

Key inspection report

Care homes for adults (18-65 years)

Name:	Adams House
Address:	Willowbridge Lane Sutton in Ashfield Nottinghamshire NG17 1DS

The quality rating for this care home is:	two star good service
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A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:
Lesley Allison-White	2 8 0 7 2 0 0 9

This report is a review of the quality of outcomes that people experience in this care home. We believe high quality care should:

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars – excellent
- 2 stars – good
- 1 star – adequate
- 0 star – poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area

Outcome area (for example: Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

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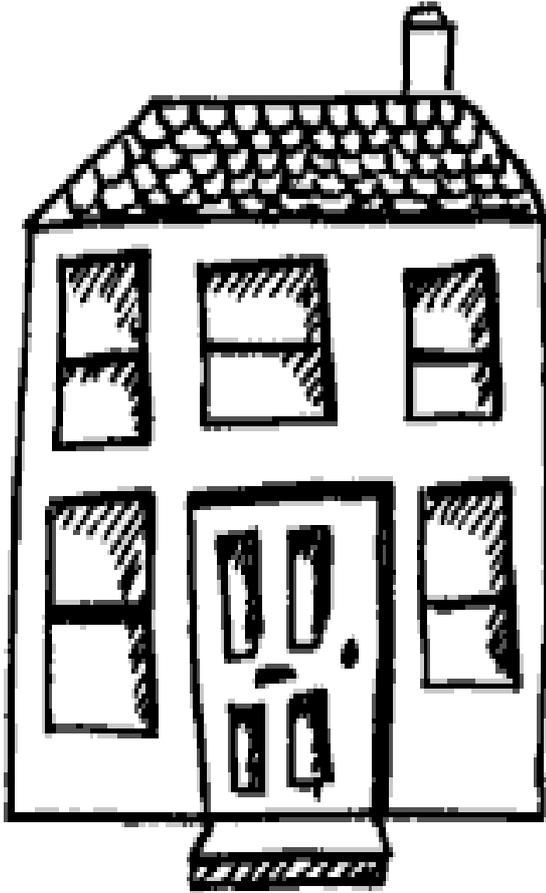
Information about the care home

Name of care home:	Adams House
Address:	Willowbridge Lane Sutton in Ashfield Nottinghamshire NG17 1DS
Telephone number:	01623559009
Fax number:	01623443709
Email address:	clare.lawrence@qualitycare-em.co.uk
Provider web address:	

Name of registered provider(s):	Quality Care (EM) Ltd
Name of registered manager (if applicable)	
Mrs Jayne Alison Cotterill	
Type of registration:	care home
Number of places registered:	10

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	10	0
Additional conditions:		
The maximum number of service users who can be accommodated is: 10		
The registered person may provide the following category of service only: Care Home only - Code PC To service users of the following gender: Either Whose primary care needs on admission to the home fall within the following category: Learning Disability - Code LD		

Date of last inspection										



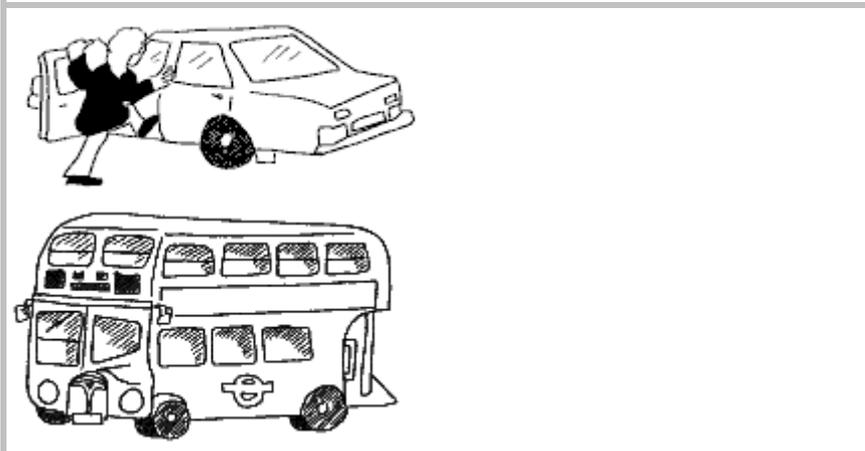
A bit about the care home

Adams House is a detached building providing three units of accommodation for ten people aged between 18 and 65 years with an Autism Spectrum Disorder, Learning Disability or associated Challenging Behaviour. Rufford has 5 bedrooms Clumber has 3 bedrooms and Sherwood 2 bedrooms.

