

# Healycare Limited

# Adam House

## Inspection report

21 Ormerod Rd  
Burnley  
Lancashire  
BB11 2RU

Date of inspection visit:  
03 March 2016

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11 May 2016

### Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

The inspection was carried out on 2 and 3 March 2016. The first day of the inspection was unannounced.

Adam House provides accommodation and support for up to six people with mental ill health. The home is a large terraced house situated a short distance from Burnley town centre. There is a lounge and a dining kitchen. There are single and shared bedrooms. There is an enclosed yard to the rear of the home. The aim of Adam House is to provide a 'Step Up' (progression to greater independence) service as a part of an individual care package and rehabilitation programme.

At the time of the inspection there were no people accommodated at the service. However the facilities were being accessed during the day by one person accommodated at the provider's neighbouring registered service Healy House. This was as a part of the person's individual care package and rehabilitation programme. The programme of rehabilitation at the service included scope for people to work towards living in the accommodation independently with minimal support. There was potential for other people accommodated at Healy House to access Adam House in the future; we therefore took some of their views into consideration.

The service was managed by a registered manager. 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.

At the last inspection on 6 February 2014 we found the service was not meeting all the standards assessed. The provider had not ensured the premises were suitable and safe. Following the inspection we received an action plan from the provider which told us they would be compliant with the requirements by 13 March 2016. We also received documentary evidence to confirm specific safety checks had been carried out by a qualified contractor. We then carried out a review of the information and found the service was meeting all the standards assessed.

The people we spoke with indicated satisfaction with the care and support they experienced at Adam House. One person said, "It's okay."

We found arrangements were in place to help keep people safe and secure. Risks to people's well-being were being assessed and managed. People using the service had no concerns about the way they were supported. They told us they felt safe at the service, one person said, "Things are fine."

Staff were aware of the signs and indicators of abuse and they knew what to do if they had any concerns. Appropriate character checks had been completed before new staff started working at the service.

Arrangements were in place to maintain appropriate staffing levels. There were systems in place to ensure

all staff received regular training and supervision. We found some training was overdue but action had been taken to address this.

Staff responsible for supporting people with medicines had completed training and further training was being arranged. This had included an assessment to make sure they were competent in this task.

The service was working within the principles of the Mental Capacity Act 2005. We found people were supported to make their own decisions and choices.

People were supported with their healthcare needs and medical appointments. Changes in people's health and well-being were monitored and responded to.

People were actively involved with planning, preparing and cooking meals. This meant they could make choices on the meals provided and develop their independence skills.

We received positive comments about the care and support people received from staff. We observed some positive and respectful interactions. A social worker/care coordinator said, "The approaches I have observed from staff to service users have been positive. They have always been engaged with them." People's privacy and confidentiality was respected.

There was a focus upon promoting independence and developing skills. There were detailed care records, describing people's individual needs and choices. This provided clear guidance for staff on how to provide support.

The care planning process identified long and short term goals and learning objectives. This helped to promote people's independence, skill development and confidence building. People's well-being and skill development was monitored and reviews of their needs were held regularly.

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

Adam House had a management and leadership team to direct and support the day to day running of the service. We found there were systems to check and monitor the service. There were systems in place to consult with people about their experience of the support provided.

## 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.

Staff recruitment included all the relevant character checks. There were enough staff available to provide safe care and support.

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

Risks to people's wellbeing and safety were being assessed and managed.

Processes were in place to maintain a safe environment for people who used the service.

### Is the service effective?

Good ●

The service was effective.

People were encouraged and supported to make their own choices and decisions.

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

People's health and wellbeing was monitored and they were supported to access healthcare services when appropriate.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA).

People were supported to eat healthily; their meal choices and dietary needs were known. They were actively involved in planning, preparing and cooking meals.

### Is the service caring?

Good ●

The service was caring.

People made positive comments about the kind and friendly

attitude of staff. We observed friendly and respectful interactions between people using the service and staff.

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

People were supported in a way which promoted their privacy and dignity.

There was a focus upon promoting independence and confidence building.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Processes were in place to find out about people's individual needs, abilities and preferences.

