

Adolphus Care Ltd

Adolphus Care

Inspection report

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Website: www.adolphus.org.uk

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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?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 27 and 28 April 2016 and the first day was unannounced. The last inspection of the service took place on 11 September 2013 when all the standards were met.

Adolphus Care provides supported living for twelve adults with various learning disabilities including autism, disabilities acquired through brain injury and for people with dual mental health / learning disability diagnosis. Supported living is accommodation where people have their own tenancies. Some people had self-contained accommodation and other people lived in shared accommodation. The service has capacity for 16 people in supported living. At the time of our inspection, 12 people were living in five supported living houses.

There was not a registered manager in post. The provider was in the process of making an application to become the registered manager until the post was recruited to permanently. 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.

Safeguarding and whistleblowing procedures were in place. Staff had undertaken safeguarding training and were able to recognise signs of abuse.

People who used the service had risk assessments to minimise risk and to support them to take positive risks around their chosen activities.

The provider followed safe recruitment procedures to ensure suitable staff were employed to work with vulnerable people.

Sufficient numbers of staff were deployed and had relevant training to meet the needs of people who used the service.

The service was person centred and we saw evidence that people who used the service were involved in decision making and contributed to their care plans. People were supported to follow their interests.

Staff understood the Mental Capacity Act 2005 and Deprivation of Liberty requirement that people had the right to make choices about their care.

People were supported to have access to healthcare services.

Staff were caring and listened to people who used the service.

People's privacy and dignity were respected.

People knew how to make a complaint.

People who used the service, staff and relatives told us the managers were approachable and they could raise concerns with them.

There were data management systems in place to monitor and improve service delivery.

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.

The service had systems in place to safeguard people from abuse including policies and procedures and appropriate staff training.

Care plans we looked at were appropriately completed with relevant risk assessments.

Safe recruitment procedures were followed to ensure suitable people were employed to work with vulnerable people.

Medicines were safely managed.

Is the service effective?

Good ●

The service was effective.

The staff had the training and support they required to assist people who used the service.

There was evidence of team meetings, supervisions and appraisals.

Staff understood the Mental Capacity Act 2005 and Deprivation of Liberty requirement that people had the right to make choices about their care.

People who used the service were involved in decision making.

People were supported to maintain healthy eating habits and to access healthcare as required.

Is the service caring?

Good ●

The service was caring.

People who used the service and their relatives told us staff were kind and caring.

Staff were familiar with peoples' needs and able to meet them in a caring manner.

People's privacy and dignity were respected.

Is the service responsive?

Good ●

The service was responsive.

People who used the service had individual, person centred care plans that addressed people's needs and wishes.

People engaged in a wide variety of activities of their choice.

People knew how to make a complaint and these were responded to.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The service did not have a registered manager in post, however the previous registered manager was acting into the post and the provider had begun to register as in interim measure.

People who used the service and their relatives told us the acting manager was approachable and listened to them.

Records for monitoring and auditing were maintained.

Adolphus Care

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.

The inspection took place on 27 and 28 April 2016 and the first day was unannounced.

The inspection team consisted of one inspector.

Prior to the inspection we looked at all the information we held on the service including notifications of significant events and safeguarding. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

During the inspection we visited the office and three supported living houses. We spoke with eight people who used the service. We also spoke with the provider, the acting manager and six staff members.

We reviewed the care files for five people who used the service and looked at ten staff files. We viewed the staff training matrix, recruitment procedures, team and managers' meeting minutes, supervision records, incident and accident records, complaints and records for quality assurance monitoring. Additionally we looked at medicines management for people who used the service.

After the inspection we spoke with two relatives of people who used the service and two external professionals to get feedback on their experience of the service.

Is the service safe?

Our findings

People told us they felt safe and could approach staff with any concerns. "I feel safe here and would talk to any staff." Relatives also told us they thought people were safe. One relative told us, "He's very safe."

Staff had undertaken safeguarding training and were able to recognise signs of abuse. They knew how to report concerns to management and how to escalate concerns to the local authority if necessary. Staff completed training both on line and in a classroom setting with the local authority. Policies and procedures, including safeguarding, were raised at team meetings. We saw evidence of safeguarding discussed in one to one supervision meetings.

