

Adelphi Care Services Ltd

Highbury House

Inspection report

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Tel: 01939233304

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21 September 2016

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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

We carried out an unannounced comprehensive inspection of this service on 21 September 2016.

The home is registered to provide accommodation and personal care for adults who require care and who had a learning disability. A maximum of 11 people can live at the home. There were eight people living at home on the day of the inspection. There was a registered manager in place. 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.

People were supported by staff who knew how to keep them safe and free from harm and to recognise and report any risks, problems or potential signs of abuse. People's risks were assessed prior to activities taking place to promote their independent lives. Guidelines were developed to ensure that people were then supported by staff safely. Regular reviews ensured that risks were updated as people's needs or activities changed.

People were helped to have their medicines by staff knew how to administer and record medicines given. Robust training was in place to enable staff to safely support people to take their medicines when required. People received individual support from staff who had the knowledge and skills to meet their needs effectively and responsively. Staff training had been developed around the individual needs of the people who used the service. Staff competency was regularly reviewed and their knowledge was updated to ensure it continued to reflect current best practices and legislation. Staff felt well supported by the registered manager and their colleagues.

Staff understood their roles and responsibilities and worked well as a team to ensure people's needs were met. People's rights were upheld and staff understood how to protect people's human rights. People were offered choices in how they lived their lives. Staff recognised the importance of people having the right information and support to enable them to make their own decisions. People enjoyed a balanced and nutritious diet. Staff worked with healthcare professionals to ensure people's continued good health and wellbeing.

People were supported by staff who were caring and understood, promoted and developed people's independence. People's privacy and dignity was respected as was their individuality,. People were supported to maintain and develop positive relationships with people who were important to them.

People enjoyed living the lives they chose and this involved having active social lives. Activities were developed around individual preferences, likes and hobbies. Staff recognised the importance of social engagement and contact and encouraged it in daily planning.

People who used the service were able to raise concerns and the provider had a system to deal with any complaints. People were regularly asked if they were happy with the service provided. There were systems in place to ensure that people's views and opinions were heard and their wishes acted upon.

The registered manager provided leadership and promoted an open culture where the people who used the service were supported. The management team had kept their knowledge current and the provider ensured regular checks were completed to monitor the quality of the care that people received and looked at where improvements may be needed.

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.

People were supported by sufficient numbers of staff to meet their care and welfare needs in a timely way. People felt safe and looked after by staff. People's risk had been considered and they received their medicines when needed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were trained and supported to deliver care. People's consent had been obtained and recorded. People's diets met their individual needs and preferences.

People had access to on-going health care support from staff who worked with healthcare professionals and followed their advice.

Is the service caring?

Good ●

The service was caring.

People received care and support that was delivered in a kind and compassionate way. People's privacy and dignity was respected and promoted.

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

Is the service responsive?

Good ●

The service was responsive.

Staff knew how to respond to people's changing needs and did so promptly and efficiently. People had their care and support needs kept under review and enjoyed a range of activities.

People's complaints were listened to, taken seriously and acted on.

Is the service well-led?

The service was well-led.

People's views were sought in relation to the quality of the service provided. The management of the service was open and transparent and clear about roles and responsibilities. There were procedures in place to monitor and review the quality of the service.

Good 

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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 was planned to check whether the provider was 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.

This inspection took place on 21 September 2016 and was unannounced and was carried out by one inspector. Before our inspection we reviewed information we held about the service. We looked at our own records to see if we had received any concerns or compliments about the service. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we met with six people that lived at the home and spoke with two people. We spoke with the registered manager, the deputy manager and four support staff.

We looked at one person's care record, medicine records, staff training records, compliments, quality surveys and daily records. We spent time in the communal areas of the home to see how people were supported and how staff were with people.

Is the service safe?

