

Adelaide Care Limited

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Inspection report

502 Larkshall Road
London
E4 9HH

Tel: 020 8531 5885

Website: www.adelaidecare.com

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Ratings

Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

Adelaide Care provides supported living for adults with autism and learning disabilities in various properties in Kent, Croydon and Hackney. At the time of this inspection there were 43 people using the service in 12 different properties.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager had not made applications to the Court of Protection as required by the Mental Capacity Act (2005) when people were prevented from leaving their

home freely due to a keypad lock being in place or due to them needing staff support to access the community safely. You can see what action we told the provider to take at the back of the full version of the report.

People told us they felt safe with staff in their service. Staff were knowledgeable about the different types of abuse, how to report concerns and how to whistleblow. People had risk management plans to enable them to be as independent as possible whilst reducing the risks. Safe recruitment checks were carried out for new staff and there were adequate numbers of staff to meet people's

Summary of findings

needs. People had an assessment of their needs and risk assessments were carried out to ensure safe care was provided. We found people consistently received their medicines safely and as prescribed.

Staff received regular training and opportunities for skill development and received regular supervisions to enable them to improve their delivery of care. People were assisted to plan, cook and shop for nutritious meals to ensure they maintained good physical health. Staff described how they obtained people's consent before supporting them with any care task. People were assisted to access and attend various healthcare appointments.

People and their representatives thought staff were kind and caring and staff were observed to take their time when they spoke with people. We saw staff treat people with respect and to promote people's privacy and dignity whilst enabling them to maintain their independence.

Staff assisted people to access a wide range of activities and people were able to choose an alternative if they wished. People's care plans were personalised and

written in an accessible way using pictures. Staff were knowledgeable about delivering personalised care. People and their representatives knew how to raise concerns or make a complaint but most preferred to follow a more informal route.

There was a registered manager at 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.

People had monthly meetings with their allocated staff member to review and plan their care plans. They were able to give feedback through an annual quality of care survey. Staff received updates on the service and were able to voice their opinions through a staff forum, team meetings and through the annual staff survey. Managers carried out regular audits of the services to ensure the quality of care provided was of a good standard.

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. People and their representatives told us people were safe within their service.

Staff were knowledgeable about the safeguarding and whistleblowing policies and knew how to report concerns or abuse. People had risk assessments and plans to manage risks. There was an on-call system out of hours so staff could access support in an emergency.

There were enough staff to meet people's needs and safe recruitment checks were made for new staff. The provider had systems to manage the storage, administration and recording of medicines to ensure people received their medicines safely.

Good



Is the service effective?

The service was not always effective. The registered manager and staff had basic knowledge about mental capacity. Staff explained how they sought people's consent before delivering care. However, the registered manager had not made applications to the Court of Protection as required by legislation for people who were not free to leave their home unsupervised.

Staff received a thorough induction before starting to work unsupervised within a service. They had opportunities for refresher training and could request additional training in supervision sessions. Staff received regular supervision which they found useful to help them improve the delivery of care.

People were free to choose what they ate and drank and were supported by staff to plan and cook nutritious meals and to do grocery shopping.

Staff made appropriate referrals to healthcare professionals and supported people to health appointments to ensure people received care appropriate to their health needs.

Requires improvement



Is the service caring?

The service was caring. People and their representatives told us staff were caring. Staff were seen to treat people with respect and in a kind and caring way.

Staff had developed positive relationships with people and had a good understanding of their needs. Each person had a named keyworker who was responsible for overseeing the care they received.

People's privacy and dignity were promoted. Staff were knowledgeable about respecting confidentiality and promoting people's independent living skills.

Good



Summary of findings

Is the service responsive?

The service was responsive. There was a variety of activities which people could take part in within their home or in the community. People were seen to ask staff to escort them to activities and staff were seen to be obliging.

Staff were knowledgeable about personalised care. Care plans were comprehensive and were written in a person-centred way.