The provider responded appropriately to allegations of abuse. We saw evidence of notifications made appropriately to the Care Quality Commission (CQC), the local authority and when required the police.

People who used the service had risk assessments in place. We saw guidelines developed for individual needs including what to do when a specific person went missing, money management, medication, personal safety, travelling, epilepsy and activity based risk assessments.

Staff knew the people who used the service and were able to explain various risks to people and how they were managed. All the staff highlighted the importance of supporting people by talking to them when they were agitated. Staff recognised they could not always prevent certain behaviours but were aware of how to support people who expressed their feelings in particular ways including supporting people with appropriate activities, liaising with other professionals and attending appointments with people. We saw minutes for safeguarding meetings regarding a person's behaviour and an up to date management behaviour plan that identified triggers, what helped and what made the behaviour worse.

The service had up to date whistleblowing and safeguarding policies to protect people from the risk of abuse. There was also a business continuity plan to respond to any emergencies.

Incidents and accidents were recorded electronically. The incident, staff action, outcomes and a debriefing were recorded. Incidents were highlighted on the IT system and incorporated into monthly summaries with the daily logs for each individual and reviewed by a senior member of staff.

The service had a financial guideline policy. Some people managed their own money and others were supported to by staff. We saw people who had support with finances had individual finance books and a record of receipts was kept. The service had responded to a previous incident of missing money by implementing a more robust process for securing money.

People lived in an environment which was clean and safely maintained. In one of the three houses we visited, we saw the fire alarms were tested weekly. The monthly health and safety checklist was last completed in March 2016 and included an inspection of the kitchen, all rooms in general, windows and furniture.

People and their relatives told us there were enough staff to appropriately support people using the service. The service had just undertaken a recruitment programme and had hired a number of new staff over the past three months. Staff said with the additional staff in place, they now thought staffing levels were adequate.

We looked at staffing rotas for three supported living homes. Rotas reflected the individual needs of people who used the service. We saw that some staff were doing long hours which raised concerns around alertness. The acting manager told us this was due to another member of staff's sickness absence and completing the recruitment programme and was not an ongoing arrangement.

The provider carried out pre-employment checks to ensure staff were suitable to work with people using the service. We reviewed ten staff files and saw evidence of application forms, interview questions and written tests, proof of identity, references and Disclosure and Barring Service (DBS) checks. Where necessary, the provider had checked evidence of the staff member's leave to remain and work in the UK. One member of staff told us they were asked scenario based interview questions and after the formal interview, they went to a supported living house, where people who used the service asked them questions.

Medicines were managed safely. In the houses we visited, only one person required support to take their medicines. Medicines were dispensed in dosset packs by the pharmacist and stored securely. The medicines administration record (MAR) was clearly printed and signed. Medicines were collected monthly from the pharmacy and if there was excess medicine there was a procedure for returning it to the pharmacy. All staff attended medicines training. Two staff checked the medicines as part of the handover, so any issues could be identified and addressed.

Is the service effective?

Our findings

People and relatives told us they thought staff had the skills to carry out their roles. People who used the service said, "They help me with everything." and "Anything I need they (staff) get it." Relatives told us, "The staffing team are pretty good." and "They support (relative) extremely well. (Relative) has improved dramatically."

We looked at ten staff files. Four of the ten staff had been employed between January and March 2016. We saw evidence of inductions including mandatory training for health and safety, safeguarding, Mental Capacity Act 2005 (MCA) and fire safety. A newer member of staff said they were provided with an eLearning account, induction booklet and shadowed a member of staff for two weeks. They told us shadowing across the service was "Worthwhile because I had experience with all the clients."

Staff were supported to develop good practice. The service maintained a training matrix indicating completed training and when refresher training was required. Staff told us they undertook training on line or could attend training with the local authority. Staff had had one to one supervision within the last three months and we saw evidence of annual appraisals.

The service had disciplinary procedures in place and we saw evidence that these had been carried out appropriately as required.