Our findings

People were protected from the risk of harm because staff knew how to keep them safe and knew what to do if they had concerns about their safety or wellbeing. Staff told us that they supported people with their health and safety both in and out of the home and would take immediate action if they felt a person was at risk. They told us that they knew people well and would investigate any changes to people's moods or behaviours to find out what was the cause. All of the staff who spoke with us said that they would be confident to recognise the signs of abuse and report it. Staff were confident that the registered manager would then take swift action to protect the person at risk. The registered manager understood their responsibilities in relation to reporting concerns to external agencies.

One person told us how they speak with staff about trying new things and staff would then help with identifying the possible risks involved and what they could do to keep themselves safe. The deputy manager told us, "It's about seeing how we can do something safely". We looked at how the provider assessed and managed people's individual support needs and risks associated with these. Individual risk assessments were in place in respect of areas such as finances, travelling and mobility. Where risks were identified, action was taken to help keep people safe. For example, people received help with their finances or where people needed two members of staff to maintain a person's mobility needs safely, this was in place.

People were supported with an individual member of staff throughout the day who responded to their individual needs. Staff spent time ensuring people were comfortable as well as responding to requests or chatting with people. We saw that there were enough staff to monitor people and assist people with tasks and leisure activities. People were supported by staff to maintain their independence so that they could clean their home, have lunch out and go with staff on walks to the local shops.

The registered manager ensured there were enough staff on each shift to maintain and manage people's risks and social care. The registered manager told us they were able to monitor the staffing levels as they knew each person well due the small number of people.

People were protected against the risks associated with medicines because the provider had arrangements in place to manage them safely. All people required support to manage every aspect of their medication. Staff were responsible for ordering it, administering it and arranging for reviews with the GP or consultant every six months. Staff told us that they had received training in the safe administration of medicines and they felt that this training was relevant for supporting people living in the home.

Staff told us and we saw that there was guidance to follow for when they took medicines out of the home. They told us that the procedure to sign the medicine out and back in again kept track of the medicines. Any risks associated with medicines had been documented and advice sought from professionals when required. Information was clearly available to staff about people who required, as needed (PRN) medicines. These protocols helped ensure staff understood the reasons for these medicines and how they should be given.

Is the service effective?

Our findings

People were supported by staff that understood their individual care needs. One person told us staff did, "A good job". They said they gave them the support they wanted in order to live their lives to the full.

Staff told us that training provided them with the necessary skills to do their jobs effectively. They said that they could request training that they felt was relevant to their role. One staff member told us that the courses on autism they had attended had given them a better understanding of the person they supported. Two staff told us that the training provided had help with their relationship with people and learn further ways to communicate with people. The registered manager told us the provider was committed to ensuring staff had the necessary knowledge and skills to do their jobs effectively and was focussed on the needs of the people who used the service. Staff told us that they felt well supported.

Newly appointed staff we spoke with told us how they were inducted into their roles. New staff that did not already have formal accredited training were signed up to the care certificate. The certificate has been developed by a recognised workforce development body for adult social care in England. It is a set of standards that health and social care workers are expected to adhere to in their daily working life. This training ran alongside the agency's own induction which involved service specific training. One staff member said that, when they first started work they had good support until they felt confident with caring for people.

The Mental Capacity Act (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. We checked whether the service was working within the principles of the MCA.

Staff told us people who were not able to verbalise their consent to support an activity or intervention would show their decisions in other ways, such as facial expressions. Staff knew the different ways people would indicate their choice and gave us examples of how people had made very definite choices as to how they lived their lives. Best interest decision meetings had recently been arranged for some people where they needed to make decisions about managing their finances. Staff were able to explain to us when a best interest decision meeting should be considered and told us they had not made assumptions about a person's capacity and that they asked people's permission.

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). The registered manager had a good understanding of the legislation and made sure that staff also received training to enhance their understanding. The registered manager had made DoL applications to support people who used the service. They were clear about why these applications were required and so were the staff team.