People were involved with planning and reviewing their support and progress.

Processes were in place to monitor, review and respond to people's development needs and preferences.

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

### **Is the service well-led?**

**Good** ●

The service was well-led.

The service had a registered manager who provided leadership and direction and was committed to the continuous improvement of the service.

The staff team were enthusiastic and were aware of their role and responsibilities.

There were systems in place to consult with people and to monitor and develop the quality of the service provided.

# Adam House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 2 and 3 March 2016. The first day of the inspection was unannounced. The inspection was carried out by one adult social care inspector.

We reviewed the information we held about Adam House, including statutory notifications received from the service, complaints, safeguarding information and previous inspection reports. We also spoke by telephone with a social worker/care coordinator.

We used a number of different methods to help us understand the experiences of people who used the service. During the inspection we spent time in the company of the people who used the service. We observed how people were supported. We spoke with one person who used the service. We talked with three support workers, a senior support worker, the provider and the registered manager.

We looked round the premises. We looked at a sample of records, including three care plans and other related documentation, two staff recruitment records, medicines records, meeting records and monitoring and checking audits. We also looked at a range of policies, procedures and information about the service.

# Is the service safe?

## Our findings

The people we spoke with indicated they felt safe at the service. One person told us, "Things are fine."

We looked at how the service protected people from abuse and the risk of abuse. We found people's individual vulnerability was assessed and responded to in their care records. There were also individual contact agreements which outlined health and safety matters and visiting arrangements, for the protection and well-being of people using the service.

We discussed the safeguarding procedures with staff and the registered manager. There had not been any safeguarding incidents at the service in the last 12 months. However, information we held about the service indicated any safeguarding matters were effectively managed and appropriately reported, for the wellbeing and protection of people using the service. Staff spoken with expressed a good understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice. One support worker told us, "I would report any abuse to the manager, or higher, to the police or social services." Staff said they had received training and guidance on safeguarding and protecting adults. The service had policies and procedures to support an appropriate approach to safeguarding and protecting people.

We looked at how risks to people's individual safety and well-being were assessed and managed. People had been involved with assessing risks. We found a range of individual risk assessments and risk management strategies were in place to promote independence and guide staff on how to manage and minimise risks to people's wellbeing and safety. The risks assessed included, compliance with medicines, insight into illness, self-harm, smoking, social skills, physical and verbal aggression, malnutrition and accessing the community. The risk management strategies seen, reflected people's specific needs, behaviours and preferences. They included 'signs and triggers' to promote a proactive approach to monitoring and responding to specific changes. Processes were in place to appropriately review and update risk assessments. One support worker commented, "We keep familiar with the risk assessments, they are constantly updated."

We looked at how the recruitment procedures protected people who used the service and ensured staff had the necessary skills and experience. There had not been any new employees for over 12 months; however we examined the recruitment records of the two most recently employed staff. The recruitment process included candidates completing a written application form and attending a face to face interview. We noted a person who used the service had been involved with the interview process, which meant they had a say on who was selected. Records had been kept of the applicant's response to interview questions. The required character checks had been completed before staff worked at the services and these were recorded. The checks included an identification check, a physical and mental health review, clarification about any gaps in employment and obtaining written references from previous employers. A DBS (Disclosure and Barring Service) check had been completed. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. The service had introduced a process of annually requesting staff to declare any convictions. This would ensure any risks to people's wellbeing and safety are appropriately managed as part of the service's

disciplinary procedures.

We looked at how the service managed staffing levels and the deployment of staff. At the time of the inspection staffing arrangements were managed within the rota system at the provider's service Healy House. We looked at the staff rotas, which indicated processes were in place which aimed to maintain consistent staffing arrangements when people were being supported at Adam House. One support worker commented, "I think we have enough staff at present." The registered manager explained the arrangements in place for ensuring the staffing levels were maintained and kept under review. The registered manager indicated staffing arrangements would be reviewed as part of the rehabilitation programme when people used the service.