There is a passenger lift for people with mobility difficulties to access the first floor. Placements are offered on a 3 - 5 year basis during which time individual needs are continually assessed in conjunction with an integrated programme of learning, designed to encourage the development



of life skills and coping strategies for day-to-day living. Further support solutions for individuals are offered at the end of the placement.



The home is situated close to Sutton town centre, bus routes and local shops and public facilities.



The home may admit Young People aged 16-17 years in certain circumstances.

There are no persons under the age of 18 years currently residing in the home.

Fees for 2009 are charged at a basic rate of between £1,350-£1,400 a week
Additional one to one staffing hours are charged in addition which ranges between £10-£15 and hour depending on the contract arrangements.

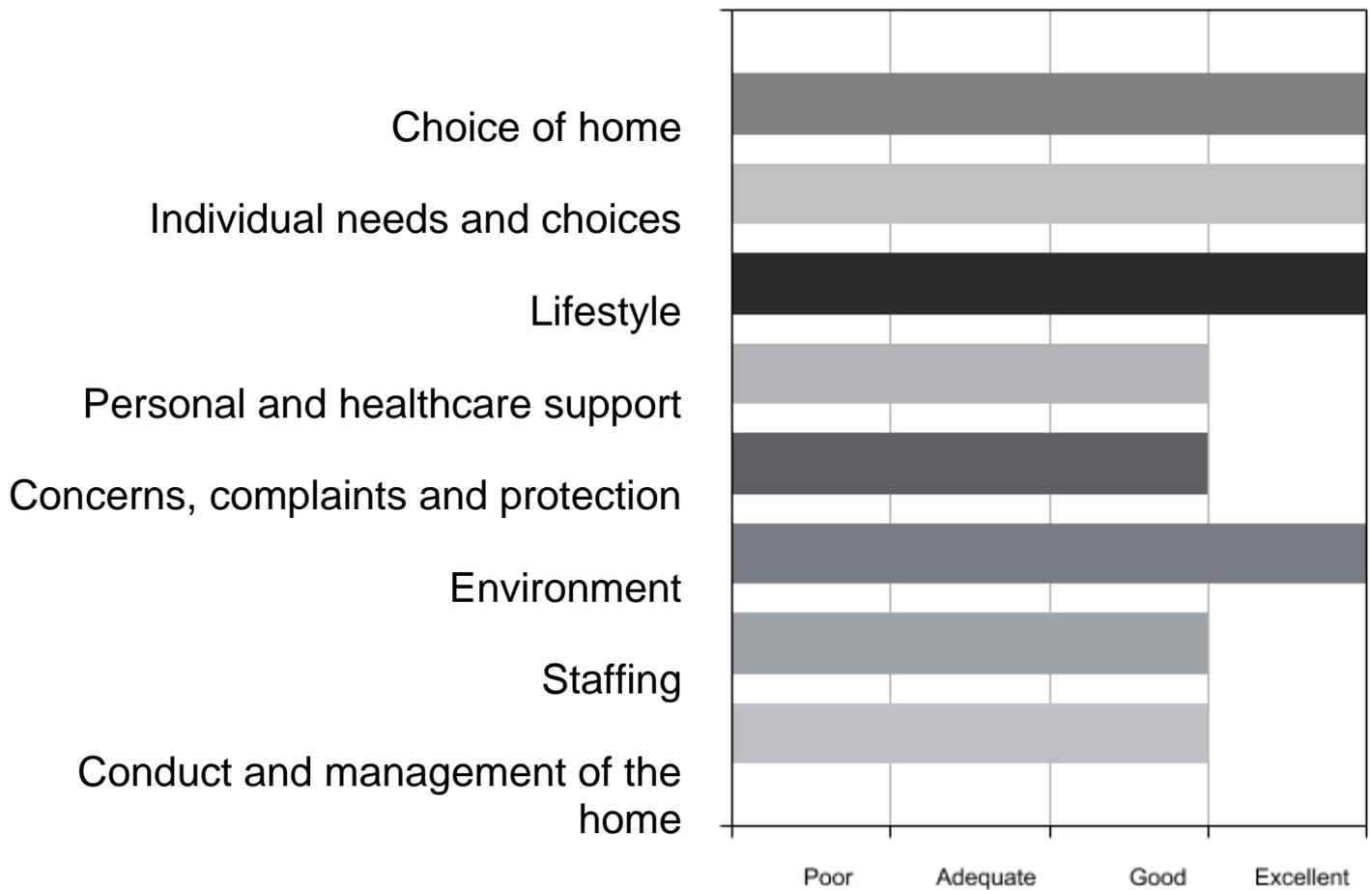
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:



We looked at their care plans.



We talked with relatives.



We talked with the manager and looked at how staff supported the people who live at the home.



What the care home does well

The home is good at finding out people's needs.

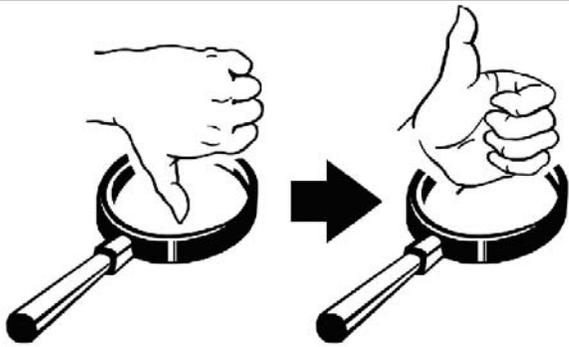


The home has done staff recruitment properly.



People know how to make a complaint.

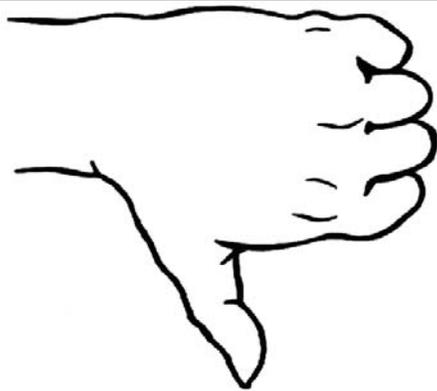




What has got better from the last inspection



The manager and deputy have had some extra training to make sure people are safe.



What the care home could do better

We asked that staff handle medicines in a safer way.



They have done this but they still need to make sure that all medicines are given as directed by the doctor and that no days are missed out.



If you want to read the full report of our inspection please ask the person in charge of the care home





**If you want to speak to the
inspector please contact**

Lesley Allison-White

CQC East Midlands

Citygate

Gallowgate

Newcastle upon Tyne

Tel: 03000 616161

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website

www.cqc.org.uk. You can get printed copies from

enquiries@cqc.org.uk or by telephoning our order line - 0870 240

7535.

Details of our findings

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Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between the person and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are provided with a full and thorough assessment of their needs before they arrive and during their stay. In this way staff are able to successfully meet peoples' needs.

Evidence:

We spoke with relatives who were visiting at the time. Their relative had recently accepted a place at the home. The relative was able to explain that the staff had spent time with their relative to ensure that as parents they were put at their ease and that the person who would be living at the home was made comfortable.

Staff were welcoming and other people at the home soon befriended the new person as part of their welcome to the home. As much information about the person was obtained before they came to the home so that staff would be able to reassure and support them adequately.