People were supported to eat a healthy and well balanced diet. One person had been supported to help to make healthy choices about what they ate and had successfully lost weight. Staff told us that they offered guidance and information so people could make informed dietary choices but recognised that people could eat what they chose. When staff had concerns about a person's eating they had made referrals to the local speech and language therapy (SALT) team. We saw how this team had assessed one person and given guidelines for staff to follow to ensure people ate well. Staff told us how they followed this guidance, such as cutting the meal into smaller pieces.

People were supported to remain in good health by staff that managed their medical appointments and supported visits with other professional. Staff told us about the importance of working alongside other health professionals and following medical and professional advice and guidance. These included the dentists, chiropodist, district nurses and social workers. One member of staff told us, "We always ask for support if needed and listen and act on it". We saw comprehensive records detailing how people identified health needs should be met.

Is the service caring?

Our findings

People were supported by staff who were kind and caring. People spent time with staff who spoke about their day or what they may like to do. People confidently approached staff in their home when needed. People used a variety of ways to make their wishes known and these were understood by the staff. Staff also looked for visual and emotional signs to understand a person's needs. Staff felt it was easy to get to know the people they cared for as they spent lots of times with them.

Our conversations with all staff and management showed they had a detailed and personal understanding of each person. When we were speaking with staff they were respectful about people and showed a genuine interest and compassion about their lives. People's individual emotional needs were respected and people chose where they wanted to spend time, for example privately in their bedrooms or in the lounge with staff.

People had the opportunity to review the care they received and to discuss topics such as activities, holidays and who and when visitors could come into their home. Each person had a key care staff member who worked closely with them. They were able to provide additional support such as helping to purchase personal items and reviewing the care provided to ensure the person was involved their daily care choices. Where people expressed choices about their care the information had been detailed in their care records.

People were supported to do their own cooking, cleaning and laundry. People made their own decisions about how they spent their days and the staff supported them to meet their individual needs. All staff we spoke with told us their role was to offer advice and give people information to assist day to day decision making regarding their care..

People were supported by staff who knew them well and knew how they liked to be supported. Staff told us that they followed detailed support guidelines to ensure that support was given consistently and how the person preferred. Staff took individual needs, choices and preferences into account and in discussions with us were very knowledgeable about these. For example, guidelines were in place so staff knew to wear plain style clothes and no strong perfumes to support a person's sensitivity to these.

People were supported to have their emotional, spiritual and health needs met as well as their physical needs. Staff were proactive to ensure that people maintained and developed relationships with people who were important to them. People were supported to continue their relationships with families, such as going to stay at their parents' house.

People were supported by staff who understood the importance of treating people with dignity and respect. The registered manager told us that this is because they looked to appoint staff with the right values and attitudes. They gave examples of how they promoted these values while offering support. For example, they told us how they promoted people's presence in community activities and at home or during personal care. We saw staff offer discreet support when meeting people's personal care needs and they spoke quietly to one person when they were asking to go to the bathroom.

Staff told us that all support plans were developed around people's individual needs. Staff told us that people's preferences, likes and dislikes were considered and incorporated into plans when people were unable to express them on a daily basis. Plans detailed how people preferred to be supported. They documented and also identified what tone staff should adopt to keep people feeling comfortable and relaxed.

Is the service responsive?

Our findings

People received support in the way they preferred and which took account of their feelings and moods. People had structured plans developed around their own needs and requests. Staff told us however, they recognised that people changed their minds and they had the flexibility to support this. One person had limited verbal communication and they were supported to make decisions about what they did. Staff told us that if the person did not want to do something they would express their views through their behaviour. The registered manager told us how this person had been supported for many years and they were now able to express their wants and needs to staff. Staff knew the person well enough to know what individual behaviours meant and this was seen as very positive for the individual. Staff told us this was how the care and support was individualised to meet the person's needs. As a result this person was living a more fulfilled and relaxed life.

In conversations staff knew about the person they were supporting and how they knew people well. Staff knowledge meant that they could provide consistent support and recognise and respond effectively to how a person was feeling. They were able to pass this information on to new staff and it was also clearly reflected in our conversations with staff. We saw that information was shared to ensure staff understood how to support someone. For example, one person's support needs were discussed in detail with an agency staff member, so they would know how to respond to the person and how they would communicate.

