

Adalah Residential Rest Home Ltd

Adalah Residential Rest Home Limited

Inspection report

20 Cliff Road
Leigh on sea
Essex
SS9 1HJ
Tel: 00 000 000
Website: www.example.com

Date of inspection visit: 27 and 28 May 2015
Date of publication: 25/06/2015

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 

Overall summary

The Inspection took place on the 27 and 28 May 2015.

Adalah Residential Rest Home provides accommodation and personal care without nursing for up to 30 persons who may be living with dementia. At the time of our inspection 24 people were living at the service.

The service had a registered manager. 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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been

Summary of findings

recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The manager was up-to-date with recent changes to the law regarding DoLS and knew how to make a referral if required.

People had sufficient amounts to eat and drink to ensure that their dietary and nutrition needs were met. The service worked well with other professionals to ensure that people's health needs were met. People's care

records showed that, where appropriate, support and guidance was sought from health care professionals, including a doctor, district nurse and mental health professionals.

Staff were attentive to people's needs. Staff were able to demonstrate that they knew people well. Staff treated people with dignity and respect.

People were provided with the opportunity to participate in activities which interested them. These activities were diverse to meet people's social needs. People knew how to make a complaint; complaints had been resolved efficiently and quickly.

The service had a number of ways of gathering people's views including talking with people, staff, and relatives. The manager carried out a number of quality monitoring audits to help ensure the service was running effectively and to make improvements.

Summary of findings

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 was safe.

People felt safe at the service. Staff took measures to keep people safe.

Staff were recruited and employed after appropriate checks were completed. The service had the correct level of staff on duty to meet people's needs.

Medication was stored appropriately and dispensed in a timely manner when people required it.

Good



Is the service effective?

The service was effective.

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fulfil their role.

People's food choices were responded to and there was adequate diet and nutrition available

People had access to healthcare professionals when they needed to see them.

Good



Is the service caring?

The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Good



Is the service responsive?

The service was responsive.

Care plans were individualised to meet people's needs. There were varied activities to support people's social and well-being needs. People were supported to access activities in the local community.

Complaints and concerns were responded to in a timely manner.

Good



Is the service well-led?

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Good



Adalah Residential Rest Home Limited

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 is 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 inspected Adalah Residential Rest Home on the 27 and 28 May 2015 and the inspection was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed previous reports and notifications that are held on the CQC database.

Notifications are important events that the service has to

let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority. We reviewed the 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.

During the inspection we 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 11 people, four relatives, five members of care staff, the chef, the care manager and registered manager. We reviewed five people's care files, five staff recruitment and support files, training records and quality assurance information.

Is the service safe?

Our findings

People told us they felt safe living at the service, one person said, “I am happy here, it’s a nice place to come, I feel safe.” A relative told us, “The staff are very ‘on the ball’ making sure everyone is okay.”

Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. Staff said, “If I had any concerns I would tell the senior or manager, or if I thought my concerns were not listened to I would tell the CQC or social services.” The service had a policy for staff to follow on ‘whistle blowing’. One member of staff told us, “If I was worried about anything I would ‘blow the whistle’ and speak to the owner or CQC.”

The manager reported safeguarding concerns appropriately to the local authority and the CQC. The manager also demonstrated how concerns had been investigated and that learning from these concerns had been shared with staff to ensure people were supported safely. For example ensuring protective equipment to help reduce risk were used correctly such as pressure mats.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. The assessment covered preventing falls, moving and handling, nutrition assessments and prevention of pressure sores. Staff were trained in first aid, should there be a medical emergency, and they knew to call a doctor or paramedic if required. Staff carried out regular fire drills and everyone had a personal evacuation plan in place.

People were cared for in a safe environment. The manager arranged for the maintenance of equipment used including the hoists, lift and fire equipment and held certificates to demonstrate these had been completed. For other maintenance staff recorded any work that needed completing and this was then completed monthly or sooner if required by a maintenance person. Staff had emergency numbers to contact in the event of such things as a plumbing or electrical emergency.

There were sufficient staff to meet people’s needs. A member of staff told us, “We have enough staff, you are not

rushed and you can spend time with people.” People said, “There are always staff around if you need them.” One person said, “If I use my call button they always come immediately, I never wait longer than 2 or 3 minutes.”

The care manager and manager told us that they had reviewed staffing levels in September 2014 and now provided more senior support and structure to the way the service is run. Following on from this they slightly adjusted shift times for staff to ensure that staff were available to people when needed most. Staff told us, “We have changed our working hours now and it works much better, we have more time to spend with people.” The manager told us they keep staffing levels under constant review. The service was well staffed and had recently been recruiting new staff to replace people who had moved on from the service. Any shortfalls in staffing were covered through an agency who provided regular staff that knew people well to maintain consistency.

The manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). One member of staff told us, “I saw the job advertised in the job centre, I sent in my curriculum vita, I had an interview with the manager, then had to wait for my references and DBS check before I started.”