The Statement Of Purpose and Service User Guide (information about the service and what is provided) was in pictorial form using appropriate language and suitable for people at the care home many of which have difficult or challenging behaviours.

Evidence:

We saw that the assessment focuses on achieving positive outcomes for people and this includes ensuring that facilities, staffing and specialist services such as a visiting consultant Psychiatrist is provided by the home to meet the needs of each individual. New people are given the opportunity to spend time in the home and individual staff members are allocated to them to give them the information that they need, to provide them with practical help or special attention and to help them to feel settled in the new environment. In this way people are provided with the opportunity to ask any questions about life at the home before they accept a place there.

We saw that the assessments included the preferred methods of communication and style that the person uses or finds beneficial. This can include the use of communication charts, different communication styles such as Makaton sign language, relationship circles, objects for reference, photographs, visual time tables, drawing and signing or symbols.

There were records of care plans, daily and weekly activities, accident sheets, incident sheets, hospital visits, medical visits, clear evidence of person centred planning, people's wishes and desires current and future individual ambitions within all in the plans seen.

The Annual Quality Assessment (AQAA) completed by the provider tells us:

'A full transitions programme is designed to meet the needs of the individual Service User. (This was seen in the individual records). 'We positively encourage overnight stay by service users during introductory visits. All Service users have their own Person Centred Care Plan & Programme tailored to their individual needs'. People's records were very detailed and provided the support and care needed for them.

'We work with Parents/Relatives/Guardians/Social Workers where it has been identified that the Service User cannot make their own informed choice as stated in the Mental Capacity Act 2007'. 'We continue to identify the needs of the Parents/Relatives/Guardians and the support they require from the service and encourage their input into the care of their Son/Daughter. We have set up a yearly forum and six monthly questionnaires. We support and encourage Social Worker review of residents after 72 hours, then 3 months and then 6 monthly followed by 12 monthly reviews.'

A relative who spoke with the inspector confirmed this process and was very complementary about the service.

Individual needs and choices

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People at Adams House are provided with the support they need to live a full and active life. Where possible they are encouraged to make decisions about how they wish to live. In this way they have a lifestyle that they prefer and want.

Evidence:

We saw that assessments of the care and support plans are done and regularly updated with each person and their families where appropriate. The special needs, abilities and ways for managing peoples care is carefully instructed and included in each part of the care and support plan for the staff to be able to use as a guide.

For one person it was shown that they needed to be able to develop their own independence with careful observation and help when needed. As this person's needs changed regularly, as they learnt to do more things for themselves.

One person went out to the shop on their own. Staff followed on and waited outside. Once the shopping had finished staff would walk back with the person.

Evidence:

We saw that care plans are created in user friendly ways. Pictures for items, pictures for place association and words are used to explain what is needed and how it will be done and by who. Specific staff members such as the key worker for that person will be responsible for helping to create versatility within the care plan. Key workers take a special interest in a particular person at the care home. They will write a care and support plan that includes and reflects the need of the person who they are responsible for.

The care plans are created in partnership with the person and the belief is that wherever possible the individual should have some control over their lives. The plan focuses on current needs, development of skills and future aspirations of the person. There is a strong emphasis on person centred planning in each aspect and to ensure that needs can be met. The care home will provide sufficient staff to enable this.

For anyone with limited speech Makaton sign language is used by most of the staff. Every day decisions for some people includes selecting what to wear. Choosing who they want as their friends at the home. Diversity can be seen in the selection of people of different sexes and similar age groups and choices as to the sex of the staff that attend to specific people at the home to provide personal care for them.

We saw that people at the home are actively consulted on how the service runs and meetings are held by the staff with them so that they can influence how the home runs. People at the home are involved in the day to day activities at the home. Policies such as the complaints procedure and the fire policy has been made easier to understand using a format that many of the people at the home may be able to understand. People who were able to told us that they felt safe. The fire procedure is placed by the entrance and exit doors and the complaint procedure is found in the hall ways and in the individual Service User Guide and families also have a copy.

