Avery Homes (Nelson) Limited

Adelaide Care Home

Inspection report

35 West Street
Bexleyheath
Kent
DA7 4BE

Tel: 02083043303
Website: www.averyhealthcare.co.uk/care-homes/kent/bexleyheath/adelaide/

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This focused inspection took place on 23 August 2018 and was unannounced. This inspection was partly prompted by an alleged incident which had a serious impact on a person using the service and this indicated potential concerns about the management of risk in the service. While we did not look at the circumstances of the specific incident, which we are aware the police are investigating, we did look at associated risks. This report only covers our findings in relation to two of the questions we ask providers, is the service Safe and is the service Well-led. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Adelaide Care Home on our website at www.cqc.org.uk.'

At our last comprehensive inspection of the service on 30 and 31 March 2017 we found the service to be meeting regulatory requirements and was rated 'Good'. Adelaide Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Adelaide Care Home provides residential, nursing and dementia care for up to 76 older people. At the time of our inspection there were 73 people using the service. There was a registered manager in post. 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.

Risks to people were assessed, recorded and managed safely by staff. Medicines were managed, administered and stored safely. People were protected from the risk of abuse, because staff were aware of the types of abuse and the action to take to ensure peoples safety and well-being. There were systems in place to ensure people were protected from the risk of infection and the home environment was clean and well maintained. Accidents and incidents were recorded, monitored and acted on appropriately. There were safe staff recruitment practices in place and appropriate numbers of staff were on duty to meet people's needs in a timely manner. There were effective systems in place to monitor the quality of the service provided. The provider recognised and celebrated staff performance and achievements. The service worked in partnership with other professionals to ensure people received appropriate care and support that met their needs. People and their relatives were encouraged to share their views and to provide feedback about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained safe	**Good**
Is the service well-led? The service remained well-led	**Good**

Adelaide Care Home

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 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 focused inspection took place on 23 August 2018. The inspection was unannounced and carried out by two inspectors. Prior to our inspection we reviewed the information we held about the provider. This included notifications received from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law. We used the information the provider sent us in their Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority who commissions the service to obtain their views. We used this information to help inform our inspection planning.

During our inspection we spent time observing the support provided to people in communal areas and at meal times. Due to their needs, some people were unable to directly share their views and experiences with us so we therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with six people using the service and four visiting relatives. We also spoke with 16 members of staff including the provider's regional manager, operations manager, registered manager, deputy manager, the provider's in-house trainer, nursing staff, care staff, maintenance staff and housekeeping.

We looked at six people's care plans and care records, eight staff recruitment, training and supervision records and records relating to the management of the service such as audits and policies and procedures. We also looked at areas of the building including communal areas and external grounds. Following our inspection, the registered manager also sent us information we requested.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe from harm and their possessions were safe at the service. One person said, "Of course I am absolutely safe here." Another person remarked, "Definitely, it's safe here, the staff are wonderful here. I cannot fault them." A relative said, "We are very happy with the care here. It's very safe." We observed that people were relaxed in the company of staff and staff took appropriate actions and offered support promptly to ensure people were kept safe.

Staff we spoke with were knowledgeable about the kinds of abuse that may occur and what their responsibilities were under safeguarding procedures, including where they could report any concerns to. Staff told us and records we saw confirmed that they received training including regular refresher training on safeguarding vulnerable adults. Staff were also aware of the provider's whistleblowing policy and who they could go to with concerns inside and outside of the service. One member of staff told us, "If I ever had any concerns I would tell the manager straight away. I know they would responded and deal with anything promptly."

There were up to date policies and procedures in place for safeguarding adults which gave guidance to staff on how to identify and report any incidents of abuse. Safeguarding records included local and regional safeguarding policies and procedures, the provider's safeguarding reporting pathway chart, reporting forms, a safeguarding log to monitor and learn from any on-going enquiries and contact information for local authorities to assist in managing and leading any concerns if required. Safeguarding records showed that when concerns had been raised appropriate actions were taken such as, referrals to local authority safeguarding teams, notifications to the CQC and documents of actions taken by the service including protection plans and risk assessments where appropriate. The registered manager was the allocated safeguarding lead for the home and we saw that they managed safeguarding concerns appropriately. We saw that safeguarding information was on display within the home for people, relatives and visitors to review to help raise their awareness of safeguarding reporting procedures.

