

Mr B Brown

Adelphi 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?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place 5 February 2016 and was unannounced. The inspection team comprised of two compliance adult social care inspectors.

The service was last inspected on 29, 30 April 2014, when we found the provider was compliant with the regulations we assessed at that time.

The Adelphi Residential Care Home is situated in a quiet residential area, close to both Chorley town centre and Astley park. The home can accommodate up to 27 residents in a mixture of single and shared bedrooms, with some bedrooms having unsuited facilities. There are three shared lounges and a dining room which extends into a conservatory area. There is a small courtyard at the rear of the home, with a ramp for ease of access.

The service is registered to provide accommodation for persons who require nursing or personal care. There is 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.

We looked at how the service protected people from avoidable harm and known risk to individuals. We found that the registered person had not always protected people against the risk of unsafe care by means of the effective assessment and management of risks to their safety.

People who use the service did not have Personal Emergency Evacuation Plan (PEEP's) in place.

We found evidence that not every person who used the service was free to leave the building if they wished to. The manager and some staff were not fully aware of their roles and responsibilities in relation to consent, as defined in the MCA 2005.

There was no activities programme in place at the service. People were not given the choice to join in any activities or social stimulation.

Although there were systems in place to audit some areas of the service these were not always completed effectively so that the identified improvements could be made.

Risks associated with the environment and hazards had not been identified by the provider.

Safeguarding procedures were in place and we felt reassured by the level of staff understanding regarding abuse and their confidence in reporting concerns.

We saw evidence that the service was making the required referrals and seeking support on how best to

meet people's needs.

We looked at how the service provided a safe environment for people. We observed that the home was not following practice guidelines for the disposal of Personal Protective Equipment (PPE). Overall the cleanliness of the home could be improved. We have made a recommendation about this.

The registered manager had received completed residents' and relatives' surveys. However, these were not reviewed and used to improve the service we have made a recommendation around this.

We found that staffing levels was having a negative impact on the care and support provided at the service and we have made recommendations around this.

Throughout our visit we observed staff interacting with people who used the service and providing support.

The service had a registered manager who was available to people, relatives and staff. We were told by people who used the service and staff that the manager was approachable.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to: consent, safe care and treatment, safeguarding people from abuse, good governance, premises and equipment and dignity and respect.

You can see what action we have asked the provider to take at the back of this report.

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 not consistently safe.

Arrangements for assessing and managing risks across the service were not always effective, which meant people's safety and wellbeing was not consistently protected.

Staff were aware of their responsibilities to safeguard people from abuse and were confident to report any such concerns.

Staff were carefully recruited to help ensure new employees were of suitable character. This helped to protect the safety and wellbeing of people who used the service.

Arrangements for the management of medicines were satisfactory. People received their medicines as prescribed, which helped to promote their good health and wellbeing.

Requires Improvement ●

Is the service effective?

Not all aspects of the service were effective.

The rights of people who did not have capacity to consent to certain elements of their care or support were not promoted because staff were not working in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People had access to on-going healthcare support and appropriate advice was sought from relevant professionals when required.

Systems were in place to monitor food and fluid intake for every person who used the service. This was not personal to the individual.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff respected people's privacy and dignity in a caring and compassionate way.

Good ●

Staff were kind and patient in their approach towards those who lived at Adelphi and interactions with people were noted to be caring.

Staff knew people well and responded to their needs appropriately.

Is the service responsive?

The service was not consistently responsive.

People received personalised care and support. However, this was not always responsive to their changing needs.

People were not supported to take part in regular activities within the home.

There was a system in place for managing any complaints received.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

Arrangements for monitoring quality and assessing risk were not always effective. This meant that some risks were not identified.

Staff said they felt supported by the manager of the home and were fully aware of their responsibility to report any concerns they had about the care provided, to their managers or the relevant authorities.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

Requires Improvement ●

Adelphi 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 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.

The inspection took place 5 February 2016 and was unannounced. The inspection team comprised of two adult social care inspectors.