During a discussion with the manager she explained that the management of risk takes into account the specialist needs and age of the people. For example younger members of the home go out clubbing (dancing), ice skating, playing a game of snooker or trampolining and going to the shops sometimes alone. Others may prefer cooking, making a drink in the kitchen, using a washing machine and going shopping.

Each care plan includes a comprehensive risk assessment which is regularly reviewed. Limitations are fully documented and are shown to be in the person's best interests. For example, people at the home are encouraged to go on holiday with staff, are encouraged to take part in activities within and outside the home. An activities room is provided where people can develop their skills using arts and crafts. An activities club is held each Sunday where different people take part in activities such as using the trampoline, dancing, watching and playing snooker. In this way the different risks are managed in an appropriate way.

Evidence:

The AQAA tells us: 'A full risk assessment is carried out on all activities in the home environment and community to minimise any risk but encourage participation. We have an up to date 'Missing Service Users' policy and with our one to one and two to one staffing levels this aims to reduce the risk.'

The staff rota showed that staffing levels were good and in this way staff was able to provide one to one support for activities inside the home and when people went out for activities in the community.

Some people at the home are taught life skills such as using a washing machine, keeping their bed room clean, making drinks for themselves with staff returning to see how the person has managed the skill. Simple choices such as when to go to bed or when to get up can vary and at weekends people get up later as preferred.

Incidents are fully documented and show how staff are able to understand people's frustrations yet support them to make choices that are reasonable and safer for everyone involved.

The care and support plan is owned by the person using the service. It is based on a full and up to date holistic assessment. The plan is person centred and focuses on the individuals strengths and personal preferences. It includes a reference to equality and diversity, and addresses any needs identified such as gender including gender identity, age, sexual orientation, race, religion or belief and disability. Each support plan includes a range of information about the person and indicates that it is written with them or with their representatives.

Each plan is a working tool used by the person involved and used by the staff. The care plan is easy to use. This will ensure that care is delivered in a personalised and consistent way. Plans are regularly reviewed as the person's needs change.

Lifestyle

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They can take part in activities that are appropriate to their age and culture and are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Activities at the home are appropriate for the different age groups at the home. People are encouraged to take part in external community activities. Meals provided are served at flexible times to fit in with the lifestyles of the different people who live there.

Evidence:

In the Annual Quality Assessment (AQAA) that we received they said : ' Individual daily programmes are designed in line with the assessment and individuals own skills and development requirements. This is in line with 'Valuing People in the 21st Century document' where we aim to use community based activities as much as possible'. The key principle of the home is that people using the service are in control of their lives and they direct the service. Staff are fully committed in supporting people to lead purposeful and fulfilling lives as independtly as possible. People using the service make their own informed decisions and have the right to take risks in their daily lives'.

The AQAA tells us: 'Service Users where appropriate are offered keys to their own rooms

Evidence:

to promote independence and encouraged to open their own mail. The only other people authorised to do so are the Acting Manager and the Administrator of Adams House. In the individual Care Plan it is identified how the service user should be addressed by staff'.

There was a support plan in all three records that detailed the person's activities, hobbies and aspirations. There was evidence of on-going support provided to enable individuals' to keep in touch with their family and friends. Observations supported that people's dignity and rights are respected in their daily lives. The service understands and actively promotes the importance of respecting the human rights of people using the service with fairness, equality, dignity, respect and autonomy all being seen as central to the care and support being provided.

The AQAA tells us: 'Activities include visiting the local library, bowling, disco dancing and swimming are all included in the daily programmes and accessed currently by our vehicle but as we expand and to meet people's needs we will also use public transport.'

The support records show activities in the community to include many different activities including ice skating, trampolining and snooker.

The AQAA tells us: 'People are supported and encouraged to maintain family links and relationships with other individuals with or without disabilities. Each person has a set of guidelines for interaction and freedom of movement within and outside of the home in line with their individual care plan. Part of the staff induction incorporates respecting the individual in their own home.'

