Healycare Limited

Adam House

Inspection report

21 Ormerod Rd
Burnley
Lancashire
BB11 2RU

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10 October 2018

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We carried out an unannounced inspection of Adam House on 10 October 2018.

Adam House is a 'care home' which is registered to provide care and accommodation for up to six adults with mental ill health. People in care homes receive accommodation and nursing care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Nursing care was not provided.

The service is a large terraced house situated a short distance from Burnley town centre. The aim of the Adam House is to provide a 'Step Up' service as a part of an individual care package and recovery pathway within the Healycare Ltd. At the time of our inspection one person was using the service.

At the time of the inspection the registered manager had taken planned leave of absence from the service. 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. In the absence of the registered manager the provider had made interim arrangements for the management of the service.

At our last inspection the service was rated Good. At this inspection we found some shortfalls in making sure the facilities and equipment is safe. We have therefore made a recommendation about the management of people's safety and showing that all appropriate checks had been carried out.

The management and leadership arrangements needed some stability to support the day to day running of the service.

Staff were aware of the signs and indicators of abuse and they knew what to if they had any concerns. Staff had received training on supporting people safely and abuse and protection matters.

Risks to people's individual well-being and promoting independence were being assessed and managed.

Processes were in place to maintain hygiene standards and the areas we saw looked were clean.

Arrangements were in place to gather information on people's needs, abilities and preferences before they used the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and processes at the service supported this practice.

We found people were effectively supported with their healthcare needs and medical appointments.

Changes in people's health and well-being were monitored and responded to.

People were offered opportunities and encouragement with physical exercise.

There were processes in place to support people with managing their medicines. Staff responsible for supporting people with medicines had completed training. They had been assessed to make sure they were competent in this task.

People were actively involved with planning their own menus, shopping and cooking.

There were enough staff available to provide agreed care and support.

People had a detailed care plans, describing their individual needs and choices. This provided clear guidance for staff on how to provide support.

People's privacy, individuality and dignity was respected. They were supported with their interests, including activities in the local community.

People had opportunities for skill development and confidence building.

There were processes in place for dealing with complaints. There was a formal procedure to manage, investigate and respond to people's complaints and concerns.

People could also express concerns or dissatisfaction during their care reviews and during 'house meetings.'

There were arrangements in place to train and support staff. Some staff were behind with refresher training, but this was being managed.

We found there was a lack of written information to help people make decisions and promote their rights.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Some health safety matters required attention to ensure and prove people were protected from unnecessary risks.

Staff knew how to report any concerns regarding possible abuse and were aware of the safeguarding procedures.

People had been proactively supported to manage their own medicines.

There were enough staff available to provide people with safe care and support.

Is the service effective?

Good

The service was effective.

People were encouraged and supported to make their own choices and decisions. The service was meeting the requirements of the Mental Capacity Act 2005 (MCA).

People were supported to eat well; they were actively involved in planning, preparing and cooking meals. People's health and wellbeing was monitored and they were supported to access healthcare services when appropriate.

Processes were in place to train and support staff in carrying out their roles. Some training was overdue, but action was being taken on this matter.

Is the service caring?

Good

The service was caring.

Staff were aware of people's individual needs, backgrounds and personalities, which helped them provide personalised care.

People were supported in a way which promoted their privacy and dignity. There was a focus upon encouraging independence and confidence building.

There was a lack of information at Adam House to help promote choices, decision making, rights and independence. We were assured this matter would be improved.

Is the service responsive?

Good

The service was responsive.

People had individualised support plans, which had been designed to respond to their needs, choices and abilities. Processes were in place to monitor and review people's needs and preferences.

People had opportunity to maintain and develop their skills. They had access community resources, to pursue their chosen interests and lifestyle choices.

There were processes in place to manage and respond to complaints, concerns and any general dissatisfaction with the service.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The leadership and administration arrangements needed some sustained improvement, to promote a consistent management of the service.