People received their medications as prescribed. One person told us, “I get my medication when I need it.” Another person told us, “I have my own medication locked in a cupboard in my room. I have always managed my own tablets. The staff help me by re-ordering the prescription when I need it.” Senior carers who had received training in medication administration and management dispensed the medication to people. We observed part of a medication round. The staff wore a red tabard asking for no interruptions whilst they dispensed medication. They checked the correct medication was being dispensed to the correct person by first checking the medication administration record and by talking to the person. The staff checked with the person if they required any

Is the service safe?

additional medication such as for pain relief and asked them how much they felt they needed. When people needed additional medication this was clearly care planned and recorded on the medication charts.

The service had procedures in place for receiving and returning medication safely when no longer required. They also had procedures in place for the safe disposal of medication.

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. Staff had completed nationally recognised qualifications and were being supported to advance with these to higher levels. One member of staff said, “We get lots of training I have recently completed medication training, dementia awareness and diabetic care.” Another member of staff told us, “We have just completed first aid training.” Staff felt training provided was very good and supported them within their role. People felt that the staff were well trained, one person said, “They all seem to know what they are doing.”

Staff felt supported at the service. New staff had an induction to help them get to know their role and the people they were supporting. The induction included completing the Common Induction Standards, this enabled staff who were new to care to gain the knowledge and skills to support them within their role. A new staff member said, “Before I started working I completed training, I was given time to go through policies and people’s care plans and I then worked alongside a senior member of staff.”

The service took the required action to protect people’s rights and ensure people received the care and support they needed. Staff had received training in Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and had a good understanding of the Act. The manager had made appropriate applications to the local authority for DoLS assessments. Mental capacity assessments had been carried out where needed and appropriate actions had been taken. For example, the service had sought to protect people’s rights and freedoms because decisions had been made in people’s best interests where required. Staff knew to check that people were consenting to their care needs during all interactions.

People said they had enough food and choice about what they liked to eat. We saw throughout the day people were

provided with food and drinks. A relative told us, “There is always a drink in front of [name] and the staff check that they drink it.” People we spoke with told us that there was always plenty to eat, some people said there was, “Too much to eat.” The service employed two chefs to cook the food which was all prepared fresh daily. People said they had plenty of choice over what they wanted to eat and if they did not like the choices on the menu they could have an alternative.

We observed a lunch time meal; this was a very relaxed and social occasion. We saw people make requests for alternatives to the menu and this was provided. Where people needed support with eating staff sat with them, whilst providing support at the person’s own pace. A relative told us that their loved one needed a special diet and that, “Staff have gone out of their way to find food that [name] finds appetising.” They also said, “Since being here [name] has thrived.”

Staff monitored people’s weight and where appropriate made referrals to other professionals such as a dietician. The chef was provided with the information they needed from staff to provide specialist diets as required for people, for example, diabetic diets.

People were supported to access healthcare as required. The service had good links with other health professionals, such as district nurses, GPs, mental health nurses, chiropodist and dieticians. The manager told us that they tried to prevent hospital admissions by working with GPs who provided a priority visit service. They also worked with the rapid response teams provided by district nurses to avoid unnecessary hospital admissions.

People said that healthcare at the service was very good. One person said, “I needed to see the district nurse this morning, the staff called them and they were here before 10am to see me.” A relative told us, “I mentioned [name] had back pain and the staff called the doctor immediately, who came later that day.”

Is the service caring?

Our findings

The staff provided a very caring environment; we received many positive comments from people and their relatives. Such as, “The staff are excellent, they will do anything for you.” Another person said, “We have a laugh and a joke with the staff, we have a very good relationship.” A relative told us they found the staff very compassionate and caring, they said, “Could not get better care.”

The staff were open and friendly. Staff and people engaged in conversations with each other, easily, frequently laughing together. Staff took their time to talk with people and showed them that they were important; they always approached people face on and at eye level. Staff were attentive to people’s needs, checking if they needed drinks and asking people if they needed anything when talking with them. On many occasions staff told us how fond they were of people who lived at the service and how, “It feels like a family here.” A relative told us, “This feels like [name] home the staff are so welcoming.”

Staff knew people well including their preferences for care and their personal histories. One person told us, “The staff know my routines and how to help me.” Another person said, “I can’t fault the staff in anyway.” And, “If you are not feeling well they will come and check on you and bring your food up if you don’t feel like going to the dining room.” People were supported to maintain their independence at the service. A member of staff said, “I always let them know I am there to help if they need it.”

People’s needs were attended to in a timely manner by staff. We saw when one person became upset staff responded immediately to offer them reassurance and distract them. We later saw this person relaxed in the company of others later in the day. Staff throughout the day were attentive of people’s needs, frequently spending time talking with people and seeing if they required any assistance.

People and their relatives were actively involved in making decisions about their care. One person said, “[Name of staff member] goes through my care plan with me every month to discuss how I have been and if I need anything else.” Staff reviewed people’s care plans and discussed these with people and their relatives as appropriate. Staff told us that they used a key worker system; this meant people had a named care worker who took care of their support needs and reviewed their care with them.

