Vauxian Care Limited

Adamscourt Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Adamscourt Residential Care Home is registered to accommodate up to 25 people. They specialise in the care of older people who are living with dementia. The service is split over three floors which were all accessible by stairs, a lift or a stair lift. There were 24 people living at the home at time of inspection.

People's experience of using this service and what we found
People were not always protected from harm as risks were not always identified or reduced by management staff. Medicines were not always managed safely within the home.

There was a quality assurance and auditing process in place, but they were not always effective. Audits had not identified risk within the environment, medicines management and with recruitment processes.

People and their relatives told us staff were kind and caring and they were happy living at the home. Staff told us they were proud to work for Adamscourt Residential Care Home.

People had person centred care plans and access to a variety of activities. People knew how to make a complaint and were confident that the registered manager would deal with their concerns.

People had access to a varied diet and healthcare services as required. There were enough staff on duty, they received training and support to do their job.

The home involved people, relatives and staff in the service by holding meetings and sending questionnaires. The service worked well in partnership with others and continued to build community links.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 18 May 2019).

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified breaches in relation to the safe care and treatment of people, risk assessments and management oversight. Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Adamscourt Residential Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Adamscourt Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with 10 people who used the service and four relatives about their experience of the care provided. We spoke with 11 members of staff including the regional manager, registered manager, deputy manager, activities co-ordinator, senior care workers, care workers and the head chef. We made observations throughout the inspection of interactions between people and staff.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. They sent us an action plan detailing steps they would take to resolve issues raised within the inspection. We spoke with two professionals who regularly visit the service'

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- Risks to people's safety had not always been identified and reduced. Radiators within the home were not covered and therefore people were exposed to hot surfaces and the risk of scalding. Two upstairs windows had not been fitted with a restrictor and opened fully. This meant that people were at risk from harm. The regional manager informed us following the inspection that the radiators had been covered and all window restrictors fitted. The provider informed us following the inspection that they introduced a new risk assessment and policy for hot surfaces.
- Medicines were not always managed safely. Some medicine administration records (MAR) were unclear, contained hand written instructions and changes which were illegible. This meant that people were at risk of receiving the incorrect medicines. We spoke with the regional manager and registered manager and they told us that the current standard of MAR could be confusing for staff and they would arrange for training sessions to ensure all staff knew the standards expected.
- Where people were prescribed medicines that they only needed to take occasionally, guidance was not in place for staff to follow. This meant that these medicines were not always administered in a consistent way. The regional manager told us these should be in place at the home and these were completed during the inspection.

This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The home had arrangements for the ordering, storage and disposal of medicines. Staff responsible for the administration of medicines had received training and had their competency assessed.
- Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately.
- People had individual risk assessments for all aspects of their care. These included for personal care, bathing and choking risks.

Staffing and recruitment

- The home had a recruitment process and checks were in place. These demonstrated that staff had the skills and knowledge needed to care for people. However, we found that full employment histories for two staff were not in place. The registered manager sought to rectify this during the inspection. Following inspection, the provider told us they had reminded all staff responsible for employment of the correct procedures.
- Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring

Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people in a care setting.

● There were enough staff to keep people safe. The registered manager told us they used a dependency tool but would also speak to staff, work within the home and observe to make decisions on staff numbers. A person told us, "There are plenty of staff here and they know us well".
● People told us staff were available to them in an emergency or as needed. People had access to a call bell. A person told us, "They usually answer my bell quickly".

Systems and processes to safeguard people from the risk of abuse
● Staff had received training in safeguarding people. Staff told us how they would recognise signs and symptoms of abuse and who they would report them to both internally and externally.
● The home had a safeguarding policy in place and a process for dealing with any safeguarding concerns.
● People and their relatives told us they felt safe at the home. Staff told us that they knew people well and thought that this helped to keep them safe. A person told us, "I am safe here and well looked after". Another said, "I like it here and I feel safe".
● There were posters around the home reminding people, their relatives and staff of how to report concerns. These included telephone numbers to the local authority safeguarding teams.

Preventing and controlling infection
● Staff had completed training and were clear on their responsibilities in infection prevention and control and this contributed to keeping people safe.
● All areas of the home were tidy and visibly clean. People and relatives told us they thought the home was clean and tidy.
● There were gloves, aprons and hand soaps and sanitisers in various places throughout the home. We observed staff changing gloves, aprons and handwashing appropriately.
● The home had received a Food Standards Agency rating of five which meant that conditions and practices relating to food hygiene were 'very good'.

Learning lessons when things go wrong
● Accidents and incidents were recorded and analysed monthly by the registered manager. This meant that they could identify trends and make changes.
● Learning was shared through staff meetings and daily handovers. Staff told us they felt they were kept up to date and communicated well together.
● The provider told us they had recently introduced learning from lessons guidance for the home. The registered manager told us they found this helpful to prevent incidents reoccurring.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed before they moved into the home. These assessments formed the basis of their care plans. The registered manager or deputy manager went to see each person before they moved into the home.
- People's outcomes were identified and guidance on how staff met them was recorded. Staff knowledge and records demonstrated plans had been created using evidence-based practices. This was in relation to medicines, healthcare, oral care and nutritional needs.