Risks to people were identified, assessed and managed positively in the least restrictive way to protect people from possible harm or abuse. Assessments were conducted to assess levels of risk to people's physical and mental well-being and included the use of a clinical risk indicator tool which identified areas of risk such as falls, pressure damage, depression and behaviour that may challenge the service. Care plans also contained detailed risk assessments which documented areas of risk, such as, mobility and moving, nutrition and hydration, personal hygiene, mental health and medicines amongst others. Risk assessments included guidance for staff and the actions they are required to take to support people safely and promote their well-being. For example, we saw that one person living with dementia liked to walk with a purpose and to visit another resident. Staff were guided to manage positive risk taking by ensuring the person was not unduly restricted but to also make sure their safety and the safety of others was monitored. Where people were at risk due to their behaviours or placed others at risk, we saw staff were provided with guidance to manage the behaviour, for example, by using de-escalation techniques. We also noted that where people were assessed as requiring support to mobilise safely due to the risk of falls, this was documented within their risk assessment. Risk assessments were also completed for individuals specialised needs. For example,

where people were at risk of choking as a result of their physical health, care plans and risk assessments documented intervention sought from health care professionals such as Speech and Language Therapists (SALT) and guidance was in place to ensure safe nutrition and hydration. Some people were identified as being at risk of pressure wounds and required pressure relieving equipment, we saw these were in place to meet their needs and risks. Staff we spoke with were knowledgeable about people's needs and risks and demonstrated they knew what actions to take to ensure their safety and well-being.

Accidents, incidents and significant events involving the safety of people were recorded, managed, monitored and acted on safely and appropriately. There was an open culture of learning from mistakes, incidents and accidents and other relevant events which we saw were documented, addressed and disseminated to all staff. Records we looked at demonstrated that staff had identified concerns, took appropriate actions to address concerns and referred to health and social care professionals when required. The registered manager maintained an accident and incident folder and significant events folder which were well organised and monitoring tools were in place which included information of accidents and incidents and any actions taken including reducing the risk of recurrence. For example, where someone was at risk of falls and may have suffered from repeated falls, health care professionals were referred too. There was an up to date accident and incident policy in place and accident and incident records were regularly and systematically reviewed and audited to check for safety-related themes and trends.

Risks in relation to premises and equipment were assessed and monitored to ensure people's well-being and safety. Staff received up to date training and completed a theory module, written test and classroom practical training for moving and handling people and we saw there was a checklist completed by the trainer to confirm staff were competent in a range of moving and positioning tasks. The trainer told us staff had their training refreshed regularly and they received updates from the provider of any changes to practice. People told us they felt safe when staff supported them to move or re-position. One person said, "They [staff] know what they are doing and it's always felt quite safe." Appropriate and regular checks were conducted on equipment in use at the service to ensure it was safe. These included checks on wheelchairs, beds and bedrails, hoists and slings, water temperatures and window restrictors. We were told regular visual checks on slings were made but not recorded and the provider agreed they would keep a record of these to evidence how frequently this was done. Staff told us there was plenty of equipment to assist with repositioning people when needed. Equipment was also serviced routinely by external contractors to ensure its safety. Legionella, electrical and gas safety checks were routinely completed in line with requirements.

There were systems in place to manage emergencies as safely as possible. Staff had received training on first aid and Cardiopulmonary resuscitation (CPR) and the provider had recently introduced a new updated course which was being rolled out to all staff. Staff also received training on fire safety and regular fire drills were conducted. We saw the provider had a system to track and ensure that all staff attended regular fire drills. Staff we spoke with confirmed they had taken part in fire drills, knew what to do in the event of a fire and had been shown how to use evacuation equipment. Fire safety equipment was checked and serviced regularly and the recommendations from the recent fire risk assessment dated 5 February 2018 had been completed. Oxygen was stored safely and there were appropriate warning signs in use and to advise emergency services if needed.

