

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

About the service

Jane House is a care home that provides accommodation and personal care support for up to eight adults with autism and learning disabilities. At the time of our inspection the home was fully occupied. The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Appropriate recruitment checks had taken place before staff started work and there were enough staff available to meet people's care and support needs. The service had safeguarding and whistleblowing policies and procedures in place and staff had a clear understanding of these procedures. Risks to people had been assessed to ensure their needs were safely met. People's medicines were managed safely. The service had procedures in place to reduce the risk of infections.

People's care and support needs were assessed before they started to use the service. Staff had the skills, knowledge and experience to support people appropriately. Staff were supported through induction, training and regular supervision. People were supported to maintain a healthy balanced diet and had access to health care professionals when they needed them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and their relatives (where appropriate) had been consulted about their care and support needs. The service had a complaints procedure in place. There were procedures in place to make sure people had access to end of life care and support if it was required.

The registered manager worked in partnership with health and social care providers to plan and deliver an effective service. There were systems in place to monitor the quality and safety of the service and any learning was identified and acted on. The provider took people and their relatives views into account through satisfaction surveys. Staff enjoyed working at the home and said they received good support from the registered manager.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 13 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Jane House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

A single inspector carried out this inspection.

Service and service type

Jane House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was carried out on the 4 December 2019 and was announced. We gave the provider 24 hours' notice of the inspection visit to ensure that people using the service would be present for us to observe and to understand their views about the service.

What we did

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We used this information to help inform our inspection planning.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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.

During the inspection

Most people using the service were not able to express their views about the care and support they received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with one person's relative

We looked at three people's care records, two staff recruitment records, and records related to the management of the service such as medicines, quality assurance checks and policies and procedures. We spoke with two members of staff, the registered manager and the chef about how the service ran and what it was like to work there.

After the inspection

We received information from health and social care professionals relating to their views about the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. A relative told us, "My son is safe and well looked after."
- There was a safeguarding policy in place and staff had received training and were provided with information regarding who to report potential safeguarding concerns to.
- The registered manager understood their responsibilities in relation to safeguarding and told us they would report any concerns immediately to the local authority and CQC as required. They told us there had been no safeguarding concerns raised since the last inspection. Staff confirmed they would inform the registered manager and knew where to go outside of the organisation if they had any concerns.

Assessing risk, safety monitoring and management

- Risks were managed safely. People's care files included risk assessments for example on car safety, behaviours, medicines and attending appointments. Risk assessments included information for staff about action to be taken to minimise the chance of accidents occurring.
- People had individual emergency evacuation plans which highlighted the level of support they required to evacuate the building safely.
- Staff told us they knew what to do in the event of a fire and training records confirmed they had received training in fire safety.

Staffing and recruitment

- We observed and a relative and staff told us the staffing levels at the service was meeting people's needs. A relative said, "My son had more staff in the beginning when he came here. He's really settled in now and doesn't need so many. There are always plenty of staff when I visit."
- The registered manager said staffing levels were arranged according to people's needs. If extra support was required for supporting people to attend health care appointments or social activities, then additional staff cover was arranged.
- Robust recruitment procedures were in place. Staff recruitment records included completed application forms, employment references, evidence that a criminal record checks had been carried out, health declarations and proof of identification.

Using medicines safely

- Medicines were managed safely. People were receiving their medicines as prescribed by health care professionals. A relative told us, "My son always gets his medicines on time."
- People had individual medication administration records (MAR) that included their photographs, details of their GP and any allergies they had. They also included the names, signatures and initials of staff qualified

to administer medicines. MAR records had been completed in full and there were no gaps in recording.

- Medicines were stored securely in locked cabinets in locked rooms. Daily room and fridge temperature monitoring was in place and recordings were within the appropriate range.
- Training records confirmed that staff responsible for administering medicine had received medicines training and they had been assessed as competent to administer medicines by the registered manager.