The AQAA tells us: 'People are encouraged to follow a healthy eating plan suitable to their cultural and dietary requirements these are monitored through the Care Plan. Participation in preparing of meals is encouraged and supported where appropriate. Three meals a day are provided at a suitable time of day to suit all service users daily programmes. Snacks are also available.'

We saw pictures of menus being used to help anyone with limited verbal skills. Meal times were flexible to suit the lifestyles of each individual. The main menu's consisted of many choices with something healthy at each meal time. Individual dietary needs were catered for and people were seen during a lunch time meal being supported in a dignified and respectful way.

Comments from different people included: 'I like my bedroom, I have made friends here and I like to be here.'

Other comments included 'I like living here and I like to go out skating, with the staff. I have made friends here who I like'.

The provider told us: 'We encourage people to maintain and develop relationships, whilst

Evidence:

taking account of their vulnerability and duty of care to protect people from abuse or exploitation.'

Personal and healthcare support

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it in a safe way.

If people are approaching the end of their life, the care home will respect their choices and help them to feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Staff are encouraged to treat people with the respect and dignity in this way people at Adams House receive care based on their individual needs.

Evidence:

The self assessment tells us: 'Staff are encouraged to treat people with the same respect and dignity they would expect someone in their family to receive.' 'Personal care is carried out by a member of the same gender wherever possible. We have a mixed staff team of different genders and age ranges. Privacy is maintained by having en-suite facilities and locks on doors to rooms and bathrooms. Although care plans are in place we do create flexibility but due to the nature of the service users Autism Spectrum Disorder, routine sometimes requires consistency and continuity to enable them to carry on their daily lives without causing them anxiety. Guidelines are provided for each person to encourage them with their personal hygiene and also age appropriate choosing of clothing; hairstyles make up etc to reflect their personality. Each unit has appropriate equipment for the people who live there.

For a couple of people who are obsessive about food and meal times due to their condition. We saw that the care plan was written to support and protect the two people by stating: 'at the present time X does not take part in any food shopping as it has

Evidence:

caused X to become anxious and distressed. This is shown by X changing their routine'.

The evaluation said: 'X is now not showing the signs of obsessive behaviours that were present when X first arrived at Adams House'. Aims of care and support provided: 'To continuously work with X around their obsessive behaviours. Objectives included: for X to participate in food shopping. For X not to become obsessive about the activity'.

There were numerous good examples of good support plans detailing how care and support should be delivered for each person's individual needs.

The annual assessment provided by the provider tell us: 'All Service Users have access to a multi disciplinary team consisting of a Specialist Autism Consultant, Psychiatric Consultants, Speech and Language therapist, Aromatherapist, Chiropodist and Physiotherapist, Music therapist if these are required. Continuity and Consistency is based in our guidelines and Care Plans so staff all work to the same goal. Everyone at the home has a local Doctor who works along side our multi disciplinary team to address any individual health requirements. Currently people at the home do not manage their own medication, however if in the future someone is able to do so we will support this following our policy on self medication. Fortnightly visits by our Psychiatrist are made to Adams House and each person and their family is encouraged to be involved if this is their wish'.

The inspector spoke with the Consultant who was visiting the home at the time. He endorsed his involvement with the home and explained that he provided help for people at the home and training for staff when managing specific forms of behaviour such as challenging behaviour.

The management of medications has been improved and there are a number of checking systems to ensure that errors are minimised.

An error was seen in the area of medications at one of the units where a medicine was not given for a few days. It is important for people to receive their medicines and reordering must be done promptly.

Concerns, complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them, know how to complain. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Procedures for handling complaints and safeguarding are in place to ensure that people are fully protected.

Evidence:

The AQAA tells us: Adams House has only had three official complaints in the last 15 months, all were dealt with in-house with a satisfactory outcome for all parties concerned. Complaints procedure has been reproduced in a Service User friendly format using Widget. These are displayed on the notice boards in every unit and communal area and are easily accessible to Service Users.' (Widget is a communication tool).

