

Adelphi Care Services Ltd

Highbury 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

Highbury House is a residential care home providing personal care to adults with learning disabilities and autism. The service is made up of three separate houses next door to each other. The service accommodates up to 11 people there were eight people using the service at the time of this inspection.

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 and what we found

People had their needs assessed prior to living at the home. They had detailed care plans that reflected their individual needs, preferences and daily routines. Care plans were reviewed regularly to make sure they were up to date. People received support from regular staff that knew them well and had developed positive relationships with them. Staff were kind, caring and compassionate.

Safe recruitment practices were in place and all staff had completed a thorough induction into their role. Staff received ongoing training and support for their role. People were supported by the right amount of suitably skilled and experience staff.

Risks to people had been identified and clear guidance was in place to minimise risk. People were protected from the risk of harm and abuse. Staff felt confident to raise concerns about abuse and had all completed training.

People had access to activities of their choice within the home and in the community. People spoke positively about the activities and also told us they went away on holidays if they wanted to. People were encouraged to maintain contact with friends and relatives.

Medication was managed safely by trained and competent staff. Staff had access to medicines policies and procedures as well as best practice guidelines. Medication administration records (MARS) were fully completed and regularly audited to identify any areas for development and improvement. Staff had received infection control training and understood how to minimise the risk of infection being spread.

People's privacy and dignity was respected, and their independence promoted. People were positive about the staff and management team. We observed many positive interactions between people and the staff that supported them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 25 October 2016)

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.

Highbury 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

The inspection was carried out by one inspector.

Service and service type

Highbury 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 unannounced on the first day and announced on the second day.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service. We observed people being supported by staff within communal areas of the home as not all people could talk to us. We spoke with six members of staff including

the registered manager, the regional manager, deputy manager, team leader and support staff.

We reviewed a range of records that included three people's care plans and multiple medication records. We looked at four staff files in relation to recruitment and supervision. We looked at training records for all staff. We reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who regularly visits the service. We spoke with one relative by telephone.

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

- A safeguarding policy and procedure was in place and all staff had received safeguarding training with regular refresher updates.
- Staff were familiar with the safeguarding procedures and felt confident to raise any concerns they had. Comments included; "I feel I have had sufficient training to recognise abuse and act promptly" and "I have previously raised concerns and wouldn't hesitate to do so again."

Assessing risk, safety monitoring and management

- Comprehensive risk assessments were in place that included guidance for staff on how to manage and reduce the level of risk.
- Risk assessments were reviewed regularly to ensure they remained up-to-date .
- Regular safety checks were carried out on the environment and all equipment used.
- Each person had a personal emergency evacuation plan (PEEP). Emergency checks were regularly undertaken, and clear emergency procedures were in place.

Staffing and recruitment

- Recruitment procedures were safe. Pre-employment checks were carried out on all staff before they started employment.
- Appropriate numbers of trained staff were employed to meet the needs of the people supported.

Using medicines safely

- Medicines were administered by trained staff that had their competency regularly assessed.
- Staff had access to policies and procedures, as well as best practice guidance to support them when administering medicines.
- Medication administration records (MARS) were in place, held sufficient information and were fully completed. Regular medication stock counts and audits were undertaken to ensure people received their medicines safely. Areas identified for development and improvement were promptly addressed and actioned.

Preventing and controlling infection

- Systems were in place to safely manage and control the risk of infection being spread.
- All staff had received infection control training and followed good practice to minimise the risk of the spread of infection.

Learning lessons when things go wrong

- There was a system in place for the recording and monitoring of accidents and incidents. These records were reviewed by the registered manager and provider. This ensured that actions were promptly taken to identify trends and patterns and reduce future risk.
- Staff told us that the registered manager held debrief meetings following significant incidents at the service. They told us this was done in a supportive way and to share experiences and promote lessons learned for future practice.

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

- People's needs were fully assessed, taking in to account their physical, mental and social care needs prior to being supported at the service.
- People, relatives of their choice, as well as health and social care professionals were fully involved in the assessment and planning of people's care.
- Care plans provided staff with clear guidance about people's needs, the intended outcome and how it was to be achieved.

Staff support: induction, training, skills and experience

- Staff had completed a full induction at the start of their employment and also undertook shadow shifts.
- All staff had undertaken training to meet the requirements of their role and to meet people's individual needs.
- Staff received regular support and supervision.
- A healthcare professional told us the staff knew people well and had the right skills and knowledge to support them. A relative commented; "The staff know what they are doing and seem very competent."
- People were supported by regular staff that knew them well. Staff had a good understanding of people's individual needs through the positive relationships they had developed.

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

- People were supported to eat and drink in line with their assessed dietary needs and personal preferences.
- Staff were familiar with people's individual dietary requirements and supported them well.
- People spoke positively about the food and drink. Their comments included; "I can have a drink or snack at any time, day or night", "I like a roast dinner" and "I choose what I want to eat."

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

- People were supported to attend healthcare appointments. All appointments were clearly recorded to ensure staff had access to the most up-to-date information.
- People had access to local advocacy services to ensure their views were represented.
- Positive feedback had been received from a selection of healthcare professionals. Comments included; 'As a professional team we all pulled together to get the best outcome for [Name]' and 'It has been a pleasure working with such knowledgeable and dedicated staff.'