People and their relatives told us there were enough staff at all times and that they did not have to wait long for support during the day or at night. They confirmed they were not rushed when supported by staff to meet their care needs. One person told us, "They [staff] let me take the time I need, I like to do something's for myself although it takes time. They are good like that." A relative commented, "We have no concerns about that. There are always staff about when you need them." Throughout our inspection we saw that there were sufficient staff to support people throughout the day for example at meal times; and we did not

observe anyone waiting for long periods for support. We looked at two weeks of staff rotas and saw that the assessed staffing numbers were on duty throughout this period. The regional manager told us the provider did not use a dependency tool to assess staffing levels but used the regular staff meetings and the quality monitoring systems to flex staffing levels according to the needs of people at the service. The quality manager advised us there was a floating member of staff available to use each day across the home to offer support where required which was decided on a daily basis.

Safe recruitment practices operated to reduce the risk of employing unsuitable staff. We looked at eight staff records and saw that appropriate identity, criminal records, health and character checks were carried out before people started work. In three staff records we found there were some employment gaps in the application forms which had been queried at interview but the explanations were not fully recorded. We spoke with the registered and regional manager about this. They showed us an action plan which was in progress from the regional manager's previous audit that had identified this issue. We saw that action was being taken to address this.

People and their relatives told us they received their medicines when they should and as prescribed by health care professionals. One person said, "There are no concerns about that." Another person remarked, "Yes, they [staff] are very reliable." Senior staff who administered medicines had received training on medicines management and administration. Staff competency assessments and checks were also carried out on an annual basis to ensure staff had the necessary skills and knowledge to administer medicines safely. The service had just started using a new electronic medicines management system. Staff confirmed they had received both electronic learning and practical training on how to use the system. There were appropriate arrangements in place for the storing, administration and disposing of all drugs including controlled drugs. We checked the medicines administration records (MAR) on one unit and found these were completed correctly with no gaps or errors. The electronic MAR included a record of any know allergies. We saw the system recorded that time specific medicines were given when required. There were processes to monitor glucose levels and the administration of insulin for diabetics and to monitor high risk medicines such as warfarin. Medicines we checked were date marked when opened and were all within their expiry dates. The arrangements in place for covert medicines were appropriate and in line with the Mental Capacity Act 2005 and best interests' decisions recorded involvement with the GP and pharmacist. Covert medicine is the term used when medicines are administered in a disguised format, for example in food or in a drink, without the knowledge or consent of the person receiving them. No-one at the service was self-administering their medicines at the time of the inspection.

People and their relatives told us they thought the home was clean and odour free and we observed this to be the case. One person said, "They [staff] clean all the time. My room is spotless, there's no complaints there." A relative commented, "We are here very often and it's always clean and there are no bad smells at all." Staff including housekeeping staff were aware of good practice in relation to infection control. We observed equipment in use and the bathrooms and toilets were clean throughout the day. Monthly infection reviews were carried out to monitor for progress and audits were carried out by the registered manager. We saw from the audit conducted in July 2018 that staff had been reminded about the need to ensure plenty of fluids were offered to people particularly in the hot weather. A more extensive six-monthly audit had been completed in March 2018 and the score was 97.78 per cent met. The home was awarded a rating of five by the food standards agency in April 2018, which is the highest possible rating. The food standards agency is responsible for protecting people's health in relation to food.

Good

Is the service well-led?

Our findings

People and their relatives told us they thought the service was managed well, they knew who the registered manager was and they were approachable and listened to their point of view. One person told us, "Yes I think the home is well run. The manager walks around and talks to us to make sure we are ok." Another person said, "She [registered manager] does come to see me to see how I am." A relative told us, "The manager is very approachable. I think the home is managed well, I am happy with the service." Another relative commented, "She [registered manager] always speaks to us when we see her and is interested in what you say."