People who used the service, relatives and staff told us there was good communication in the service. One member of staff told us, "The teamwork is fantastic. If there is any emergency there is a protocol. If (I am) struggling with something I can approach other staff for support." A relative told us "I have the manager's number and I call him when I need to and he'll call back."

In houses that had a staff handover we saw a handover sheet that had a checklist for checking fridge/freezer temperatures, the environment in communal rooms and money and medicines that were managed by staff. Tasks to be completed on shift were also indicated.

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. The application procedures for community services would be via the local authority and the Court of Protection.

We checked whether the service was working within the principles of the MCA. No applications had been made to the Court of Protection via the local authority to deprive a person of their liberty. Staff we spoke

with told us they had received training in the MCA and had a reasonable understanding of the MCA and the deprivation of liberty including an awareness of the need for the least restrictive option. The acting manager advised people had their own keys and "Everyone can come and go as they please." We saw from care plans that people were involved in decision making. For example, risk assessments had been put in place to support people to enjoy activities of their choosing. Files contained signed consent forms for confidential items such as people's passports and money to be kept in the safe.

People who used the service either cooked independently or had support from staff to cook. Depending on individual situations, people had their own fridges and cupboards or shared with others which provided access to their food as and when they wanted it. People told us they could eat where they wanted to. Where required, staff encouraged people who used the service to buy food for a balanced diet.

People's files contained Health Profiles and we saw evidence of healthcare appointments they attended. One person had a specific plan for support with their health condition. People and their families told us, where appropriate, staff supported people to attend appointments.

Is the service caring?

Our findings

People told us the staff were caring and listened to them. "Sometimes they (staff) check on me to see if I'm doing alright. They knock on my door.", "They listen to everything I say." and "I can have a conversation with them – can have a laugh and a joke." One person said, "The best thing is I go out and see my friends all the time. I have to have my key and phone so staff can get a hold of me and I can enjoy being out with friends." Another person commented, "They're good. They help you to do things on your own like food shopping." A relative told us, "He's making decisions and asking for the support when he needs it. The difference in him is so much."

A professional explained that a person who used the service was going through a difficult time and staff supported the person who used the service through this challenging situation.

Files contained pen portraits that indicated likes and dislikes. All the staff we spoke with were able to identify people's individual needs, likes and dislikes and how they might manage people's specific needs. Staff told us, "Every client has different needs." We observed people who used the service coming and going as they pleased and making arrangements to meet with friends and family.

We saw evidence of people undertaking activities that promoted independence such as attending college or cooking with support. Several people worked at charity shops. A relative told us, "He has grown and matured. They're supporting him with independence."

We spoke to one person who advised they were moving from supported living to independent living and staff were working with them to get their new flat ready for them to move into. The person told us they were also planning a leaving party.

People were provided with accessible information. We saw easy read care plans and complaints procedures. People had the opportunity to talk about any issues in one to one key working sessions. People told us they attended house meetings and "Everyone gets to talk at them." and "It's about all tenants coming together and discussing whatever." Two people had advocates to support them.

People's privacy and dignity were respected. Staff had to knock on the front door of the supported living houses and did not just let themselves in. People had keys to their bedroom doors and told us staff knocked before entering their rooms. One person told us "It's alright. I have my room, darts board, PSV, TV and laptop and I can put a Do Not Disturb sign on my door."

Is the service responsive?

Our findings

People who used the service were aware of their care plans. One person told us they had a care plan and they told staff what they wanted in the care plan. Staff spoke with the person about their likes and dislikes and wrote it down. Other people said, "You do your care plan with them." and "It's just about my money and all that. They write down what I say."

We looked at five care files for people who used the service. Files were also kept electronically and we reviewed some information on line. Each person had an individual care file which contained a personal profile and addressed physical, medical and psycho-social needs. Each care plan indicated the current situation, desired outcome and the action required to achieve it. There was clear evidence of people's involvement with their initial care plans as some had sections hand written by the person who used the service. We saw easy read formats and some care plans had a visual step by step pathway plan for achieving goals. However we noted that when care plans were updated, this tended to happen on the electronic system which was not in an easy read format.