There were processes in place to monitor the quality of people's experience at the service. But, we found that some of the checking, consultation and development systems could be better.

Adam 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.

We visited Adam House on 10 October 2018 to carry out an unannounced comprehensive inspection. The inspection team consisted of one adult social care inspector.

Before the inspection, we reviewed the information we held about the service, including notifications and previous inspection reports. A notification is information about important events which the service is required to send us by law. We contacted the local authority contract monitoring team, the local authority safeguarding team, commissioners of care and care coordinators.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is 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 took this into account when we inspected the service and made the judgements in this report.

We used a number of different methods to help us understand the experiences of people who used the service. We were unable to talk with people who used the service as they were away on holiday. We talked with one senior support worker, two support workers, a cleaner, an interim manager and the provider. Following our visit, we spoke with a care coordinator.

We looked at a sample of records, including one care plan and other related care documentation, training records, menus, complaints records, meeting records, policies, procedures and audits.

Requires Improvement

Is the service safe?

Our findings

We checked the processes in place to maintain a safe environment for people who used the service, visitors and staff. Arrangements were in place for the safe storage of records to promote confidentiality of information and data protection.

We found health and safety checks had been carried out. However we noted the record of water temperatures from showers, baths and wash basins indicated the water had on occasion, been above the required safe temperature for people who are vulnerable. Despite there being a clear directive on the recording sheet to report excessive temperatures, action had not been taken to rectify this matter. There was a lack of risk assessments and risk management plans to consider and respond to people's access to excessive water temperatures.

We noted that the landline telephone was ineffective and had a limited function for outgoing calls. There was a lack of evidence available to demonstrate the electrical wiring and electrical equipment had been checked and maintained for safety. The record of fire drills was unable to be located, as were the 'in- house' fire equipment checks.

Following the inspection, we received further evidence and confirmation, that all the above shortfalls had been rectified. However, we would expect such matters to be identified and resolved without our intervention.

We recommend the provider refers to current recognised guidance on managing risks to people's wellbeing and safety and take action to update their practice accordingly.

We looked at the way people were supported with the proper and safe use of medicines. The service had been proactive in supporting people to manage their own medicines. Records and discussion showed people's preferences and abilities to manage their medicines had been risk assessed and were kept under review. Prescribed medicines and their purpose were listed and side effects noted. Facilities were available to ensure medicines could be stored safely and securely. The service had medicine management policies and procedures which were accessible to staff. Records and discussion showed staff providing support with medicines had completed training and processes were in place to assess, monitor and review staff competence in providing safe and effective support with medicines.

We reviewed how people were protected from abuse, neglect and discrimination. There had not been any safeguarding incidents at Adam House in the last 12 months. A care coordinator told us they considered the service was safe. Staff spoken with expressed an understanding of safeguarding and protection matters. They described the action they would take if they witnessed or suspected any abusive practice. The service had policies and procedures to support an appropriate approach to safeguarding and protecting people. Staff were aware of the contact details of the local safeguarding team.

We were unable to fully review how staff recruitment procedures protected people who used the service.

This was due to the confidential records not being accessible to the interim manager. However, following the visit we received confirmation that appropriate staff recruitment checks had been completed. We will further check recruitment processes at our next inspection. New employees completed a probationary period to monitor their work conduct and competence. The service had disciplinary procedures in place to manage unsafe and ineffective staff conduct.

We reviewed how the service managed staffing levels and the deployment of staff to support people to stay safe and meet their needs. We reviewed staff rotas which were retained at another service in the Healycare Ltd. Staff support at Adam House was provided on a risk based approach, designed to promote independence. We a discussed these arrangements with a care coordinator, who confirmed they had been agreed and kept under review. Staff spoken with considered there usually enough staff available to provide safe support. However, there were some concerns on the timeliness of the staff rota being made known, to ensure the team could provide safe care and support. Following the inspection, we were assured this matter had been addressed. Arrangements were in place to provide ongoing management support, including on call systems for evenings and weekends.