Prior to this inspection, we looked at all the information we held about this service. We reviewed notifications of incidents that the provider had sent us. We received feedback from social work professionals and a General Practitioner. Their feedback is included within this report.

At the time of our inspection of this location, there were 24 people who used the service. We met them and spent some time observing them receiving care and support. We spoke to 14 people who used the service and four relatives who visited the service on a regular basis. This enabled us to determine if people received the care and support they needed and if any identified risks to people's health and wellbeing were appropriately managed.

We observed how staff interacted with people who used the service and viewed three people's care records. We spoke to six care workers, the registered manager and the provider during the course of our inspection.

We looked at a wide range of records. These included; the personnel records of seven staff members, the care records of three people who used the service, a variety of policies and procedures, training records, medicines records and quality monitoring systems.

Is the service safe?

Our findings

People who used the service told us they felt safe: "I feel safe here": "Yes I'm safe I've been here five years they look after me". A relative told us, "I know my mum is fine there".

We looked at how the service protected people from avoidable harm and known risk. We found that the registered person had not always protected people against the risk of unsafe care by means of the effective assessment and management of risks to their safety.

Risk assessments were included in people's care files. However risk assessments were not always dated and there was no evidence that they were reviewed or updated. Where risks were identified, there were no instructions to staff to mitigate the risks. For example, records showed that one person, who lived at Adelphi Residential Care Home was at risk of pressure damage and used a pressure mattress. However there was no instruction to staff about the mattress setting for this person.

There were processes in place to assess and manage risk, but in terms of general risk, such as those associated with the environment, the service had failed to identify a number of hazards, which we were able to easily identify during the inspection. These included unrestricted windows and broken glass in a toilet door.

We looked at the accident and incident records for people who used the service. We found two written entries, following separate falls, which stated, 'bumped back of head' and 'slight swelling of cheek bone'. However, no medical intervention had been sought and no additional checks were documented to show that the condition of the individual had been monitored. A failure to ensure people were carefully monitored meant they were at risk of further harm.

Under current fire safety legislation it is the responsibility of the registered manager to provide a current fire safety risk assessment that includes an emergency evacuation plan for all people likely to be on the premises in the event of a fire. In order to comply with this legislation, a PEEP needs to be completed for each individual living at the home. We asked to see PEEPs for people who used the service and were told the service did not have them in place.

We looked at how the service provided a safe environment for people. We observed that the home was not following practice guidelines for the disposal of Personal Protective Equipment (PPE). This was being disposed of in general waste bins and not in clinical waste. Overall the cleanliness of the home required improvement. We discussed this with the registered manager during the inspection.

Infection control audits were completed quarterly by the registered manager however these failed to identify areas of concern noted during the inspection. This included the cleanliness of the environment being below an accepted standard and incorrect waste bins being used for the disposal of PPE. A lack of sufficient fire safety plans for individuals, lack of safe infection control practices and failure to act upon accidents and incidents and keep risk assessments up to date amounted to a breach of regulation 12

(1) (2) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked staff if they felt there were sufficient numbers of care workers to provide care and support for people living at Adelphi Residential Care Home. Staff told us: "There's not enough staff to get the work done and this impacts on the residents": "We could always use a spare pair of hands": "Staffing levels are a bit low at the moment". We discussed this with the registered manager and the provider during our inspection and they agreed that staffing levels could be increased.

We spoke to the registered manager and the provider during the inspection. The service did not have a staff dependency tool to identify how many staff were needed. The provider stated that the staffing levels had been the same for many years. It was highlighted to the provider that the needs of the service changes on a regular basis and this needs to be assessed. The registered manager and the provider agreed that this would be looked at to ensure that staffing levels were assessed regularly to help prevent a shortage of staff.

We observed that the staffing levels impacted on the care and support offered to the people who used the service. One person told us: "Staffing is minimal I have to wait for help in the mornings". A relative told us: "An increase in staffing is needed mum needed help to the toilet however there was no staff as they were helping someone else and she wet in the chair".