People and their representatives told us they were able to raise concerns or make a complaint and the registered manager responded in a satisfactory way.

Good



Is the service well-led?

The service was well led. There was a registered manager in post.

The provider had introduced a new forum for people to express their views and wishes. Staff met together in a forum regularly and separately within each service to receive information from the provider on policy changes and to stay up to date with changes within the organisation.

The provider had systems in place to monitor the quality of care and support in the different services. There was a system in place to obtain the views of staff and people using the service.

Good



Adelaide Care Limited

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 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.

At the last inspection on 9 April 2014, the service was meeting the legal requirements. This inspection took place on 23 and 24 July 2015 and was unannounced. The inspection was carried out by two inspectors over two days.

Before our inspection, we reviewed the information we held about the service including notifications that the provider had sent us since the last inspection and the previous inspection report.

During the inspection we spoke to the registered manager, the quality assurance manager, a manager of one of the supported care services, four staff, three professionals from two local authorities, four family members and three people using the service. We observed care and support in communal areas, spoke to people in private and looked at care records for seven people and nine staff files. We also looked at records related to how the home was managed including medicines administration records, policies and procedures and quality assurance records.

Is the service safe?

Our findings

People told us they felt safe. One person described how staff supported them to cross the road and said, “[Staff] holds my hand, left, right, no car, across we go.” Another person said staff helped them to feel safe when they were angry. Relatives told us they believed the support provided by Adelaide Care ensured their family members were safe. A social worker described how the service had taken a pro-active approach to risk management for an individual who had previously experienced placement breakdowns due to a risk-averse approach.

We found people were protected from abuse. The provider had safeguarding and whistleblowing policies which were detailed and clear. Staff were knowledgeable about abuse, how to report concerns and about whistleblowing. One staff member told us if they had a safeguarding concern, they would, “Talk to my manager or higher in Adelaide or social services.” Another staff member said, “I can whistleblow to the manager or to the social worker or call a number on the whistleblowing policy.” Staff told us, and records confirmed, they had received training in safeguarding and whistleblowing.

People had risk assessments to assess if it was safe for them to move freely around their home and to take part in activities in the community. The risk assessments were incorporated into people’s individual support plans and we saw evidence they were reviewed every three months. We saw from people’s care records there were risk assessments which included risks around cooking, medicines, self-neglect and absconding. The risk assessments detailed what the risk was, measures in place to prevent the risk and ways to minimise the risk. Staff were knowledgeable about managing risks and one staff member said, “Taking risks is part of life but should try to make as safe as possible.”

The provider had an emergency plan. There was a policy for staff to refer to about the process to follow. Staff were aware the registered manager and quality assurance manager were available to give verbal support to them on the telephone out of hours and at the weekends when their line manager was not available. The registered manager told us they would also visit the service if required in an

emergency situation. Staff we spoke with were able to describe what they would do in an emergency, for example, two staff told us in a medical emergency they would call 999, get support from a colleague and inform management.

We reviewed the recruitment records for eight staff and found that all pre-employment checks had been carried out as required. Staff had produced evidence of identification, had completed application forms with any gaps in employment explained, had a disclosure and barring service (DBS) check and had two references.

The manager told us they based staffing levels on both local authority assessments and the activities for people. For example, we saw from the rotas for one supported living service that staffing levels were increased during the college holidays to enable daytime activities to take place. Staff told us they could work extra shifts to cover staff absences within their team and the provider used their own bank of staff to cover shifts at short notice.

During this inspection we found there were systems in place to ensure that people consistently received their medicines safely and as prescribed. We looked at the medicine records for three people and saw appropriate arrangements were in place for recording the administration of medicines. The provider carried out audits every four to six weeks of the medicine administration system and we saw evidence of this. We found medicines were given to people by appropriately trained and competent staff.