We looked at how risks to people's individual safety and well-being were assessed and managed. Individual risk assessments and risk management strategies were in place to guide staff on minimising risks to people's wellbeing and safety. The risks assessed included, smoking, behaviours, security, family/social contact, mental health, self-neglect, aggression and accessing the community. There were personal evacuation plans to be used in the event of an emergency. Processes were in place to review and update the individual risk assessments.

People were protected by the prevention and control of infection. The areas we saw looked mostly clean. People who used the service were expected to be involved with domestic tasks as part of their agreed support. There were cleaning schedules, recording and checking systems to maintain hygiene standards. Records and discussion indicated staff had completed training on infection control. We noted the laundry facilities at Adam House were not in use. We were told washing of laundry was carried out at a nearby service in Healycare Ltd. However, this arrangement needed to be kept under review, to ensure facilities were appropriately accessible in response to people's needs. Following our visit we were advised new laundry equipment had been obtained.

Good

Is the service effective?

Our findings

We reviewed how people's needs and choices were assessed and their care and support delivered to achieve effective outcomes. Process were in place to assess people's needs and abilities before they used the service. The service had policies and procedures to support the principles of equality and human rights. This meant consideration was given to protected characteristics, including: race, sexual orientation and religion or belief. People using Adam House were on a recovery pathway within the Healycare Ltd and as such they were known to the service.

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).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The interim manager told us that people at the service had capacity to make their own decisions. Processes were in place to assess people's capacity to make their own decisions and this was kept under review. Staff spoken with were aware of their role to provide support in the least restrictive way possible. Policies and procedures were available to provide guidance and direction on meeting the requirements of the MCA.

We looked at how consent to care and treatment was sought in line with legislation and guidance. People had signed in agreement with their care plans. They had also signed consent agreements and contracts, which outlined the terms and conditions of residence.

We looked at how people were supported to live healthier lives, had access to healthcare services and received ongoing healthcare support. People were offered encouragement with physical exercise. Medical histories, health conditions and physical fitness, were included in the care plan process. There were 'health check assessments' and 'staying well plans.' We noted the 'health check' assessment had not been reviewed, however the interim manager agreed to address this matter. Records and discussion showed people had access to health care professionals when needed. There were 'hospital passports' for sharing information when people accessed other services.

We checked how people were supported to eat and drink enough to maintain a balanced diet. People using the service were actively involved with planning, preparing and cooking meals as part of their individual skill development. Records were kept of people's dietary needs, likes, dislikes and general food intake. There

were one to one discussions on healthy eating. Staff spoken with had an awareness of nutrition and healthy eating. They described the support provided to people with in relation to food, diet meal preparation and cooking.

We looked at how the service made sure that staff had the skills, knowledge and experience to deliver effective care and support. Records and discussion showed arrangements were in place for staff learning and development. Processes were in place to support an induction training programme for new staff, which included the completion of the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers adhere to in their daily working life.

Staff told us they had completed training to help ensure they understood people's needs and were able to provide effective support. The service had recently changed training providers and learning and development was ongoing. We noted some gaps on the mandatory training matrix, however, we were assured this matter was being progressed with individual staff members.

Staff received regular one to one supervisions with a member of the management team. Processes were in place for staff to receive an annual appraisal of their work performance and any development needs. Most staff had either attained a Level 2 or 3 NVQ (National Vocational Qualification) in care, or were working towards a level 2 or 3 QCF (Quality and Credit Framework) diploma in health and social care.

We reviewed how are people's individual needs were met by the adaptation, design and decoration of premises. We looked around the premises and found the standard of the accommodation to be satisfactory. We noted people had been supported to personalise their own private space. Some bedrooms had en-suite facilities, some were not fully furnished and bathrooms were not functional. The provider was aware these matters would require attention prior to people being accommodated.

Good

Is the service caring?

Our findings

We reviewed how the service ensured that people were treated with kindness, respect and compassion and that they were given emotional support when needed. A care coordinator spoken with, told us they had never had any concerns about the staff at Adam House. They said the person they worked with, "Seemed content at the service."