At the time of our inspection there was a long standing registered manager in post. They were an experienced home manager and were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2008. They were aware of what information needed to be shared with the CQC and notifications were submitted to the CQC as required. They were also aware of the legal requirement to display their current CQC rating which we saw was displayed at the home. During our inspection the registered manager demonstrated they were knowledgeable about the needs of the people using the service, the needs of the staffing team, the policies and procedures of the service and the quality and level of care and support being provided. We observed that they were visible, responsive and available to people, their relatives, visitors and staff when requested.

Staff we spoke with told us the registered manager was supportive, led by example, had a 'hand on' approach and was always available to offer guidance. One member of staff said, "We all work like a team here, supporting each other. There is good teamwork. Even the manager will get her sleeves rolled up if need be." Another member of staff remarked, "This manger is the best I have ever had. She does listen to what you have to say." Staff told us there was a strong sense of teamwork promoted by the registered manager and we observed staff worked well as a team communicating clearly and offering each other support where needed. We saw there were effective lines of communication between staff within the home and staff regularly attended meetings. These included, daily handovers from heads of departments, clinical and general staff meetings, provider managers meetings and health and safety meetings which involved reviewing accident and incidents, significant events, the implementation of policies and risk assessments, control of infection, emergency planning and staff training updates. There were systems in place which ensured management support was always available to staff when required. An on-call manager scheme enabled staff to seek support when required out of normal working hours and during weekends.

The provider recognised and celebrated staff performance and achievements. The registered manager told us that the home held a 'carer of the month' award in which a member of staff is given accolades and gifts for their hard work and for going the extra mile within their role. The registered manager also nominated staff for provider regional and national awards recognising and rewarding staff dedication and good practice.

The service worked in partnership with other professionals to ensure people received appropriate care and support to meet their needs. Records demonstrated how the service engaged with local authorities at

quality review meetings and during safeguarding enquiries to ensure and maintain people's safety and welfare. They also worked in partnership with healthcare agencies and specialists to respond to people's presenting care needs, for example, palliative care teams, dieticians and speech and language therapists, GP's and chiropodists.

The service had clear and effective governance systems in place. During our inspection we met and spoke with the provider's regional manager and operations manager. The regional manager told us that they visited the home on a monthly basis to undertake quality assurance audits which included amongst other areas, an analysis of falls and pressure wounds within the home. They told us that they had recently conducted a visit focusing on safeguarding management which showed positive results. During our inspection we saw that the operations manager was visiting the home to undertake quality assurance checks on the new medicines management system that had been implemented and to check staff training and knowledge on its use. Again, they fed back positive results stating that staff had implemented the system effectively.

There were arrangements in place to monitor, assess and improve the quality of the service. Records we looked at demonstrated that management and senior staff undertook regular checks and audits in a vast range of areas to ensure the service was managed well and people received good standards of care. Audits undertaken focused on areas such as health and safety, fire safety, the home environment, accidents and incidents, safeguarding, moving and handling, medicines, and care plans amongst others. Records of actions taken to address any highlighted concerns, issues or planned improvements were documented and recorded as appropriate.

People and their relatives were encouraged to share their views and to provide feedback about the service. Regular 'resident and relative' meetings were held and people were encouraged to have a say about the running of the home and any changes they wanted to see. We looked at the minutes for the residents meeting held in August 2018. Items discussed included up and coming events, activities and outings and food served within the home. We noted people made some suggestions about the serving of food and menu options which we saw were being implemented as recorded on an action plan. There were other processes in place that also enabled people and their relatives to provide feedback including a comments and suggestions folder and annual satisfaction surveys. The registered manager told us that the residents and relatives survey was sent to people in June 2018 and the results were being analysed at the time of our inspection. We will check on this at our next comprehensive inspection of the service.