We saw guidelines for staff on how to manage individual behaviours. For example what to do if a specific person went missing or how to deescalate a situation if someone displayed aggression.

We saw evidence that people were involved in activities of their choosing. Two people who were football fans were supported to attend matches. People went to the gym, biked, played snooker, gardened and went out regularly with friends and family. Several people attended college and day services. One of the external providers said Adolphus was "Above average" and they dealt with any issues arising.

Staff completed daily logs of what people did during the day and these were compiled into monthly summaries to give senior staff an overview of what was happening in the service.

People and staff told us the care plans were reviewed but as they were being updated on the system, they were not always printed out and therefore not always signed by the person who used the service. We spoke to the acting manager about people signing reviews and they agreed reviews would be printed out and signed. We also saw that some people did not want to attend reviews but agreed to staff from Adolphus Care attending other agencies' reviews and these were recorded in the file.

People's bedrooms were decorated to individual tastes.

The service had a complaints procedure. Relatives told us they would speak directly to the manager if they wanted to complain. We saw copies of easy read complaint forms in people's files and every person we spoke with knew how to make a complaint. People who had made complaints told us these had been acted on. One person said, "In the house we have complaint forms to fill out." They clarified staff discussed the complaint with them and if the complaint was about another person who used the service, staff spoke with them as well.

We saw evidence that the service was able to respond and learn from incidents. For example a debriefing programme was created after a person with particular needs moved into the service, the way in which money was managed was improved after an alleged theft and maintenance issues were put on line and tracked by administrative staff to ensure issues were responded to in a timely manner.

Is the service well-led?

Our findings

The service had not had a registered manager in place since April 2015. The previous registered manager moved to a new post within the service and a new manager was employed with the intention they would become the registered manager. However, they left the service before registering and although the post had since been advertised, there were no successful candidates. The provider had begun the process of becoming the registered manager in the interim until an appointment could be made to the manager's position.

The impact on people who use the service was minimal as the previous manager stepped back into post. The provider wrote to the people who used the service to explain the situation and assured them of continuity of care. We saw evidence that the provider, the acting manager and a Senior Care Staff member met weekly to ensure that continuity of care.

People, their relatives and staff told us the management team was approachable. Staff advised, "They're always here. If you need something, they will listen.", "We are free to call them at any time." A relative told us, "(Managers) are fabulous. They are really approachable. They do act quickly."

The service asked stakeholders for feedback through annual surveys. We saw three surveys completed in 2015 from family and friends, employees and people who used the service. The survey results were positive for all three groups. Eight out of twelve people who used the service completed surveys and the collated results were displayed in a communal area for people to see. Under each heading the provider had said what action they would take.

The acting manager reflected that the service had moved from supporting people with moderate needs to people with more complex needs and when making changes to the service it was important to "take staff with you" and "involve everyone right from the word go". This was achieved through regular team meetings to keep people informed of changes.

We saw minutes for staff meetings held in January and April 2016. Various policies and procedures were discussed and staff contribution to the meeting was evident. One staff member told us team meetings were "quite an open forum. People do speak and are able to speak." We also saw minutes of weekly managers' meetings which kept the three most senior managers informed of the service. The provider told us "we try to focus on improvement" and there was evidence of discussion around people who used the service, staff supervision and policies.

The service had monitoring and auditing forms. An external auditor provided feedback three times a year. Monthly checks included a health and safety check, a maintenance audit on line and a petty cash audit on line. We saw procedures for ensuring people's money was safely managed including tenant and kitty monies being checked when staff changed shifts.

We saw medicines were administered to one person. The Senior Care Staff member told us they audited the

medicines once a week but there was no formal record of this. However, they stated they would implement one.

The service liaised with a number of other professionals and agencies including a psychologist, nurse practitioner, GP, podiatrist, social workers, day services, colleges and drug and alcohol services. We saw evidence of contact with professionals through daily logs and reviews indicating people were receiving the support they required to maintain good physical and mental health.

The acting manager told us they attended conferences and several local authority provider forums about once a month to keep up to date with new legislation, guidance and best practice. The acting manager also kept informed through Community Care, on line updates and discussion with colleagues.