Where medicines were prescribed to be given ‘only when needed’ or where they were to be used only under specific circumstances, individual when required protocols were in place. The protocols gave administration guidance to inform staff about when these medicines should and should not be given. This ensured people were given their medicines when they needed them and in a way that was both safe and consistent. The protocols included information on how to ensure that people were as involved as they could be in the administration of their medicines, promoting their independence and understanding of their medicines.

Is the service effective?

Our findings

The registered manager and staff demonstrated they had a basic understanding of the Mental Capacity Act 2005 (MCA). The MCA is a law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived. The registered manager explained how they followed the best interest's process for people who lacked capacity and involved families and relevant professionals. However, the registered manager had not made appropriate applications to the Court of Protection as required by the Act. This was required as people could not leave their homes freely because of keypad locks and the need for staff support to access the community.

This finding was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff confirmed they had regular opportunities for training and skill development. Relatives told us they believed staff had the skills needed to work with their relatives. Two relatives told us they had reported concerns about the skills of staff to management and these staff were removed from working with their relatives.

We reviewed the staff training matrix which showed the dates that staff had completed each training course. This enabled managers to see when staff were due refresher training. We saw staff had received induction training in the core topics, for example, moving and handling, the mental capacity act and managing challenging behaviour. The registered manager told us they had recently updated the induction training to ensure new staff obtained the Care Certificate. The Care Certificate is training in an identified set of standards of care that staff must receive before they begin working with people unsupervised.

The induction program for new staff included shadowing experienced staff before starting to work with people. Staff confirmed they had a thorough induction to each of the services they worked in, which included reading through care plans and risk assessments with their line manager. New staff completed a three month probation period before being confirmed in post. The provider had a

supervision policy and records showed staff were having supervision in line with this. Staff said they could request additional training in their supervisions and they found supervisions useful.

Records showed supervisions were used to discuss personal development, support plans, health and safety, achievements, annual leave and training.

Each person also had a positive behaviour support plan which gave guidance to staff about how to support people in the least restrictive way if they exhibited behaviour that challenged the service. The training matrix showed that staff had received training in managing challenging behaviour.

Staff told us how they gained consent from people before undertaking care tasks. For example, staff explained that they asked people which staff member they would like to assist them with various tasks and said people were very clear in giving or refusing consent. One staff member said, "It's their choice, if they refuse we can't force them." We saw that staff obtained consent from people before carrying out any aspect of care. The provider had an easy read consent form for people who had capacity to sign to consent to their care.

People told us they made choices about food and drink and were involved in their food shopping. One person said they had Weetabix and tea for breakfast and "Go shopping with the trolley." We saw that people had individual food cupboards in the kitchen, clearly indicated by their picture being on the door. We saw that people knew which cupboard was theirs and they were supported by staff to prepare food and drinks according to their expressed choices. Staff supported people to follow special diets, both spiritual and health specific. There were details of food preferences and needs in people's care plans and staff explained how they supported people to maintain these diets. Staff told us they had a list of favourite recipes from one person's family and this helped them to maintain a healthy diet.

Care files showed that people were supported to attend various health appointments and these were clearly recorded. People had Health Action Plans and hospital passports. These provided staff with clear guidance on people's health needs and provided continuity should people need to go to hospital. One person described how they went to the doctor on the bus when they hurt their

Is the service effective?

knee and were confident that staff would help them if they were unwell. Records showed that the service made relevant professional referrals where they were concerned that behaviour changes may be related to medical conditions. Two health professionals expressed concern

that staff, in one particular service, struggled to follow their advice. However, we saw evidence that management were providing additional support to staff in the service to improve practice in this area.

Is the service caring?

Our findings

Throughout the second inspection day we saw that people were treated with respect and in a kind and caring way in the service we visited. We saw that staff took the time to speak with people as they supported them and responded quickly to people's requests for support. People we spoke with told us staff were caring. The service had a keyworker system. A keyworker is a staff member who is responsible for overseeing the care a person receives and liaising with other professionals involved in a person's life. People described how they met with their keyworker monthly to discuss and plan their care. One person told us, "This is my best staff" and said another member of staff was their "best friend ever."