Positive and meaningful relationships were encouraged. Where appropriate, people were supported to maintain contact with relatives and friends. The service had a 'keyworker system.' This linked people using the service to a named staff member who worked more closely with them. The aim of the 'keyworker system' was to develop more trusting and beneficial relationships. We saw records of people having regular one to one time with their keyworker.

We checked how people's dignity and individuality was upheld. There were policies and procedures to inform and guide staff about treating people with respect and providing support which met each individual's needs, rights and wishes. Staff had received equality and diversity training. Equality is about championing the human rights of individuals, by embracing their protected characteristics and diversity relates to accepting and valuing people's individual differences.

There were support plans which identified people's individual needs and preferences and how they wished to be supported. The information was written in a sensitive, person centred way. There were 'care profiles' which included a summary of the person's background history, religious needs, interests and hobbies, their mental health diagnosis and personal relationships. There was an indication people had been involved with their care plans and ongoing reviews.

We reviewed how the service empowered and enabled people to be independent. Records and discussion showed people were supported to be as independent as possible. They had been enabled to develop independence skills, by accessing the community resources and doing things for themselves. This included domestic tasks, shopping for provisions, attending healthcare appointments and planning holidays. Staff spoken with gave us examples of how they encouraged and motivated independence, in response to people's individual needs and abilities.

We looked at how people's privacy was respected and promoted. All the bedrooms were single occupancy and people had keys to their rooms. We saw staff respecting people's private space by routinely knocking on doors. There were clear, written instructions for staff when visiting Adam House, this included knocking and waiting for a response before entering. Staff also described how they upheld people's privacy within their work, by prompting people sensitively with their personal needs and maintaining confidentiality of information.

Although we were aware written information was available for people using Healycare Ltd, we noticed there was a lack of this on site at Adam House. We were advised that people had been previously given a guide to the service. However, we would expect information to be readily available to support and promote people's

rights, independence and choices. For example, there were no information leaflets from the local authority, or details of local advocacy services. Advocates are independent from the service and can provide people with support to enable them to make informed decisions. The interim manager agreed to pursue this matter.

Good

Is the service responsive?

Our findings

We looked at how people received personalised care that was responsive to their needs. We discussed with a care coordinator, the interim manager and staff, examples of the progress people had made, resulting from the service being responsive and developing ways of working with them.

People had individual care and support plans, which had been developed in response to their needs and preferences. The care and support plans and other related records we reviewed, included people's needs and choices. The plans contained details on how people's care and support was to be delivered by staff. They identified specific areas of support such as; physical health, personal hygiene, nutritional health/diet, vulnerability, relationships, cultural needs and religious beliefs. There were identified 'signs and triggers' to highlight potential changes people's well-being, this was to help staff anticipate and respond when support was needed. There was additional information around people's likes, dislikes and choices, for example in relation to their bedrooms, food preferences and activities.

People were enabled and supported to pursue their own interests. Such as accessing resources in the local community, shopping and listening to music. Rehabilitation and recovery formed part of the care planning process. This identified people's strengths and needs, with a focus on promoting their well-being and recovery. Included were medication, meals and cooking, budgeting, health and wellbeing, social skills and domestic duties. There were long and short-term goals, to motivate people in developing skills, achieving greater levels of independence and confidence building.

Records were kept of people's daily living activities, their general well-being and the care and support provided to them. There were also additional monitoring records if needed, for example, relating to behaviours, moods and specific support needs. There were 'hand over' discussion meetings between staff to communicate and share relevant information. Records and discussion showed processes were in place to review people's care and support. There were ongoing reviews with the involvement of other professionals, as appropriate. These processes were to enable staff to monitor and respond to any changes in a person's needs and well-being. A care coordinator told us, "They keep in touch and keep me updated on progress."