The Care Quality Commission has received a concern about this service, it has been dealt with.

The service has a complaints procedure that is clearly written and easy to follow. It is also written using pictures that tell a story that someone who finds reading words difficult to do could follow. It is also available in various formats including large print, audio and in different languages. In this way anyone who wishes to make a complaint or suggestion can do so in a format that suits their needs.

The AQAA tells us: 'We have a Whistle Blowing Policy in place to safeguard our Service Users and all our staff are checked to the required standards.'

Evidence:

We spoke with staff to find out how much they understood about their role in the protection of vulnerable adults and the types of abuse that can take place. Staff members were aware of such issues and knew their own in-house policies and procedures and which agencies to go to. Agencies included the Police, Social Services or the Care Quality Commission in the event of their own procedures failing to resolve the issues.

We spoke with a family member who said:

'If we had any issues we would talk with the manager of the unit or seek the advice of the Registered Manager of the home'. In this way people who live at the care home are protected from abuse.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, comfortable, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it. People have enough privacy when using toilets and bathrooms.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People live in homely and comfortable environment that is well furnished and maintained.

Evidence:

Adams House is purpose built and is divided into a five bedroom unit, a three bedroom unit and a two bedroom unit all are en-suite totalling a ten bedroom residential dwelling place. A separate laundry and drying room with sluice facilities is provided. The environment is comfortable, clean and safe.

The AQAA tells us that: 'All communal areas are decorated in neutral colours which according to research help to alleviate anxiety.'

People were happy to show the inspector their bedrooms. Each of the bedrooms were decorated to meet individual tastes and styles and different people said that they took part in choosing their room colours, fixtures and fittings.

The AQAA tells us that: 'Each unit has its own staff team to promote consistence and continuity of care creating a safe environment'.

This has been shown in the extra safety at stairwells with higher banisters and a safety gate to prevent someone running to the stairs and falling.

Evidence:

The AQAA also tells us that: 'Service Users are encouraged to participate in the daily living skills of cleaning their own room and general tidying of their home environment. Service Users are encouraged to do their own laundry this is put into their daily program. Evaluations on each activity are in place, a washing machine is in place in the teaching kitchen.'

A sensory room is provided for everyone who would benefit from this type of surrounding and it is used frequently by different people at the home for therapy and for relaxation. In this way the environment is adapted to suit the needs of the people who live there.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent, qualified staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable. People's needs are met and they are supported because staff gets the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgment using a range of evidence, including a visit to this service.

People are supported by staff that are appropriately trained and recruited to ensure their needs are met and their well being safeguarded.

Evidence:

Staff told us that all new staff are given an induction when they start at the care home. The induction includes understanding the mission statement by covering the values of the home, roles and responsibilities, Fire procedures, Health & Safety, Confidentiality, Aims & Objectives of the company. A discussion takes place about each person at the home and their behaviours. Staff are expected to familiarise themselves with the policies and procedures. They are also expected to read the care plans and support programmes and to follow the guidelines set down for each service user.

Staff receives mandatory training. The National Vocational Qualification (NVQ) training in care is used to link in with their individual responsibilities such as the role of a Support Worker or as a Senior or as a Team Leader. Team leaders and the Registered Manager are working towards the NVQ level 4 in care and the Administrator an NVQ level 2 in office management.

Staff told us that they receive specialist Autism Spectrum Disorder and Behaviour training by the consultant psychiatrist.

Evidence:

Issues discussed at staff meetings included: training and staff commitment to this, activities, programmes, budgets, health and safety.

All staff are subject to Protection of Vulnerable Adults checks, Enhanced Criminal Records Bureau checks and two references prior to commencement of employment and are subject to a three month probationary period.