Family members described how they always felt welcome when visiting their relatives and told us the services were welcoming, friendly, open and inviting. One family member said, "There is a big kindness factor." Family members told us how the service kept them updated about their relatives' care and said, "I'm so proud of how far they've come, [relative] still learning all the time" and told us the staff were, "Outstanding, [my relative] couldn't be in a better place." Professionals told us they thought staff were caring and staff were, "Really person-centred. They have really made it [peoples'] home."

We saw that staff knew the people they supported very well. Staff were able to tell us how they developed positive caring relationships with people using the service. For example, one member of staff said, "I study them, for example, [person's] behaviour changes when upset or excited, I know because I was able to study [them]." Staff described how they used people's care plans, their shadowing experience and time to get to know the people they supported. This was demonstrated when one member of staff de-escalated a situation when one person became

distressed. The manager of the service we visited told us they believed staff had positive caring relationships with people because "staff tend to stay" and "everyone mucks in."

Staff described how they offered choices to people who could not express their wishes clearly. One member of staff said, "I say to them, it's okay to say no." Another staff member said, "I give them choices, if they don't want [them], I offer them some other things" and "give them their respect. They make the decision." Care records showed that people were able to choose which staff supported them with different aspects of their support and where required who provided their one-to-one support. People told us they chose who worked with them and we saw this was the case during our visit. One person told us how they chose what time they went to bed and said, "I can put on my pyjamas and go to sleep, I choose it."

People told us they had private time when they wanted it. Staff described how they respected people's privacy and dignity. For example, one staff member said they always, "Knock on the door, it's a sign of respect, they are important." Another staff member told us, "I will keep private what they say unless it is endangering them, then you share it." In the service we visited the bedroom doors had locks that opened with the fingerprint of the person whose room it was. This enabled people to have control over who went into their bedrooms. Staff had an overriding code they could use if emergency access was needed.

We saw from care records that where people were able they were encouraged to carry out daily tasks independently. For example, records showed that some people were able to access the community without staff support. One staff member told us, "[Staff] allow them to do things they want to do on their own unless they request help."

Is the service responsive?

Our findings

People told us they were supported with a wide range of activities. We saw people asking to go out for activities and this happened. People had individual, accessible timetables in their rooms and there was a pictorial rota to show people which staff would be working with them. Family members told us they were happy with the activities their relatives were supported with and described how the provider tried to find autism friendly college courses. A social worker told us one person using the service who had previously been very isolated was now, “Out regularly and has even been on holiday.” Records confirmed that people were supported to go to college, the cinema, ten pin bowling, bus rides and various sporting activities.

The provider had a person centred planning policy which gave clear guidance to staff on how to deliver personalised care. Staff were knowledgeable about how to deliver personalised care and described how it was enabling a person to receive their care how they wanted and not imposing their own ways on people. One staff member told us personalised care was, “Specific care for a person. Everything to do with that person.” We saw support plans were written in a personalised way using pictures and included guidance for staff on communication, preferences, likes and dislikes. Care records included an assessment of people’s individual needs and requirements.

Professionals in one local authority told us they found the provider responsive to change and able to manage behaviours that challenged services. However, professionals in another local authority expressed concerns about the responsiveness of one particular Adelaide Care service. The provider had put in additional management support and monitoring to address these issues.

The provider had a comprehensive complaints policy which was available in an accessible pictorial format. This

gave clear guidance and timescales to staff on how to deal with complaints and to people on how to make a complaint. Staff were knowledgeable about the complaints policy and were able to detail the actions they would take if a person or their representative approached them with a complaint.

People and their family members told us they knew how to make a complaint. One person told us, “If [staff member] is naughty I tell the manager.” The service we visited had a box where people could raise concerns with staff assistance. Family members told us they had not had to use the formal complaints process and preferred to use informal feedback. They told us the service was responsive to any concerns they raised and made changes when requested. Relatives consistently told us the communication with the service was good and they were kept updated regularly.