Despite the failures identified with risk assessments we did find good practice around the mitigation of risk around falls. Falls prevention monitoring checks were completed regularly for each person using the service. Checks were carried out on personal equipment and walking aids as well as checking individual bedrooms for trip hazards. In addition footwear was checked to ensure the fit and to look for any wear and tear.

This impact of staffing levels on care and support resulted in a breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During collecting feedback following the inspection day a staff member told us: "There is a new rota with more staff which is working well". Safeguarding procedures were in place and provided staff with guidance about reporting any potential or suspected abuse of people who used the service. One staff member told us: "I understand about types of abuse. I feel confident to report this to management straight away and know the local safeguarding teams number to go straight to them if needed". Another staff member told us: "We receive safeguarding training on induction, I understand how to report abuse and am aware of different types of abuse". We felt reassured by the level of staff understanding regarding abuse and their confidence in reporting concerns.

We viewed a selection of staff personnel files to assess the recruitment procedures used by the registered manager. We found the registered manager had carried out appropriate background checks to help ensure people employed at the home were of suitable character. The background assessments undertaken included the receipt of two written references and Disclosure and Barring Service (DBS) checks, which would identify if the individual had any criminal convictions or had ever been barred from working with vulnerable people.

We looked at how the service managed people's medicines. We looked at medicine administration records [MARs] for people who used the service. MARs indicated that people received their medicines at the times specified. Records were signed and no omissions were found. We observed people being given their medicines. Staff followed best practice and current NICE guidance.

Audits of medicine practices had been completed by a local pharmacist. An area of improvement that that was identified was the need to update the current photographs of people who used the service which were contained in the MARs charts. This action remained outstanding at the time of inspection.

Records showed that staff had received the appropriate training to help them to administer medicines safely. When the medicine round was finished the trollies were kept locked and stored safely. Where people needed medicines only occasionally (as required) there were protocols to inform staff when to use them. Controlled medicines were kept separate in a secure cupboard; records for these medicines were completed in full.

Is the service effective?

Our findings

We spoke to staff members who told us that they felt they had enough training to be able to carry out their roles effectively. They told us: "Training is good": "The induction was in depth and useful". And: "Training is on going all the time".

The records showed that all staff had attended induction training that included information about the principles of care and how to treat people with dignity. The training also included health and safety information such as food hygiene, fire safety, infection control and moving and handling.

Staff told us they felt well supported by management and we saw evidence that regular supervisions were being held.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. 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. We checked whether the service was working within the principles of the MCA.

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.

Through discussion we found evidence that not every person who used the service was free to leave the building if they wished to. One care worker told us: "We couldn't stop them going out but we would have to try and then call someone if it didn't work". We were informed that there was a door alarm in use for one person who used the service to alert staff if they left their bedroom at night. The service did not have a DoLS authorisation in place for this person, which is required by law when a person is deprived of their liberty. This was discussed with the registered manager during the inspection and they agreed to complete the relevant paperwork and submit this to the local authority.

This was a breach of regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager and some staff were not fully aware of their roles and responsibilities in relation to consent, as defined in the MCA. Care files did not contain decision specific mental capacity assessments. There was documentation that stated a person lacked capacity, but no information on the assessment which had taken place. Some care files contained 'consent' forms, although not all had been signed or they had been signed by people's relatives.

The failure to adequately assess a person's mental capacity prior to making decisions on their behalf amounted to a breach of regulation 11 (1) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's care plans included person centred information such as life histories and likes and dislikes. Care plans also provided evidence that staff at the home worked positively with external professionals, such as GPs and mental health workers to ensure people's needs were met.

Records showed that people were supported to access community health care and staff were able to identify when such referrals were appropriate. People were also supported to access routine health care, such as podiatry and dental services.

People told us that they had enough to eat and drink and that the food was good. "Food is good, I have no complaints": " There's plenty of food": " Food is perfect". And: "I'm very happy with the food".