Regular 'house meetings' were held at Healy Care Ltd. These provided the opportunity for people to be consulted and make shared decisions. We noted from the records of meetings that people who used Adam House had attended the meetings. Various matters had been raised and discussed. Including, healthy living, looking after yourself, health and safety, group activities and holidays.

We reviewed how people's concerns and complaints were listened and responded to and used to improve the quality of care. People were routinely asked during the 'house meetings' if they had any concerns or complaints. Staff spoken with were aware of their role in supporting the complaints processes. There had not been any complaints made or concerns raised about Adam House. There was no complaints procedure on display. However, we were assured people who used the service had been given a copy of the procedure. Processes were in place to record, investigate and take action to resolve complaints. The process involved checking if the complainant was satisfied with the outcome of the investigation. There were systems to

monitor complaints and respond to any patterns and trends.

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. People's communication needs were included in the assessment process and reflected in their support plans. We discussed with the interim manager, ways of producing people's support plans and the service's written information in a more 'user friendly' format, which would help with meeting the expectations of the Accessible Information Standard.

We checked how the service used technology to respond to people's needs and choices. The service did not have internet access or a computer, for people who used the service and staff to access, however we were told this provision was being considered.

Requires Improvement

Is the service well-led?

Our findings

At the time of the inspection the registered manager had taken planned leave from the service. The provider had appropriately notified us of the interim arrangements for the management of Adam House. We were advised that management responsibilities had been delegated to an interim manager. It had been intended the interim manager would apply for registration on a temporary basis, however this had not been achieved. At the time of our visit the interim manager for Adam House was not available. Therefore, an interim manager from another location in Healy Care Ltd, attended Adam House and took management lead in the inspection process.

There was a management team in place which included the interim manager and senior support workers. There was additional management support from the providers and another registered manager at Healy Care Ltd. Much of the management and organisation at Adam House, was directed from another nearby location within Healy Care Ltd. This meant there was some shared arrangements around policies, processes, administration and day to day running of the service. The interim manager was proactive and proficient during the inspection, however, we experienced some delays in accessing required information and records, as they were not located at Adam House.

People who used Adam House had ongoing contact with and access to the nearby location in Healycare Ltd, but this raised questions around appropriateness of this arrangement in relation to promoting people's privacy and independence.

We checked if the monitoring systems ensured that responsibilities were clear and that quality performance, risks and regulatory requirements were understood and managed. Arrangements were in place for regular audits and checks to be carried out on processes and systems. However, we found shortfalls in assessing and managing risks for the well-being protection and safety of people who used the service. Some of these matters were responded to during the inspection process. But we would expect such shortfalls and matters for development to be identified and addressed without our intervention.

The provider had regular contact with the service; they visited Adam House to check matters and to speak with people who used the service and staff. We saw records of the visits. Where appropriate the provider had identified shortfalls and there was information to indicate progress was ongoing to make improvements. However, it was apparent progress was needed to ensure the governance processes were effective for the well-being and safety of people who used the service.

People who used Adam House had access to a 'suggestion box' where they could submit their ideas for improvement and development. They had previously been consulted on their views of the service through satisfaction surveys. However, other than the 'house meetings' and individual reviews, there was a lack of information available to show there had been any recent consultations with people on their general experience of the service.

The service's vision and philosophy of care was reflected within written. New staff were made aware of the

aims and objectives of the service during their induction training. Staff were mostly positive about their work. However, there was some dissatisfaction around the changes in management and a general lack of direction. Staff had job descriptions and access to policies and procedures, which outlined their roles, responsibilities and duty of care. Staff confirmed there were daily communication 'handover meetings' and regular staff meetings.

The service worked in partnership with other agencies. We found arrangements were in place to liaise with other stakeholders including: local authorities, the health authorities, and commissioners of service. There were procedures in place for reporting any adverse events to the CQC and other organisations, such as the local authority safeguarding and deprivation of liberty teams. Our records showed that notifications had been appropriately submitted to the CQC. We noted the service's CQC rating was not on display at Adam House, however, the provider took action to rectify this matter during the inspection.