they liked, which diverted the person and helped to minimise incidents. Incidents involving this person had reduced significantly following them receiving support.

Robust assessments were undertaken before people moved into the home to make sure their needs could be met. A staff member told us, "I helped with (person)'s transition. We went to the placement and stayed for two weeks. We got really good information from staff at the previous home." People's care plans contained extensive information from people's previous homes and health and social care professionals. The assessment process involved staff visiting people and spending time with them before they came to visit the home. Routines and familiarity were very important to some people living at the home. This process helped to ensure a smooth transition, keeping anxiety and disruption to a minimum.

Care records contained information on what was important to people. One person liked their hair cut a certain way. A picture of how they liked their hair to look was in their care plan. People's routines were detailed in their care plans and people had pictorial timetables that told them what they were doing each week. One person liked tea at certain times of the day. The person had a large clock face which staff moved to show them when it was time for their tea. People's needs were regularly reviewed and any changes in need were acted upon. People's records contained evidence of regular reviews. Where people expressed a desire to try new things, these were added to their care plan.

People had access to a range of activities. Everyone had a personalised time table that included outings, crafts, films, music and sports. Staff worked with people regularly to try new things. Staff showed us bikes that had recently been purchased to support people to go cycling. We observed people coming and going throughout the inspection. Staff supported people one to one to complete activities. One person liked being taken out for lunch, which they did regularly with staff. They also really enjoyed music and we observed staff supporting them to play music.

If people wished to complain, they could be assured it would be taken seriously by staff. A relative told us, "I could just speak to them (management)." Relatives were given information on how to complain. People were regularly consulted and involved in their care. A complaints policy was available in easy read format. At the time of our inspection, there had been no complaints.

Good

Is the service well-led?

Our findings

People got on well with the registered manager. A relative told us, "(Registered manager) has been really good, I can always ring." People were observed interacting happily with the registered manager. The registered manager knew people well and got along with them which demonstrated that they were always available to people.

Staff told us that they felt well supported by management. One staff member told us, "It's a really friendly team. The manager is so friendly." Another staff member told us, "We have an amazing manager here." We observed good communication between staff and management. Staff told us that the registered manager regularly worked alongside them supporting people. Staff told us that the registered manager was always available and they felt confident making suggestions or raising concerns.

Staff were involved in the running of the home. Staff told us that they had regular meetings where they could make suggestions to improve the home. At a recent meeting staff had discussed improvements to the laundry. Meetings were used to discuss people's needs and used as an opportunity to share good practice. This helped created an inclusive culture which staff told us meant they could contribute ideas and make suggestions when necessary. Staff were observed working together and communicating well on the day of inspection. This ensured people's needs were met safely whilst activities and outings were able to take place.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. The registered manager carried out regular audits and documented their findings and any actions taken. Frequent audits took place to ensure that fire and health and safety standards were met, as well as regular holistic audits. The provider carried out a regular unannounced quality monitoring visit. The audit was robust, assessing the environment, records and staff practice. Any improvements that were identified were acted upon. A recent audit had identified a problem with one of the doors. The registered manager arranged for this to be fixed.

The provider kept accurate and up to date records. Documents and records were easy to find on the day of inspection. In their PIR, the provider told us that, 'We have robust staffing teams that ensure the appropriate daily recording systems measures the impact the service and staff has on the people we support.' Our findings supported this. Records that we looked at were up to date and accurate. Records and files were regularly audited. Systems were in place to analyse incidents. This was particularly important for identifying patterns to people's behaviour, so that they could tailor support to their needs. Staff understood the importance of keeping accurate records. One staff member told us, "We get time to write notes, it's very important that information is accurate because of people's needs."

The registered manager was aware of their responsibilities. Registered bodies are required to notify us of specific incidents relating to the home. We found when relevant, notifications had been sent to us appropriately. For example, in relation to any serious accidents or incidents concerning people which had resulted in an injury.