We saw that people were offered hot and cold drinks and snacks between breakfast, lunch and evening meals. We observed the lunch time service and saw that the tables were ready and set prior to people entering the dining room. There was specialist cutlery for people that required these. We saw that when people needed assistance with eating, this was provided. However, those who required assistance had to wait until others had been served. This resulted in some people waiting a long time to be supported with their food. Medicines were administered during lunch time this took a member of staff off the floor to complete this task.

We found good evidence in people's care plans that staff understood and responded to fluctuating nutritional risk, for example due to someone's mental health or general wellbeing. However no screening tool was used to assess people's nutritional needs. Systems were in place to monitor food and fluid intake for every person who used the service. This was being completed for people when they had not been assessed as requiring this level of monitoring. This way of working was not personal to the individual. We spoke to the registered manager about this practice and they agreed to review the practice that was currently in place.

We carried out a tour of the home to assess the standard of accommodation provided. We found that the furniture in one bedroom was in need of replacing. This was discussed with the provider during the inspection and a new set of bedroom furniture was ordered. The provider has a rolling programme for the improvement of the fixtures and fitting in the home.

There was one bath hoist available and in good working order and a modern wet room to assist people with personal care. Some other areas of the home were seen to be tired and in need of updating. These included the bedroom furniture which was particular in need of replacing in one room. This was discussed with the provider who advised us there was a rolling programme of improvement for the home. A new set of bedroom furniture was ordered for the bedroom on the day of inspection. The completion of this programme would help ensure that people were provided with safe and comfortable accommodation.

Is the service caring?

Our findings

Some people who used the service spoke highly of staff and managers at the home. They said: "They will do as much as they can for you": "Everyone is kind and friendly". And: "They are very good here". People felt they received a good standard of care that met their needs and took into account their personal wishes. Relatives told us: "Staff are brilliant with my grandma". And: "The staff do a good job I think the world of them".

Throughout our visit we observed staff interacting with people who used the service and providing support. We saw that staff approached people in a kind and patient manner and took time to support people at their own pace. There appeared to be a warm and genuine rapport between staff and people who used the service. Staff demonstrated a clear understanding of individual people's needs and were able to speak confidently about the support they required.

We saw evidence of good practice when supporting people to mobilise using equipment. The staff member communicated well with the person and provided encouragement and support.

We did not find that people had been actively involved in the review of their care plans. We asked relatives if they felt they were included in plans about their loved ones' care. They said: "I always get a phone call if anything changes". And: "I can have an open and honest conversation with the staff, they do listen". However we could not see that their views and opinions were considered in the care planning process and were not evident to the on-going support people received.

The home had policies and procedures that covered areas such as confidentiality, privacy and dignity.

We saw that people had individual bedrooms that had been personalised. People had their own space that facilitated privacy and independence. People told us that that they were happy.

Advocacy information was displayed in the home. Advocates are independent people who provide support for those who may require some assistance to express their views. Signposting people towards advocacy services helped to ensure people's rights to make decisions about their care and support were promoted.

End of life care for the people who used the service has been considered and was stored within the individual care files for staff to access.

Is the service responsive?

Our findings

Most care plans included details about people's valued hobbies, pastimes and lifestyle preferences. However, these were not fully completed in all cases, which meant there was no guidance for staff in how to ensure the person had regular opportunity to take part in fulfilling pastimes.

There was no activities programme in place at the service. People were not given the choice to join in any regular activities or social stimulation. People told us that they would like to do more: "There's nothing going on": "I like to go out but we can't". And: "There has been no activities for months". One person said: "I get lonely living here". And another said: "I used to like going to tea dances but we don't go anymore".

There were processes in place to assess people's needs prior to them starting to use the service. Care plans we viewed were generally well detailed and provided a good level of detail about people's individual needs, wishes and the things that were important to them. This enabled staff to provide care that was centred on the individual.