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

- People told us they had chosen the décor for their bedrooms.
- The layout of the home supported people's freedom of movement. Signage was in place to assist with people's orientation.

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.

- The registered provider was complying with the principles of the MCA. People's mental capacity had been assessed and they were not unlawfully restricted.
- Staff had completed training and understood the principles of the MCA.
- Staff fully understood that they could not deprive a person of their liberty unless it was legally authorised. Staff described seeking consent before undertaking any tasks when they supported people.

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 treated with kindness, respect and compassion. Their comments included; "[Staff names] are fun and I like it when they support me," "[Staff Name] is funny and makes me laugh" and "I can always talk to [Staff Name] if I am worried."
- Recent compliments from professionals included; 'Thank you for the support and dedication you have shown [Name]', 'It has been a pleasure working with a team that has shown such compassion and dedication during a really stressful situation' and 'It has been a pleasure to work with such a responsive and committed staff team.'
- Staff had completed equality and diversity training and understood the importance of treating people in a way they preferred.

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

- People told us that the management team and staff always asked them if everything was okay. Comments included; "[Manager Name] always checks that I am okay. We have a good chat" and "Staff always pass on any worries I have to the manager and they sort it out."
- Feedback sheets were produced in different formats including pictures and symbols to support people to offer their views about the service, staff team and the support they received.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Feedback from a social care professional included; "The manager and staff did everything they could for [Name] and respected their rights and dignity at all times."
- Staff ensured people's confidentiality was maintained. Personal information was stored securely and only accessed by authorised staff. Information was protected in line with General Data Protection Regulations (GDPR).
- People's independence was respected and promoted. People told us that staff encouraged them to do as much as possible for themselves.
- People told us they were always offered choice. Their comments included; "I choose where I go on holiday each year and which staff go with me", "Sometimes I choose to do nothing and that's fine" and "Staff always ask me which DVD I would like to watch."

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's care plans were detailed and held sufficient information and guidance for staff to be able to meet their preferred needs.
- People were supported by regular staff who understood their likes, dislikes and daily routines.
- Each care plan file had a profile page that overviewed essential information that the person wanted staff to know about them. This included their likes, dislikes, things that are important, dates to remember and communication needs.

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.

- Staff understood how people communicated and used appropriate methods when communicating with them.
- Information was available to people in a format they could easily access and understand.

Supporting people to develop and maintain relationships to avoid social isolation

- People accessed the community and participated in many activities of their choice. Comments included; "I like music and watching the television", "I am going away on holiday with my staff and I am so excited", "I like going to the coffee morning and meet with my friends" and "I enjoy the Makaton choir." Makaton is a language programme using signs and symbols to help people with a learning disability, communicate.
- People were supported and encouraged to maintain contact with friends and relatives. One person said their mum visited every week and another said they went out for a pub lunch with family regularly.
- A relative told us they could visit at any time and were always welcomed by staff.

Improving care quality in response to complaints or concerns

- The registered provider had a complaint policy and procedure in place that was available in different formats that ensured they were accessible to all people living at the service.
- People and their relatives told us they knew how to raise a complaint and thought they would be listened to.
- Complaints were investigated and responded to in line with the complaints policy.
- People and their relatives were actively encouraged to share their views about the service through regular

contact with the management team.

End of life care and support

- People's end of life wishes and preferences were recorded within their care plans.
- At the time of our inspection, nobody was receiving end of life care.
- Staff understood the importance of providing end of life care that was tailored around each person's individual wishes and preferences. Staff described how they would support people to have a comfortable, pain free and dignified death.

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 management and staff team had developed positive relationships with the people they supported.
- People and staff spoke positively about the management team. Their comments included; "I like the manager, he is fun", "The manager always makes time to listen to any worries or concerns" and "I have every confidence in the management team, they are approachable and responsive."
- The provider had up-to-date policies and procedures in place to promote safe and effective care for people. Staff had access to best practice guidance to support them to fulfil their roles.
- The staff and management team were committed to delivering care and support to meet people's individual needs and preferences to maximise their quality of life.

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 registered manager knew their responsibilities in line with regulatory requirements. They knew to notify CQC of incidents and events that occurred at the service and on the providers website as required by law.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff team fully understood their responsibilities for ensuring that risks were identified and mitigated where possible. Risks to people's health, safety and well-being were effectively managed through the ongoing monitoring and reviews at the service.
- The staff team had clear roles and responsibilities within the service that they understood.

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

- Staff attended team meetings and told us their views were welcomed for ideas to further develop and improve the service.
- People were invited to meetings. These were an opportunity for people to share their experiences and put forward requests and ideas for changes at the service.

Continuous learning and improving care

- The registered manager and staff team had all received training for their roles and completed regular

refresher updates so their practice remained up-to-date.

- There were clear processes in place to learn from concerns and complaints raised by people and others.
- Regular audits were completed across all key areas of the home by the registered manager and provider. Areas identified for development and improvement were addressed through action plans.
- People's care plans, risk assessments and medication records were regularly reviewed for accuracy. Actions were promptly taken when areas for improvement were identified.

Working in partnership with others

- The registered manager and staff team worked closely with other agencies to ensure positive outcomes for the people supported. This included working with health and social care professionals and commissioners so that people received person centred care and support to meet their individual needs.
- People had established positive links within the local community.