We looked at the processes in place to maintain a safe environment for people who used the service, visitors and staff. We found health and safety checks were carried out on a regular basis. Records showed arrangements were in place to check, maintain and service fittings and equipment, including gas and electrical safety and fire extinguishers. We found fire safety risk assessments were in place. Fire drills and fire equipment tests were being carried out on a regular basis. Kitchen hygiene checks were carried out. We found the service to be clean and free from unpleasant odours.

We looked at the way the service supported people with their medicines. At the time of the inspection, people accessing Adam House were not supported with medicines when they used the service. However the registered manager confirmed this approach would be kept under review in response to people's individual needs and abilities. Facilities were available to ensure medicines could be stored safely and securely.

Staff had access to a range of medicines policies, procedures and nationally recognised guidance which were available for reference. Information leaflets were available on prescribed items. Staff responsible for administering medicines had previously completed training and 'in-house' refresher training. Further medicine management training was being arranged with the contracted pharmacy. Practical assessments had been completed of staff's skills and competence in administering medicines. However the registered manager said her own competence had not been assessed for some time and therefore took action in response to this matter during the inspection visit.



## Is the service effective?

### Our findings

The people we spoke with indicated satisfaction with the care and support they experienced at Adam House. One comment was, "It's okay." A social worker/care coordinator told us, "I think the service is effective. I have been suitably impressed."

We looked at the way the service provided people with support with their healthcare needs. We found people's healthcare needs were identified and managed. There were 'okay health checks' and 'staying well plans' in place. The monitoring of people's general welfare, emotional needs and mental health was included within the care plan process. This meant support workers could identify any areas of concern and respond accordingly.

During the inspection, we observed examples where staff consulted with people on their individual needs and preferences and involved them in routine decisions. We found care records included signed contracts which outlined the terms and conditions of residence. These had been signed in agreement by people using the service. Similarly, people had also signed in agreement with their care plans and reviews. Each person had a capacity screening assessment in place which highlighted their ability to make their own choices and decisions along with any support they may need.

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 the 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 this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty were being met. Records and discussion showed that staff had received some training on this topic. Staff spoken with indicated an awareness of the MCA, including their role to uphold people's rights and monitor their capacity to make their own decisions. They said they would report any concerns or changes in people's ability to make decisions to the registered manager. People's capacity to make decisions and choices was screened within the care planning process. The service had policies and procedures which aimed to underpin an appropriate response to the MCA 2005 and DoLS.

We looked at how the service supported people with their nutritional needs. The care planning process took into consideration people's dietary needs, food preferences, likes and dislikes. Processes were in place to assess and monitor people's nutritional and hydration needs. Nutritional screening assessments had been carried out, food diaries were kept and people's weight was checked at regular intervals. This helped staff to monitor risks of malnutrition and support people with their diet and food intake.

People using the service were actively involved with planning, preparing and cooking meals as part of their individual skill development. Support workers spoken with had an awareness of nutrition and healthy eating. They described the support they provided people with in relation to food, diet, meal preparation and cooking. Staff had received some 'in-house' training on nutrition and food hygiene.

We looked at how the service trained and supported their staff. Processes were in place for new staff to complete a six week induction training programme. The induction training had been developed to incorporate the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers adhere to in their daily working life. We found arrangements had been made for all existing staff to complete the Care Certificate as 'refresher' training.

Staff spoken with told us about the training they had received and said that training and development was ongoing at the service. We looked at records which showed processes were in place to identify and plan for the delivery of suitable training. The training programme included: infection control, food hygiene, protection of vulnerable adults, mental capacity and fire safety. We noted some training, including first aid and medicines management was overdue. However we found the provider and registered manager had already identified and responded to this shortfall. We also noted some staff had not yet received certificates confirming they had completed the training modules; the registered manager was pursuing this matter with the provider.

The service supported staff as appropriate, to attain recognised qualifications in health and social care. The majority of staff had attained a Level 2 or 3 NVQ (National Vocational Qualification) in health and social care. Two were working towards a level 3 QCF (Quality and Credit Framework) diploma in health and social care the registered manager had commenced the QCF diploma level 5.