Care workers we spoke with demonstrated good knowledge of the needs of people who used the service and a person centred approach was evidenced during the majority of support and care carried out. However care plan and risk assessment evaluation timescales varied throughout the care records that we sampled. It was evident that not all of the care plans viewed reflected the person's current needs and individual preferences. For example some care plans included details such as when a person liked to go to bed or how they liked to take their medications however this was not consistent for all persons files reviewed.

People told us: "The staff get the doctor if I'm unwell. And: "The service are referring my mum to other professionals and keep me updated".

We saw evidence in care files that the service was making the required referrals and seeking support on how best to meet people's needs. We found evidence of the service engaging with other agencies to facilitate joint working. Visits with other professionals were recorded in the care files. These arrangements helped to ensure that people consistently received the care they needed.

People we spoke with told us that if they had any complaints about the home they would talk to the manager about it. Staff told us that they would report any complaints to the manager to be investigated. There were processes in place to record any complaints received, details of investigations and outcomes, as well as any subsequent action taken. There had been two complaints in the last year and these had been dealt with appropriately and in line with the home's procedure. One example was that a person who liked to eat in their room complained the food was being served cold. As a response to this complaint, the registered manager purchased plate covers. Feedback was sought to ensure that the issue had been resolved. This showed us that the service recognised complaints as a way of improving standards. the service it provides.

It is recommended that the service looks into ways in which people living with dementia can be engaged in

activities that would enhance their wellbeing.

Is the service well-led?

Our findings

The service had a registered manager who was available to people, relatives and staff. We were told by people who used the service and staff that the manager was approachable.

Staff members we spoke to reported a positive culture within the service. Staff told us that they felt well supported by management. They said: "The manager is approachable and always there to guide me": "I can talk to the manager anytime and feel she would listen". And: "The manager is great she has really turned the home around".

A relative told us: "The manager is easy to talk to and gets things done".

Although there were systems in place to audit some areas of the service these were not always completed effectively so that potential improvements could be identified. The audits of care plans had failed to record what action needed to be taken as a result of the findings and had not resulted in the necessary improvements being made. Therefore we found there was a lack of management oversight of care and support, which could put people who use the service at risk.

Medication audits had been completed by an outside pharmacist and actions recommended. However we found that these actions had not been completed. For example the service were awaiting updated pictures of residents for the MARs charts. This put people who use the service at risk of avoidable harm.

We viewed a selection of service certificates of various facilities and equipment within the home. However, the certificate for the upstairs bathroom hoist was unavailable. It was requested this was taken out of service until the necessary checks had been completed.

The lack of effective audits and oversight amounted to a breach of Regulation 17 (1) (2) (a) (b) (c) (e) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to our inspection, we examined the information we held about this location, such as notifications, safeguarding referrals and serious injuries. We found that notifications were sent to the CQC when required.

A wide range of written policies and procedures provided staff with clear guidance about current legislation, such as safeguarding, medication, record keeping and positive behaviour support

The registered manager had received completed residents' and relatives' surveys. However, there was no report to show the emerging themes or any action points needed. Meetings for people that lived in the home and their relatives had not been held so that they could discuss any issues or suggestions for improvements. We would recommend that the provider seeks to gain the views of people who use the service and their relatives in a more coordinated way and that information is analysed appropriately and disseminated in order to continually assess and improve the service.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider did not have suitable arrangements in place to ensure that the treatment of service users was provided with the consent of the relevant person in accordance with the Mental Capacity Act 2005.</p> <p>Regulation (11) (1) (3)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not have suitable arrangements in place to make sure that care and treatment was provided in a safe way for service users.</p> <p>Regulation (12) (1) (2) (a) (b) (c)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider did not have the correct authorities in place for deprivation of their liberty for the purpose of receiving care or treatment.</p> <p>Regulation 13 (5)</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

The service provider must ensure that there is a robust system in place that can monitor the quality of service provided and ensure the necessary improvements are made.

Regulation 17 (1) (2) (a) (b) (c) (e) (f)

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider did not ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed in order to meet the requirement of the service.

Regulation 18(1)