

Vauxian Hotels Limited

Adamscourt Residential Care Home

Inspection report

7 Talbot Avenue
Talbot Woods
Bournemouth
Dorset
BH3 7HP

Tel: 01202529855

Date of inspection visit:
05 April 2017

Date of publication:
18 May 2017

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

This was an unannounced comprehensive inspection that took place on 5 April 2017. This was the first inspection of the home since it was taken over by the new providers, Vauxian Hotels Limited.

Adamscourt Residential Care Home provides accommodation and personal care for up to 25 older people in a small homely environment. At the time of the inspection there were 21 people living there.

There was a registered manager at the home at the time of the inspection. 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.

There were systems in place make sure that the environment and way people were looked after were safe.

Staff had been trained in safeguarding adults and were knowledgeable in this field.

Risk assessments had been completed to make sure that care and support was delivered safely with action taken to minimise identified hazards.

Accidents and incidents were monitored to look for any trends where action could be taken to reduce likelihood of recurrence.

There were sufficient staff employed at the home to meet the needs of people accommodated.

There were recruitment systems in place to make sure that suitable, qualified staff were employed at the home.

Medicines were ordered, stored, administered and disposed of safely and overall there was good management of people's medicines.

The staff team were both knowledgeable and well trained and there were induction systems in place for any new staff.

Staff were well-supported through supervision sessions with a line manager and an annual performance review.

Staff and the registered manager were aware of the requirements of the Mental Capacity Act 2005 and acted in people's best interest where people lacked capacity to consent. The home was compliant with the Deprivation of Liberty Safeguards with appropriate referrals being made to the local authority.

People were provided with a good standard of food, appropriate to their needs. Action was taken in circumstances where people had lost weight.

Relatives, staff and people were positive about the standards of care provided at Adamscourt Residential Care Home. People were treated compassionately as individuals, with staff knowing people's needs.

People's care and support needs had been thoroughly assessed and care plans put in place to inform staff of how to care for people. The plans were person centred, covered people's overall needs and were up to date and accurate.

A programme of activities was provided to keep people meaningfully occupied.

There were complaint systems in place and people were aware of how to make a complaint.

Should people need to transfer to another service, systems were in place to make sure that important information would be passed on.

The home was well-led. There was a very positive, open culture with good staff morale.

There were systems in place to audit and monitor the quality of service provided to people.

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.

There were systems in place to make sure people were both cared for safely.

Staffing levels were appropriate to meet people's needs.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

The staff team were both knowledgeable and well trained.

People's consent was sought about how they were cared for and the home was compliant with the requirements of the Mental Capacity Act 2005.

People enjoyed a good standard of food that was appropriate to their needs.

Is the service caring?

Good ●

The service was caring.

The home had a longstanding staff team who demonstrated compassion and a commitment to providing good care to people.

People's privacy and independence was respected.

Is the service responsive?

Good ●

The service was responsive.

People's care and support needs had been assessed.

Individual care plans had been developed for people that were accurate and up to date.

Activities were arranged based on people's individual interests and hobbies.

There was a complaints procedure that people were aware of with no complaints having been raised since registration in December 2015..

Is the service well-led?

The service was well-led.

The home was well led and managed with an open and transparent culture.

People's and relatives views were sought about the quality of service provided.

There were systems in place to monitor and audit the quality of service provided.

Good ●

Adamscourt Residential 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 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.

We reviewed the notifications the service had sent us. These had not included any substantiated safeguarding allegations. A notification is information about important events which the service is required to send us by law.

This inspection took place on 5 April 2017 and was unannounced. Two inspectors carried out the inspection. We met the majority of people living at the home; however, because they were living with dementia and not able to share with us their experience of living at the home, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us. We spoke with one person in depth who was able to tell us about their experience of the home.

The registered manager and deputy manager assisted us throughout the inspection. We also met and spoke with five members of staff and relatives who were visiting that day.

We looked in depth at three people's care and support records, people's medication administration records and records relating to the management of the service. These including staffing rotas, staff recruitment and training records, premises maintenance records, a selection of the provider's audits, policies and quality assurance surveys.

Is the service safe?

Our findings

Overall, we had no concerns about the safety of people living at Adamscourt. A relative said, "Mum has lived here for many years, I have always felt she is safe here." A person who lived at the home said, "I feel very safe. The girls are lovely."

The provider had taken steps to make sure people were protected from avoidable harm and abuse, ensuring people's human rights were protected. This was because staff had completed training in adult safeguarding that included knowledge about the types of abuse and how to refer allegations. The staff were also aware of the provider's policy for safeguarding people who lived in the home. Training records confirmed staff had completed their adult safeguarding training courses and received refresher training when required.