People’s diverse needs were respected. People told us their religious needs were supported by a monthly religious service that was held there. People also had access to individual religious support should they require this.

Staff treated people with dignity and respect. People told us that staff always respected their privacy. Staff knew the preferred way people liked to be addressed and we saw staff were respectful in their interactions with people.

The service was spacious with plenty of room for people to receive visitors in their rooms or in one of the lounges. Relatives told us they visited at all different times of the day without any restrictions of visiting times.

Is the service responsive?

Our findings

The service was responsive to people's needs. People and their relatives were involved in planning and reviewing their care needs. People were supported as individuals, including looking after their social interests and well-being.

Before people came to live at the service their needs were assessed to see if they could be met by the service. Relatives told us they looked at many different services before they made the decision to choose Adalah. Some relatives told us that their relatives had been at previous placements but had found the care at this service much better. Some people said that they had spent time at the service with a loved one, or had previously spent time at the service following being in hospital for respite.

Relatives told us the service was responsive to people's needs, for example making sure they had the correct equipment for them to use. One relative said that the staff had supported them in accessing additional care time to support their loved one to go out, as they found this very beneficial for their well-being. The manager when they first came to the service acquired a new hoist as they felt there were not enough for people to use.

Staff had a good understanding of people's care needs and routines. They were able to describe how people liked to be supported and what their preferred routines were. The care plans were individual to people's needs and described how to best support them. The care plans were regularly reviewed, at least monthly. Staff also updated the care plans with relevant information if people's care needs changed. This told us that the care provided by staff was up

to date and relevant to people's needs. Relatives and people told us they were involved in planning their care, one relative said, "Staff are very good at keeping me up to date with my relatives care needs."

People were encouraged to follow their own interests at the service or in the community. People were supported to keep community contacts and to remain in touch with friends and family. People told us how they like to go out or spend time with their families. One person told us, "I went to Southend yesterday, we sometimes go shopping or I go and stay with my family at the weekends."

People enjoyed varied pastimes and the management and staff engaged with people to ensure their lives were enjoyable and meaningful. Some people were enjoying reading the newspaper, doing puzzles and watching television. We also saw staff giving people manicures and generally sitting and talking with them. The service had two members of staff that concentrated on doing activities with people. The activities were either done one to one or as a group. A person told us, "I enjoy the quizzes and crosswords and the entertainers we have."

The service had a robust complaints process in place that was accessible and all complaints were dealt with effectively. People and relatives said if they had any concerns or complaints they would raise these with the manager. We saw where complaints had been raised these had been dealt with quickly and effectively. For example a relative said that a call bell was not easily accessible, so the manager had an additional call bell fitted. The service also received many compliments one said, 'May I express my deepest appreciation and gratitude for your kindness and support.'

Is the service well-led?

Our findings

The service had a registered manager and in addition had a care manager. Both were very visible within the service and encouraged an open door policy for staff, people and relatives. The managers had a very good knowledge of all the people living there and their relatives.

People, their relatives and staff were very complimentary of the management. One relative told us, "They will do anything for you, nothing is too much, when I couldn't make an appointment, they arranged to take [name] for me, no fuss."

Staff felt the manager was very supportive to their roles and said, "The managers are always there, you can speak to them about anything if they are not on duty you can ring them for advice." Since the new managers had started at the service they had brought in many changes to improve the service for people living there. Staff said, "We have had a lot of changes and things are really starting to work well now." Staff felt that their opinions were listened to and felt valued by the managers.

Staff had regular supervision and meetings to discuss people's care and the running of the service staff said, "We have supervision and appraisals, we can talk to the managers and ask them advice about people's care needs." Staff said they had regular team meetings to discuss any issues at the service and to learn from any events and share information. Staff also had a handover meeting between each shift, to discuss any care needs or concerns that have happened and used a communication book to share information.

Staff shared the manager's and provider's vision for the service. Staff told us, "We aim to provide the best care for

people, for them to feel like they are at home and are happy." Another member of staff said, "We aim to provide quality care, for people to maintain their independence and have a comfortable life."

When the new manager started at the service they provided the staff with questionnaires to gain their feedback on the service and to see what areas they thought could be improved. Staff said they felt their opinions had been listened to and acted upon. For example shift times had been adjusted to ensure staff were available at the right time to support people. Staff said they felt this change worked much better and allowed them more time with people.

The manager gathered people's views on the service through regular meetings with relatives and people. During the meetings they gained feedback on people's care and treatment and any issues they may have. We saw from minutes that care was discussed along with food and day trips in the summer. In response some dishes on the menu had been changed and this was under constant review.

The manager was very thorough in sending notifications as required to the CQC and in making referrals to the local safeguarding authority. We saw that investigations had been carried out thoroughly and action plans put into place. The manager followed their disciplinary procedures and dealt with staff poor performance appropriately.

The manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. For example they carried out regular audits on people's care plans and medication management. They used this information as appropriate to improve the care people received.