Staff told us they received regular one to one supervision and ongoing support from the registered manager. This provided staff with the opportunity to discuss their responsibilities and the care and support of people who used the service. We saw records of staff supervisions confirming this process was in place. We found the programme of staff supervision included an appraisal of the staff members work performance and a review of their training needs. One support worker told us, "Supervisions are spot on. The appraisal is useful in providing a good opportunity to communicate about things at work."

We looked around the premises and found the standard of the accommodation to be satisfactory. We noted new some furniture had been provided in the lounge. The bedrooms were not all fully furnished and some matters would require attention prior to people being accommodated for longer periods, including overnight. However the registered manager had already identified these as areas for improvement and confirmed people would not be accommodated at Adam House without suitable furnishings and equipment.

## Is the service caring?

### Our findings

People spoken with made positive comments about the staff team at Adam House. They indicated staff were friendly and kind. A social worker/care coordinator said, "The approaches I have observed from staff to service users have been positive. They have always been engaged with them." One staff member told us, "We treat people as they deserve to be treated. How we would wish to be treated."

Staff spoken with were aware of their role in promoting privacy. They said privacy matters were routinely discussed with people using the service. Staff also expressed a good understanding of maintaining confidentiality of information. One told us, "We make sure confidentiality is promoted in practice."

People were supported to do as much for themselves as possible. For some people this could include confidence building to promote their independence and skill development. Staff understood their role in providing people with person centred care and gave examples of how they supported people and promoted their independence and choices. We found the care planning process identified long and short term goals and learning objectives. This helped to reinforce the focus on promoting independence, skill development and confidence building. We did discuss with the registered manager and staff, further ways of constructively involving people with day to day matters as part of their ongoing development.

Staff spoken with were knowledgeable about people's individual needs and backgrounds. People using the service were linked with a named staff member who had responsibility for overseeing aspects of their care and support. They told us they were familiar with the content of people's care records. Staff understood their role in providing people with person centred care and gave examples of how they supported people and promoted their independence and choices.

We noted each person's care file contained information which highlighted their individual needs, abilities, matters of importance to them and how they could best be supported. There was a 'care profile' which included a summary of the person's background history, their diagnosis and interpersonal relationships. The service had policies and procedures to underpin a caring ethos, including around the promotion of dignity, privacy and confidentiality.

People who used the service had access to information. This included: fire safety, complaints processes, information about human rights, a statement on rehabilitation and details of the local advocacy agency. Advocates are independent from the service and provide people with support to enable them to make informed decisions. The registered manager indicated the guide to the service was due to be reviewed to provide more up to date information.

## Is the service responsive?

### Our findings

We looked at the way the service assessed and planned for people's needs, choices and abilities. At the time of the inspection, the people who used the service were accommodated at the provider's nearby property Healy House. Their access to Adam House for skill development and rehabilitation was considered and assessed as part of their individual care package agreement. A social worker/care coordinator told us, "It's a community setting balanced with a structured approach. There has been a recent gradual introduction to Adam House."

The registered manager described the service's referral and assessment process. This involved gathering information from the person and other relevant sources, including the person's care coordinator/social worker and psychiatrist. We looked at the assessment records of the people most recently admitted to the service and found they covered a wide range of needs, abilities, choices and behaviours. The assessment resulted in the proposed initial care plan. This identified specific goals, agreed actions and those responsible for providing a response.

We looked at two people's care and support plans and other related records. This information identified people's needs and provided in-depth and detailed guidance for staff on how to respond to them. The care and support plans were underpinned by a series of risk assessments and included people's preferences and instructions for staff about how they wished their support to be delivered. There was an emphasis in the care planning process on proactively responding to individuals, promoting their well-being and developing their skills. One social worker/care coordinator said, "I have been impressed with the care plans. I have been surprised with the progress made."

We found the care planning process identified long and short term goals and learning objectives. There were specific individual schedules to support and monitor the programme of rehabilitation. This helped to reinforce the focus on promoting independence, skill development and confidence building. We did discuss with the registered manager and staff, further ways of constructively involving people with day to day matters as part of their ongoing development.