Preventing and controlling infection

- The service was clean, free from odours and had infection control procedures in place. We saw hand wash and paper towels in communal toilets and staff told us that personal protective clothing such as gloves and aprons was available to them when they needed them.
- Training records confirmed that staff had completed training on infection control and food hygiene.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. Staff understood the importance of reporting and recording accidents and incidents.
- The provider had systems for monitoring, investigating and learning from incidents and accidents. The registered manager told us that incidents and accidents were monitored to identify any trends and actions was taken to reduce the possibility of the same issues occurring again. For example, they updated peoples care plans and risk assessments and they had made adaptations to the environment.
- A Specialist Behaviour Practitioner told us, "The staff are able to safely manage people's behaviours when they occur, they learn from the incidents and take the necessary actions to reduce the likelihood of them happening again."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's care and support needs, and preferences were completed before they moved into the service.
- The assessments were used to produce care plans, risk assessments and support guidelines that provided staff with information on how best to support people. Assessments included areas such as people's daily living skills, their dietary needs, communication and behaviours.
- A relative confirmed they were involved in the assessment process and with planning for their son's needs. Health and social care professionals had also been involved in the care and support planning process. This ensured the service's suitability and that people's needs and preferences could be appropriately met.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills required to meet people's needs. They told us they had completed an induction, they were up to date with training and they received regular supervision.
- A relative told us, "The staff are definitely well trained. I am confident they know how to support my son with his needs."
- The registered manager told us staff new to care would be required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new health and social care workers.
- Training records confirmed that staff had completed training that was relevant to people's needs. This training included Autism and Asperger's, managing behaviour, safeguarding adults, infection control, safe handling of medicines, food hygiene and the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).
- Staff had also received training on NAPPI. This 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. A member of staff told us, "The NAPPI training has taught me that it's very important to know the individual I am supporting. I have learned about the techniques we need to use to work with people and keep them safe."
- Records also confirmed staff were receiving regular supervision and annual appraisals of their work performance.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet. They were encouraged to eat healthy meals. We observed how people were being supported and cared for at lunchtime. People ate independently, and they received encouragement when required from staff. Some people preferred to eat their meals in their rooms.

- People's care records included assessments of their dietary requirements and food likes and dislikes. The chef had a very good understanding of people's dietary needs. They told us they spoke with people each day to request their meal choices for the following day. They said people could change their minds and have different meals when they wanted.
- A relative told us, "They watch my son's diet. He eats healthily, and everything is freshly prepared. They promote healthy eating. I can tell my son is very happy with the food."

Supporting people to live healthier lives, access healthcare services and support: Staff working with other agencies to provide consistent, effective, timely care

- Staff worked in partnership with GP's and other health and social care professionals to plan and deliver an effective service. A relative told us, "My son gets to see his GP and health care professionals when he needs to. He has a dental plan and the staff notify me about the outcome of any appointments."
- People's care records included evidence of regular contact with health care professionals for example, the GP, dentist and chiropodist. Records were made of individual health care appointments, the reason for the visit, the outcome and any recommendations.
- Information was available and shared with other health care services such as hospitals when this was required. People had care passports and health action plans which outlined their health needs for health professionals when they were admitted to hospital.
- A specialist behaviour practitioner told us, "The service is very good at seeking support from other professionals when needed, they engage well with this support and always implement recommendations." A social care professional commented, "The staff meet people's needs to a high standard and they liaise with the relevant health and care professionals when support is needed."

Adapting service, design, decoration to meet people's needs

- The service was suitably adapted to meet people's needs. Four people using the service were accommodated in a large building designed specifically for their needs. Four people lived in suitably adapted self-contained flats. People were encouraged and supported to decorate their own rooms and flats with items specific to their individual taste and interests.
- There was a large garden with fishpond, a trampoline and football nets for people to enjoy in the summer months.
- A specialist behaviour practitioner told us, "The service is excellent at making any necessary environmental adaptations to make the environment more suitable and safer for people using the service."

Ensuring consent to care and treatment in line with law and guidance

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 when this is in their best interests and legally authorised under the MCA. 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.

- Where people lacked capacity to make specific decisions for themselves, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- The registered manager demonstrated a good understanding of the MCA and DoLS. Where the supervising

body (the local authority) had authorised applications to deprive people of their liberty for their protection we found that the authorisation paperwork was in place and kept under review.