We saw that people were listened to and staff and management told us that they regularly spoke with people about their care and support. People's families had helped to support their relative and had given a lot of information to the registered manager about their relative's personal history and lifestyle. Some relatives continued to take an active role in ensuring that their family members received the support they required.

We observed staff supporting people to live full and active lives. People had favourite activities and took part in regular social events, such as local discos. Some people had active social lives that staff supported them to continue. We saw people ask about what they could do next were promptly actioned by staff who supported the person to make suggestions without leading them. Staff told us that they worked as a team and had regular discussions about setting goals and reviewing them with people. They told us that they also reviewed how activities had gone to learn from experiences and develop plans to make them more likely to succeed.

We saw that people approached the staff and management throughout the day to discuss concerns or their worries. Staff knew that there was a complaints procedure in place. They told us that they would always sit and talk with someone to see if their concerns could be resolved quickly and informally. The registered manager took a proactive approach and regularly spoke with people to see if they were happy. They told us that they welcomed the opportunity to learn from complaints or to let staff know they were doing a good job. Staff told us that they had every confidence that if ever a concern was raised the registered manager would take immediate action and share the learning from it with the staff team.

Is the service well-led?

Our findings

We saw people seek advice and look to the registered manager and the deputy manager who responded with answers to questions about what was happening in their home. The deputy manager said that they saw people regularly, provided care and support and knew them well. This was evident in interactions seen and conversations heard. People were involved in the development of the service because their views were listened to and acted upon. People had chosen how their home was decorated, for example when recent redecoration of the lounge had been completed. Further discussions were being held on the best way to redecorate a further quiet lounge. The registered manager organised meetings to discuss developments and changes. They also had a visible presence in each of the homes where they supported people.

The provider recognised that some people had limited verbal communication and this caused them difficulties in obtaining regular feedback. They told us that as a result they had looked at other ways of gaining feedback. They had developed a key member of staff for each person at the home who looked at various aspects of gaining and feeding back on how the running of the service was for them. For example, how they responded to different staff members so they knew the persons preferences of staff.

In conversations staff told us that the registered manager and the deputy manager were very approachable and knowledgeable about people's needs. This meant that they could offer advice and guidance that enabled them to support people well. One staff member told us that the registered manager was, "Open, welcoming and very supportive".

Staff knew and understood their roles and responsibilities and told us the way they enabled people and promoted their independence. This reflected the ethos of the service as detailed by the registered manager. One staff member told us when talking about people who lived at the home, "We know about the value of independence". Staff told us that they would be confident to raise concerns. Staff knew about the provider's whistle blowing policy and said they would be confident to use it if necessary. The whistle blowing policy enables staff to feel that they can share concerns formally without fear of reprisal.

All staff told us how they attended regular meetings to discuss the running of the service and also spoke daily to discuss people's plans for the day. Staff valued these meetings and told us it was supportive of people who lived at the home. One staff member said, "I think it's very supportive here" and added, "It's about people's quality of life". The registered manager told us that team meetings, "Include the team approach, practices ideas, challenges and solutions".

The registered manager ensured that quality was being maintained and told us that the team meetings were used to test staff knowledge about improving care between people and staff. Prior to the inspection the registered manager provided us with detailed information in the PIR that accurately reflected what we found during the inspection. This suggests that the registered manager knew how the service was performing and what they could do to improve it. The registered manager told us that they kept their training up to date and knew of best practice in learning disabilities and current legislation.

The service was regularly audited by the management team and provider. We saw the latest audits that had been carried out by which showed how issues, and areas of good practice, were identified and then actions identified to make improvements. We saw how actions were delegated to individuals who had responsibility for actioning them and timescales were set. The registered manager spoke of the value of audits and was keen to ensure continuous learning and improvement. Audits seen reviewed areas such as health and safety, medicines, care plans and the input from external agencies