The service was managed so that people were protected from avoidable risk and their freedom supported and respected.

There were systems to ensure risks were minimised in delivering people's care. Part of this was the carrying out of risk assessments in areas that could affect older people; for example, malnutrition, falls, people's mobility and skin care. Risk assessments were in place for the people on whose care we focused. They had been reviewed each month, or when people's circumstances changed, to make sure that information for staff was up to date. The risk assessments informed the care planning process to make sure that care was delivered as safely as possible.

Staff supported people to move around the home safely using appropriate equipment, such as walking sticks, frames and wheelchairs. We observed staff use moving and lifting equipment to transfer people from wheelchairs to arm chairs and recliner chairs. Staff reassured the person throughout the whole process and they looked comfortable and safe. However, people who needed use of a hoist did not have their own individual sling. This was discussed with the registered manager, who agreed that this would be addressed in the interest of better infection control.

The premises had been risk assessed to minimise the potential of any hazard to cause harm to people. Portable electrical equipment had been tested to make sure equipment was safe to use. Where bed rails were in use to prevent people from falling from bed, a risk assessment was in place to make sure people were safe from harm. Equipment used in the home was serviced at required intervals to make sure it was safe to use. Personal emergency evacuation plans were in place for each person, which provided staff with guidance in how to support people to safety if necessary. There were also contingency plans in place for various emergency situations.

The registered manager monitored accidents and incidents that had occurred, looking for trends where action could be taken to reduce the likelihood of their recurring. For example, bedrail bumpers were changed for one person as they were able to remove the previous ones, bruising their leg. Appropriate action had been taken in relation to accidents, such as making a referral to the person's GP.

There were sufficient staff to keep people safe and to meet their needs. The registered manager told us that a dependency profile tool would be introduced to assist in monitoring staffing levels. Staffing levels had recently been increased to meet identified demand for staff at teatime. The person we spoke with, and also relatives and staff, thought staffing levels were sufficient to meet people's needs.

Robust recruitment processes were being followed with required checks made to establish the suitability of each candidate, which included a disclosure and barring service check (DBS). The DBS is a national agency that holds information about criminal records. This helped to ensure people who lived at the service were protected from individuals who had been identified as unsuitable to work in a care setting .

The registered manager had developed a robust system of medicines management. A monitored dosage system was used where all the medicines were prepared and labelled by the pharmacy. Some medicines required storage at a low temperature. The provider had a fridge to keep these medicines at the correct temperature. Staff were conducting regular temperature checks to ensure the medicines were kept at the correct temperature. There were appropriate systems in place for the management of controlled medicines. Staff who handled medicines had completed appropriate training and their competency was assessed to make sure they followed correct procedures in a safe manner. Medicine administration records were kept up to date and showed people received their medicines as had been prescribed by their GP.

Is the service effective?

Our findings

Staff had the skills and knowledge to make sure people received effective care.

One member of staff told us, "It is beautiful here; we all work really well as a team." The relative we spoke with told us that they had confidence in the staff and the home as a whole.

The registered manager had a system in place to make sure staff received training that was appropriate to their role. This was confirmed by the staff and by records that detailed courses staff had attended and when they were due for update training. Staff received core training in areas such as the Mental Capacity Act 2005, dementia awareness, moving and handling, infection control, adult safeguarding and health and safety training. Staff were also able to further their knowledge through attending other courses such as end of life training. The activities co-ordinator was also able to attend meet-up groups with other activities co-ordinators to share and learn from others. New staff completed an induction that included working alongside experienced staff as well as completing the national Care Certificate, which sets out common induction standards for health and social care staff.

Staff told us they felt supported by the registered manager as well as by other colleagues. They told us they received one to one supervision sessions in line with the home's policy every three months in addition to an annual appraisal to look at their career development and review their year's performance.

People's consent to care and treatment was always sought, in line with legislation 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 be as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection, the registered manager had made applications to the local authority for everyone living at the home for a DoLS authorisation and records were held in people's files to reflect this. One person's DoLS authorisation had a condition attached. This was being complied with. There were also records on people's files of any lasting powers of attorney so that staff knew about legal authority for decision making where people lacked capacity. Mental capacity assessments had been carried out for people who lacked capacity to make specific decisions.

Staff had knowledge and understanding of the MCA as they had received training in this area.

People were supported to have sufficient to eat, drink and maintain a balanced diet.

The following comments were made about the food provided: "The food is very good; I am on a special diet and the chef makes sure I get the things I like", "The food here is excellent" and "I had a lovely lunch". Nutritional assessments identified people's needs and personal preferences. People's weight was regularly monitored and action taken when people lost weight. The chef told us the menus were changed in response to feedback from people living in the home. The chef had records of people's individual dietary needs, allergies and preferences and was able to tell us how, for example, they catered for people with swallowing difficulties who had specific care plans developed with speech and language therapists.