Staff spoken with expressed a practical awareness of responding to people as individuals and promoting their rights and choices. They told us the care plans were useful and informative, they said they had access to them during the course of their work. One staff member told us, "The care plans are always available and full of information."

Records and discussions showed people's individual needs and circumstances were monitored and kept under review. The social worker/care coordinator spoken with indicated the service was responsive to changes in people's health and well-being. They said, "They respond to things well and keep in touch on any changes and updates." There were processes in place to monitor and communicate people's individual welfare and circumstances. Records were kept of their daily living activities, their emotional health and well-being and the support provided to them. There were also additional monitoring records as appropriate, for example relating to specific behaviours and other identified needs. We found systems were in place to

review people's needs each month and six monthly. This enabled staff to monitor and respond to any changes in a person's needs and well-being.

We looked at the way the service managed and responded to concerns and complaints. People who used the service had access to the provider's complaints procedure. This provided guidance on making a complaint. The procedure was written in a proactive style and gave an indication of how complaints would be managed, including the expected timescales for the investigation and response. Reference was made to raising concerns with the CQC (care quality commission) and the appropriate contact details were noted. However, other organisations that may offer support with making complaints, such as the local authority and local government ombudsman had not been included. The registered manager agreed to update this information. There were complaints forms available for people to use. Staff spoken with expressed an understanding of their role in supporting people to make complaints and how to respond to them.

# Is the service well-led?

## Our findings

People spoken with had an awareness of the overall management structure of the service. They did not express any concerns about how the service was managed or the leadership arrangements. A social worker/care coordinator spoken with said, "I have been impressed with the management." A member of staff said, "I think it's well managed and as organised as well as it can be."

There was a manager in post who had been registered with the commission since July 2015. The registered manager had responsibility for the day to day operation of the service and was also registered to manage Healy House. Throughout the inspection she expressed commitment to the ongoing improvements and explained the plans in place to develop various systems and processes. The registered manager was qualified, competent and experienced to manage the service effectively and was undertaking QCF (Quality and Credit Framework) diploma in health and social care level 5.

There was a management team in place which included the registered manager and senior support workers. There was additional management support from the providers and another registered manager within the Healy Care organisation. One staff member commented, "There is always a manager around." All the staff spoken with considered the registered manager was approachable. Management meetings were held within the Healy Care organisation. The registered manager had formal supervision sessions with the provider and there was the opportunity for informal discussions with the provider each week.

We found there were some auditing systems in place to check and monitor the service. The registered manager showed us the records of various check being carried out. These included health and safety checks and the general monitoring of systems and practices.

At the time of the inspection, the processes in place to seek people's views on their experience of the care and support they received at Adam House, were combined within the consultation arrangements at Healy House. People had the opportunity to express their views and opinions during their review meetings and there were house meetings held at Healy House. We found a survey had been carried out with people using the service in January 2016. The registered manager had evaluated the responses which we noted had all been positive. The registered manager said there was an 'open door policy' at the service, to promote ongoing communication, discussion and openness.

A staff survey had been carried out in February 2016 and the registered manager was in the process of evaluating and responding to the results. The registered manager also explained that action was being taken to ensure surveys were also being sent to other stakeholders such as families, social workers and care coordinators. This would provide further feedback on the service and highlight any areas for development.

The service's vision and philosophy of care was reflected within the statement of purpose. New staff were made aware of the aims and objectives of the service during their induction training. We found staff were enthusiastic and positive about their work. One staff member commented, "Team work is definitely better here, everyone gets on well." They were well informed and had a good working knowledge of their role and

responsibilities. There were clear lines of accountability and responsibility. Staff had been provided with job descriptions, contracts of employment and had access to policies and procedures which outlined their roles, responsibilities and duty of care.

Staff confirmed there were daily communication meetings and regular staff meetings. They said, "There are handover meetings at the beginning and end of each shift, around service users and whatever is happening," "The manager listens; they have followed up on ideas," "We are encouraged to put forward what we believe are improvements for the business" and "We can speak our minds and we do." Staff spoken with were aware of the service's 'whistle blowing' (reporting poor practice) policy and expressed confidence in reporting any concerns.