The AQAA tells us: 'Adams House employs a mixture of staff with variable qualifications and experiences, age and gender to reflect service users needs who work to a rota basis to cover a 24 hour service. The ratio of staff to service users is above the required standard due to the nature of the people at the care home and their individual needs. This can be one to one or two staff to one service user'.

'A key worker system is operated at the home. In this way staff members are allocated to get to know the needs of the person and plan care to meet those needs'.

At inspection the care and support plans reflected that this was done. Staff confirmed that they had supervisions and team meetings with records in place to support this.

The staff team in place reflects the gender and age mix of the people living in this home, therefore meeting peoples' diversity and equality needs.

Comments from people at the home included: 'Staff are nice and friendly.'

Conduct and management of the home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately, with an open approach that makes them feel valued and respected. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The service is managed to ensure the health and safety of people at the home is promoted and safeguarded.

Evidence:

The manager of the home is currently working towards her NVQ level 4 in care and has many years experience in health care. There is a strong focus on equality and diversity issues and promoting human rights especially in the area of dignity, respect and fairness. Care is focused on being person centred with people at the home being centre to decisions made about the delivery of service their care home.

We saw that a small amount of money is kept at the home and it is securely locked and accounted for. However, people have access to their money when they need it.

Quality Assurance forms by the home were seen for December 2008 comments included: 'My relative has found a stable environment in which to live. Staff have worked wonders with them in all aspects of their life'.

Evidence:

'Some times as parents it is difficult to understand choices that our relatives can make as it may not always be in their best interests and should be included in their care and support plan as part of a routine for them. On the whole we are pleased with the progress that X has made in all areas of life at Adams House. Although our relative acts as a 4 - 5 years old would, staff allows us to understand that they are in fact adults and we do not have the right to make them do anything.'

'Staff are always supportive and are able to answer the questions that we have asked in a sensitive and supportive manner'.

'We would like Y to do more life skills for example to prepare meals, Hoover and clean the bedroom. We understand that this is done but we would like Y to do more life skills'. However, staff are excellent at keeping us informed of important issues. If they cannot remember anything they read the care records then let us know'.

'We feel that all staff that we have met are dedicated in their work and have supported and cared for Y. We have noticed a big change in Y's behaviour, it is a lot better we think this is because Y feels safe and comfortable in the environment where Y lives and is cared for'.

'Everyone seems aware of Y's needs. We have seen appropriate responses by staff to a few incidents all handled very professionally'.

'We like the gender mix and most of the time people get on well together'.

'Any problems I would speak with the managers. We have a very good relationship with all the staff and hope they feel the same about us and could talk about any issues with us. We would like to see the skills centre used more'.

'Adams House is home from home with a safe and comfortable environment, caring staff with good standards of cleanliness and hygiene, excellent support, good record keeping and accountability.'

In the self assessment they said :

Our policies and procedures contain a health and safety policy for staff to read and sign. Mandatory training includes; Fire safety, First aid, Food hygiene, Cleaning solutions training, Health and Safety, and infection control. Health and safety issues are raised in all team meetings and are recorded and dealt with accordingly.'

'Regulation 37 notifications are sent to the Commission about any incident that affects the well being of the people at the care home and the operational manager visit's on monthly basis and completes a report about the service which can be seen at inspection.'
'18 regulation 37's have been submitted to CSCI Cambridge in the last 15 months, 3

Evidence:

Safeguarding have been submitted and dealt with'.

All necessary insurance cover is in place for the safe running of the home in line with care standards and the employer's liability certificate.

The Registered Manager confirmed that the self assessment, health and safety systems and service records were up to date and the sample of records that we saw confirmed that the building was a safe place for people to live in.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No	Standard	Regulation	Description	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set

No	Standard	Regulation	Description	Timescale for action
1	20	13	<p>The registered person shall make arrangements for medication to be given as prescribed.</p> <p>People at the home must receive their medicines as prescribed this means that medicines should not be allowed to run out leaving people without their medicines.</p>	28/10/2009

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations

Helpline:

Telephone: 03000 616161 or

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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