- Staff had completed MCA training. They told us they sought consent from people when supporting them and they respected people's decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were respected, and their diverse needs were considered. People's care plans included sections that referred to their cultural and religious backgrounds and relationships there were important to them.
- The registered manager and staff told us people using the service or their relatives had not expressed a wish for them to attend any faith services. They said the service celebrated events that people had expressed they enjoyed such as Christmas and Easter.
- Training records confirmed that staff had received training on equality and diversity. Staff said they were happy to support people with their diverse needs. One member of staff told us, "I would support people no matter what their backgrounds are. I have respect for everyone and I am happy to work across all boundaries just to make sure people get the support they need to be happy in life."

Supporting people to express their views and be involved in making decisions about their care.

- People and their relatives, where appropriate, had been consulted about the care and support they received. A relative told us, "I attend all of the care plan review meetings with my son. They [registered manager and staff] always ask me what I think about his care needs. They have my son's care and support plans down to a tee."
- This relative told us, "A big weight has been lifted of my shoulders since my son came here. The staff are brilliant. They are very caring and respectful towards him."

Respecting and promoting people's privacy, dignity and independence

- A relative told us, "My son is very content and happy. The staff give him his space to do his own thing when he needs it."
- Staff said they made sure people's privacy and dignity was respected by knocking on doors and asking people for their permission before entering their rooms. When providing people with personal care they explained to the person what they were doing as they went along and by asking if they were happy to continue.
- We observed staff knocking on people's doors before entering their rooms and speaking with them in a respectful and engaging manner.
- Staff maintained people's independence as much as possible by supporting them to manage as many aspects of their own care that they could. One member of staff told us most people could manage some of their own personal care however where required, they prompted people to maintain good hygiene.
- Staff made sure information about the people was kept confidential. We saw that information about people was stored in locked cabinets.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans that described their health and social care needs and included guidelines for staff on how to best support them. Care plans reflected the principles and values of Registering the Right Support. They referred to promoting people's independence and their inclusion within the local community. The care plans were kept under review and changed as people's needs changed.
- Care plans referred to people's behaviours [where appropriate] and detailed how people needed to be supported with these behaviours. For example, there were guidelines in place advising staff how to support people out in the community, using transport and with tasks within their home.
- Staff had a very good understanding of people's needs. They were able to tell us in detail about each person's individual needs and wishes and how people liked to be supported. For example, a member of staff told us how they supported a person with their personal care needs.
- A specialist behaviour practitioner told us, "The service provides people with high-quality person-centred care and exceptionally skilled support to meet their complex needs. Staff support people to live full and active lives." A social care professional commented, "People have built trusting relationships with the staff team, this has enabled them to feel safe and secure in their home and has led to positive changes around their individual support needs."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had individual weekly day care programmes. These included household tasks such as tidying rooms and preparing meals. The plans also detailed people's preferred activities. For example, one person went out daily for walks, for a drive, completed jigsaw puzzles and played football. People also accessed local community facilities such as the barbers, a day centre, swimming pool, bowling alley, restaurants and the cinema.
- People regularly went horse riding. A member of staff told us everyone enjoyed this activity. Some people rode on the horses and some people preferred to use horse drawn carriages. Everyone had bicycles or tricycles they used to travel around the grounds. The registered manager told us they planned to build a cycle path. People went to local disco's and clubs and held barbeques with their friends and family in the summer.
- People went a group holiday to Centre Parks each year. Some people also went on holidays with family members. Family members regularly visited people at home and people stayed with family members during holiday periods. For example, some people had planned to spend Christmas with their families.
- A specialist behaviour practitioner told us, "I have seen significant improvements in quality of life for the individuals I support. There has been an increase in activities with staff always being willing to try new

things. The service has also been able to support people on holiday which previously had not been achievable for some and everyone seems to have a great time on holiday."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's information and communication needs and assessed them. People's communication needs were identified, recorded and highlighted in their care plans.
- People currently using the service had complex communication needs. The registered manager told us some people could understand some of the information the service provided. For example, information such as the complaints procedure and service users' guide was provided in words and pictures. If required information could also be provided in different formats to meet people's needs, for example large print or different languages.

Improving care quality in response to complaints or concerns.