One family member told us there had been problems in the past but the situation had been resolved and their relative was now doing well. Another family member said they had raised concerns about staffing and the manager had been, “Very responsive, they put guidelines in place.” One relative told us they thought the organisation needed “Better back up plans, they need better preparation in case key players are no longer available.”

We reviewed the complaints log and found there had been no complaints since the last inspection. However, the registered manager was able to show us evidence of a family member raising concerns informally. We saw the registered manager had dealt with this in the same way as a formal complaint and the situation was concluded within the policy timescales. The manager of that particular service had investigated the matter and then discussed their findings with the family member on their next visit. The family member was satisfied with the response and confirmed this with us when we spoke with them.

Is the service well-led?

Our findings

There was a registered manager in post at the time of inspection and we found the service was well-led. People and family members spoke highly of the registered manager. One family member said the registered manager was “Very helpful.” People knew the names of the registered manager and quality assurance manager and told us they would tell them if they had any problems.

Family members we spoke with said that the provider did not hold specific events to involve families, but that there was regular and effective communication regarding their relative.

The provider had recently held their first service user forum meeting on 21 July 2015 and had used voting cards to enable people to participate. Two people we spoke with had attended and told us they enjoyed the meeting. Topics discussed included asking people if they liked where they lived, what would make life better and feedback on activities. The registered manager told us they were planning to hold these forums every three months.

Staff described the links with head office as being strong and told us they could contact the management team easily if they had any concerns. One staff member said, “We are like a family in this company.” Another staff member said about the registered manager, “The best ever, never gets tired.” We noted the provider organised a general staff forum three times a year and had regular team meetings in each service every four to six weeks. These meetings were held to ensure staff were kept informed and up-to-date with how all services were operating so that there was a consistent approach to the way care was delivered. We reviewed the record of a staff meeting held on 13 July 2015 and saw the topics discussed included health and safety, training and personal development, menu planning, communication and activities.

We saw the provider also held monthly managers’ meetings for all the different services. These were to ensure the services were up-to-date with policy changes and were all working consistently with each other. We reviewed the

record of the managers’ meeting held on 1 June 2015 and saw the topics discussed included service updates, policies and procedures, new medicine support plans, nutrition and hydration, rotas, and complaints.

Satisfaction surveys were carried out by the provider with staff and people using the service every year in order to improve the service. We saw the staff survey which was conducted between November 2014 and May 2015 had a 31% response rate and it was noted at a recent managers meeting that many staff were not completing their surveys or returning them with honest responses because they were concerned what the consequences would be. The registered manager and quality assurance manager said they were considering ways they could increase the response rate and encourage staff to respond honestly for the next survey which was planned to begin later this year.

We reviewed the analysis that was carried out and noted that all staff who returned their completed survey indicated they knew what was expected of them to do a good job. We also noted that the majority of staff thought they received appropriate feedback and praise from their line manager but two members of staff did not think the appraisal system was fair.

The survey and the analysis of the survey given to people who used the service was designed in an accessible way with pictures. We saw that 24 people out of 43 had returned completed surveys. Some people were assisted to complete their surveys by family members or their representative. The analysis showed that 23 people indicated that they were able to make every day choices, were assisted to stay healthy and were safe from harm, bullying and harassment.

The registered manager and the quality assurance manager carried out a monthly spot check of most of the services except one which was having weekly audit checks due to concerns raised by the local authority. The audits included checking care files, staffing levels, risk assessments and medicines. We found these checks were up to date and issues were identified with actions to be taken. For example, we saw that a check on one of the services on 1 July 2015 had identified that staff needed to support people with choosing a healthy breakfast and this was noted to be followed up at the next audit visit.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered manager had not made appropriate Court of Protection applications as required by the Mental Capacity Act (2005) where people were not free to leave the property due to keypad locks on the front door or needing staff support to access the community.</p> <p>Regulation 12 (2) (a).</p>