Staff support: induction, training, skills and experience

- The home had an induction for all new staff to follow, which included external training, shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. Some of the staff held a national diploma in health and social care.
- Staff received the training and support needed to carry out their role effectively. They told us they felt confident. A staff member told us, "I really like the training. We can ask for any additional courses".
- Staff received training on subjects such as safeguarding, infection control, dementia and fire safety. Staff told us that it was a mixture of inhouse and external training.
- Staff told us they had regular supervisions and contact with the registered manager and deputy manager.
- Staff told us they felt supported, they could ask for help if needed and felt confident to speak with the registered manager, deputy manager or provider when required.

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

- People were supported to have enough to eat and drink. We received positive comments about the food including; "The food is quite nice here". "The food is very nice". "The meals are excellent". "The food seems good and my loved one is eating better than they were before they came in here".
- People could choose an alternative if they didn't want what was on the menu. The head chef told us they did not have a set menu within the home, this was to support people living with dementia make more meaningful food and drink choices closer to meal time. They spoke to people and knew their likes and dislikes. They told us it was important that they were involved with people each day'
- Records showed input from dieticians and Speech and Language Therapists where required. This was supported by two staff who were nutrition and hydration champions. They were responsible for monitoring people's weight and wellbeing.
- We observed the meal time to be a calm and relaxed social occasion with people having various discussions between themselves and with staff.

● The dining room had tables laid with drinks and condiments. Most people used the communal area to have their meal. Food looked appetising and plentiful.
● The home had cold drinks, fruit and biscuits in various parts of the home for people to help themselves throughout the day.

Staff working with other agencies to provide consistent, effective, timely care
● The deputy manager told us they worked closely with other agencies. Records showed this had promoted effective care and had a positive effect on people's wellbeing.
● Staff were knowledgeable about people's needs and the importance of working with others. A professional told us, "Any referrals are timely and appropriate".

Adapting service, design, decoration to meet people's needs
● The home was accessible for people. It had been adapted to ensure people could use different areas of the home safely and as independently as possible.
● The home had a large lounge, smaller television and quiet lounges with a dining area. There were outside areas with a garden for people to enjoy.
● There were signs on the doors to assist people to access certain rooms such as the bathroom. People were encouraged to bring their own belongings into the home.

Supporting people to live healthier lives, access healthcare services and support
● People were supported to receive health care services when they needed them. Records showed referrals made from the home to a variety of professionals, such as doctors and district nurses. A person told us, "The district nurse comes to see me regularly".
● The home had recently completed oral health assessments for people. They had an oral health champion which was a member of staff who had a special interest in this area. They told us, "We are one month into the process and every resident had an oral health care plan and I have arranged for a dentist to visit".
● The registered manager and deputy manager told us they worked well with all professionals and were comfortable seeking their input when needed.
● Records showed that instructions from health professionals were carried out. A health professional told us that a recent instruction was, "carried out to good effect" by staff.
● Instructions from medical professionals were recorded in people's care plans and communicated to staff during handover. This meant that people were receiving the most up to date support to meet their health needs.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● The home met the requirements of the MCA. Assessments had been carried out for people in relation to their care needs and consent for photographs. This meant that people's rights were protected. The deputy manager told us they were the MCA 'champion'. This meant that they had attended additional training for the MCA and promoted good practice within the home.
● Consent was given by people for the care they received. The home had a record of family members who had the legal authority to make or support decisions for their relative. Where this was in place they had been consulted. A person told us, "They ask my consent before doing anything for me".
● When a person lacked the capacity to make a decision the home held a best interests meeting. Records showed involvement of the person, family members, professionals and the GP.
● People and their relatives told us staff asked their consent before providing them with care. We overheard staff asking for people's consent throughout the inspection particularly in relation to medicines and food.
● Staff had received MCA and DoLS training and were able to tell us the key principles.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff were kind and caring. Comments included: "They [staff] are all caring". "The staff are kind to me". "The staff are very nice".
- People's cultural and spiritual needs were respected. People were asked about their beliefs and practices during their assessment. These were recorded in their care plans. The service had a religious service every month for people to follow their faith. This included being supported to observe their faith outside of the home.
- Staff received training in equality and diversity. Staff told us they would care for anyone regardless of their background or beliefs.
- People were able to spend their day as they chose. This included having time with their families in private. The provider told us they supported people however they wanted to maintain relationships.
- Adamscourt Residential Care Home had received compliments about the care they provided. We read; 'Since my loved one has been looked after at Adamscourt, I have felt they seem content and the obvious care given is very noticeable'.

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

- Staff told us it was important for them to support people with choices. We observed staff supporting people with choices for different aspects of their day and care.
- The registered manager told us they held regular meetings and are continually asking for feedback from people. A relative told us, "I am always kept in the loop about what is happening".

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. We observed many respectful interactions between people and staff.
- People were supported to be as independent as they could be. Staff told us it was important to support people with their independence for as long as possible. A member of staff said, "Independence is really important. It's what make you, you".