- The provider had a complaints procedure in place. The complaints procedure was available in formats that some people could understand.
- A relative told us, "I would talk to the registered manager or social worker if I needed to complain. However, I have never had any concerns because my son is very happy here."
- The registered manager told us they had not received any complaints since the last inspection. However, if they did, they would write to any person making a complaint to explain what actions they planned to take and keep them fully informed throughout.
- The registered manager told us they and staff knew people using the service well and would know if any person was not happy. They told us they would use the persons preferred method of communication [for example pictures or symbols] to establish why they were unhappy. They would also involve social or health care professionals if they felt there was a serious concern.

End of life care and support

- The registered manager told us no one currently using the service required support with end of life care. They said they would work with people, their family members and health professionals to make sure people were supported to have a dignified death. They told us a care plan for end of life would be developed when it was required.
- Although people's care records referred to their cultural and religious backgrounds there was no detail about their individual wishes at the end of their lives. During the inspection the registered manager introduced a section in people's care records that included their wishes for their end of life care. This section included people's cultural, religious and spiritual needs and any funeral preferences. We saw the registered manager had completed this for one person with support from a family member. The registered manager told us they had arranged to meet with other family members to discuss people's wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager told us the ethos of the service was to provide support and enhance a meaningful of life for people. They focussed on positive behaviours and encouraged positive outcomes.
- Throughout the inspection we observed examples of people being included and empowered to make decisions about their wishes and preferences. For example, we saw staff asking people to make choices about their care and about going out on trips.
- A relative told us, "My son is well looked after here. His quality of life has improved greatly since he came here. I am really happy with this service and I see my son is happy here too."
- A specialist behaviour practitioner told us, "The staff and registered manager are truly dedicated to providing the best quality of life for the individuals they support. Their family ethos and positive support has made such a huge difference to the people they support."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had a registered manager in post. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2014. They demonstrated good knowledge of people's needs and the needs of the staffing team. They were aware of the legal requirement to display their current CQC rating which we saw was displayed at the office and on the provider's website.
- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service.
- Staff were positive about how the service was run and the support they received from the registered manager. One member of staff said, "The registered manager helps us to do our jobs and is 100 percent supportive. He has an open door and I can talk to him anytime I need to." Another member of staff commented, "The registered manager is excellent, very helpful."
- The registered manager understood their responsibility under the duty of candour and were open, honest and took responsibility when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought people and their relatives' views about the service through annual surveys. We saw surveys completed by family members in September 2019. These indicated they were very happy with the

service provided. Comments included, 'This is a great home for our son', 'I am very happy with my son's care, I have no concerns whatsoever. My son seems very happy' and 'My compliments to the staff who go out of their way to be helpful.'

- Records showed that regular staff meetings were held to discuss the running of the service and to reinforce areas of good practice with staff. Areas for discussion at the most recent meeting included teamwork, spot checks, key working and Christmas arrangements for people using the service.

Working in partnership with others

- The registered manager worked effectively with other organisations to ensure staff followed best practice. They had regular contact with health and social care professionals and they told us they welcomed the professional's views on service delivery.

- A social care professional commented, "The service provides people with a stable environment and staff team. I have a good working relationship with the staff team and management."

- The registered manager told us they regularly attended provider forums run by the local authority where they learned about and shared good practice. They had introduced some of what they had learned into the service, for example, following a presentation from another provider they had installed electrical adaptations and underfloor heating that was safer for people to use. The registered manager had recently delivered a presentation at the provider forum on safe environments for young adults with severe challenging behaviours.

Continuous learning and improving care

- The provider recognised the importance of regularly monitoring the quality of the service. The registered manager undertook regular monitoring audits. These audits covered areas such as health and safety, infection control, incidents and accidents, care plans, medicines and complaints. The audits were up to date and showed actions were taken when shortfalls were identified. For example, following a recent health and safety check some light switches had been replaced.

- There were unannounced 'spot checks' which involved the registered manager checking on staff practice during night shifts. These showed that remedial actions were taken with staff when necessary to ensure that care was provided in the right way.

- The provider undertook regular three-monthly quality assurance visits to the service to monitor paperwork and carry out observations of practice. During the last visit the quality assurance manager spoke with staff, observed how people were being cared for and checked medicines audits and staff training.