We observed the lunchtime period, which was a positive experience for people. Gentle background music was playing and some people were assisted with eating by staff who were patient and encouraging.

There were systems in place to monitor people's on-going health needs. Records showed referrals were made to health professionals including opticians, chiropodists, GPs and specialist health professionals.

Is the service caring?

Our findings

Everyone we spoke with gave positive views about living at Adamscourt care home. The staff were described as very nice, kind and friendly. A relative talked about how they were always warmly welcomed into the home and made to feel comfortable. One person clarified how they experienced staff as caring, telling us, "They are all so lovely".

During our inspection we observed various members of the team interacting and talking with people in an informal and relaxed manner. Staff used people's preferred names and engaged in friendly chat and conversation. People responded well to staff and appeared relaxed and comfortable in their presence. Staff spoke to people in ways which showed they valued and cared about them. Staff supported people patiently and kindly and did not appear rushed. It was clear that people had built friendships with other people who lived in the home and staff ensured people could sit with their friends if that was their wish. Staff spoke fondly of people and were able to describe what activities they liked to take part in, this showed staff knew the people well and provided support and care in an individualised manner.

One room was shared by two people by their consent. A portable screen was available to enable people to have privacy with personal care.

People's spiritual and religious needs were assessed. Each month a church service was held within the home.

The home had attained accreditation for the National Gold Standards Framework Centre in End of Life Care. The National Gold Standards Framework (GSF) Centre in End of Life Care is the national training and coordinating centre for all GSF programmes, enabling generalist frontline staff to provide a gold standard of care for people nearing the end of life. The manager told us that people's advanced wishes were also documented if people wished.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs and there were no concerns raised about the way care was planned and delivered.

Before a person was accepted for a placement at the home, a preadmission assessment of their needs was carried out to make sure the home could meet these.

Once admitted, risk assessments and assessment tools were used to develop an individual care plan with each person or their representative. Care plans were up to date and reflected people's needs, as well as being person centred in the way they were written. Overall people's care plans provided good information about each person's ability and how staff should support people to maintain their independence.

People had been provided with specialist equipment where this was needed, such as air mattresses. Where these had been provided, we saw that there was a system to make sure people's mattress settings corresponded to their weight.

As part of the initial assessment, relatives or people were asked to complete a form about people's life history and interests, with the information then used to provide personal care to each individual.

The home employed an activities co-ordinator who organised a range of activities within the home, such as independent entertainers, singers and gentle armchair exercises. A monthly newsletter was also produced each month, the latest being displayed on the residents' noticeboard. Staff spent time chatting to people about things of interest to them and reminiscing when not engaged in supporting people's personal care. On the day of our inspection a group went out for a trip to Poole Park in the home's minibus.

The complaints policy was made easily available for people and their relatives. There was a system for logging complaints which showed none had been received since the home's new registration in December 2015. People were confident they knew how to raise any issues and one person told us, "I have never had to complain". A relative told us they were able to talk with staff as issues arose and they were satisfied staff would address them. This showed the service listened to people and their families and took any necessary actions.

There was a system in place for when people had to transfer between services, for example, if they had to go into hospital or be moved to another service. The system ensured information accompanied the person, which meant they would receive consistent, planned care and support if they had to move to a different service.

Is the service well-led?

Our findings

There was a positive culture at the home with a good staff morale. One member of staff told us, "We work as one big family; the management works well together." Another member of staff told us, "There is good leadership."

There management of the home was shared between the registered manager and deputy manager as the registered manager also had responsibilities for another sister home in Hampshire. The staff told us this worked well and that the owners also took an interest in the home, visiting at least once a week.

The staff told us there was always a manager available to speak to should they need advice.

There were systems in place to monitor the quality of service. Recent returned questionnaires from people, staff, professionals and relatives were positive overall. Quotes included; 'I would recommend Adams court 100% all staff are lovely and devoted'. Once the completed questionnaires were returned they were analysed and reviewed and action taken on any negative concerns or queries. Results of the survey were also displayed on the residents' noticeboard.

Records showed and staff told us they had regular meetings in which they could discuss issues affecting the running of the home.

There was a system for monitoring accidents and incidents that sought to learn and make improvements where necessary.

The registered manager showed us the various audits carried out that also sought to monitor the quality of service and take action where necessary. The registered manager was aware of the issues that required notification to CQC and had submitted notifications as required.

Records we reviewed during the inspection were up to date, accurate and were stored confidentially.