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that was responsive to their needs. Staff reviewed the care plans each month or in response to changes. A relative said, "The care plan is going well and I was involved".
- Plans were personalised and relevant to the person. This meant people were receiving the care that was important to them and met their individual needs. Plans had clear outcomes, were well organised and provided guidance for staff, enabling them to meet people's care needs and preferences.
- Care plans and information was available to staff. This included people's life history plans which helped staff understand people's backgrounds. Staff told us the information they had about people's needs was of a good standard and they had all the information needed to provide good care to people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared with others including professionals. People's communication needs were met by staff.
- Staff carried out weekly checks of hearing aids and cleaned glasses for people. They told us this was important to support the person with their communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The home had an activity co-ordinator. They arranged social activities for people. To meet the individual needs of people living at the home they did not have a structured activity plan. The activity co-ordinator told us they decided on the day what they wanted to do. They had a variety of activities within the home and this included visits from external professionals.
- The registered manager told us they had recently been able to improve activities by employing a driver for the home's vehicle and an activity assistant who would work at the weekends. They told us they would be able to offer more activities in the future.
- People and staff told us they enjoyed the activities in the home. A person told us, "The activities lady is good".
- We observed different activities throughout the inspection and these were well attended. Staff and people were relaxed with each other and there was fun and laughter throughout the day.
- The provider told us that they supported people to use video calling and emails to communicate with

their relatives

● People had enjoyed a variety of activities such as, swimming, visits from animals and meals out. The provider told us the home had participated in a gardening project with the local primary school. We were told that they had sourced different interest groups for specific people.

Improving care quality in response to complaints or concerns

● People knew how to make a complaint and the home had a policy and procedure in place. Everyone we spoke with felt comfortable to speak to staff or the registered manager about any concerns. A person told us, "I know the manager and my daughter will complain if there are any issues".

●The home had not had any formal complaints however records showed the registered manager dealt with any feedback to people's satisfaction.

●The home had a, 'You said, we did' board which clearly displayed the actions carried out following concerns or comments from people.

●People were confident that their concerns would be dealt with. One person commented, "I have not had to moan about anything here, but I would if I had to and I feel relaxed about that as well.

End of life care and support

●At the time of inspection, the service was not providing end of life care for anyone. The registered manager told us they worked with the district nurses and GP when a person required end of life support.

● Each person had an end of life and advanced care plan and consideration had been given to whether people wanted to receive certain treatments if they became unwell. These were used in addition to their other care plans.

● The home had been involved in an end of life best practice scheme and had received three recognition awards for quality in end of life care over the past nine years. The home displayed a tree of remembrance to remember people who had passed away, together with photographs

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance systems did not always operate effectively. These systems reviewed different aspects of care however, these systems had not always identified the risks to people. For example, from hot surfaces, medicines management, the environment and recruitment processes.
- Where audits had identified hazards the actions were not always carried out or there had been delays. For example, seven wardrobes required securing to walls, this had been an urgent action for two consecutive months.
- Recording of audits where not always robust. We found that audits identifying shortfalls did not have actions, outcomes and were not signed off by the registered manager. The registered manager told us this should have been completed. Following the inspection the regional manager told us they had put in place a system for review and additional oversight of the service.
- General risk assessments for the home had been completed. However, these were not always accurate or updated as things changed. For example, the risk assessment for falls from height stated that all windows were secured with restrictors, this had been reviewed monthly as all up to date and we found that this was not accurate.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager knew about their duty to send notifications to external agencies such as the local authority safeguarding team and CQC where required. This is a legal requirement to allow other professionals to monitor care and keep people safe.
- The registered manager and staff understood their roles and responsibilities. The registered manager told us they were supported by their team.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff felt proud to work at Adamscourt Residential Care Home. They were complimentary about their colleagues and said they worked well as a team. Some of their comments included: "It's like a family, it's quite special". "The residents have a good life". "I love working here".
- Staff, relatives and people's feedback on the management of the service was positive. Staff felt supported.

The comments included: "The registered manager seems nice". "I know the registered manager and they are easy to talk to and approachable". "They [name] are a very good manager". A health professional told us, "The registered manager [name] is a very visible presence in the home".

● The registered manager told us it was important to them to appreciate their staff. They had an employee recognition scheme in place and other tokens of appreciation for staff such as flowers and cake'

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The registered manager understood the requirements of the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. They told us the circumstances in which they would make notifications and referrals to external agencies and showed us records where they had done this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● The service had made some links with various community organisations such as the local schools and the church.

● The service sought people and relatives' feedback through questionnaires and meetings. Overall the results of those were positive. Residents meetings were held monthly and minutes showed the main discussion was about activities.

● The home had regular staff meetings. Minutes showed discussions about people, updates, ideas, training and good practice reminders.

● The registered manager had arranged for mental health wellbeing sessions for staff, they told us it was important for staff to be able to talk if they wanted to.

● A health professional told us they have a good working relationship with the service. They told us, "We are all working hard to ensure consistency and exceptional service to residents."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not made adequate arrangements to protect people from harm from hot surfaces. Medicines were not managed safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems were not robust enough to ensure systems and processes operated effectively.