Adbolton Hall Limited

Adbolton Hall

Inspection report

Adbolton Lane
West Bridgford
Nottingham
Nottinghamshire
NG2 5AS

Tel: 01159810055

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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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 28 and 29 November and 4 December 2018, and the first day was unannounced. Adbolton Hall 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. Nursing care is provided at this service.

Accommodation for up to 53 people is provided over two floors. There were 32 people using the service at the time of our inspection. Adbolton Hall is designed to meet the needs of older people living with or without dementia.

We previously carried out a comprehensive inspection in February 2018 where we rated Adbolton Hall as Inadequate. As a result, this service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The service did not have a registered manager at the time of our inspection visit. 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. The service had a manager in post, who had applied for registration.

People were not consistently kept safe from the risk of acquiring infections. Risks associated with people's health needs were not consistently assessed and measures put in place to reduce potential harm. People's needs were not fully met by the adaptation, design or decoration of Adbolton Hall. Since our last inspection, the provider had made a range of improvements, but there was further work to be done in this area. Records relating to people's care were not always stored securely. Relatives felt involved in discussing and reviewing their family members' care. However, people were not always involved in reviews of their care, particularly where they were less able to communicate their needs.

The provider undertook audits of all aspects of the service to review the quality of care, and identify areas where improvements were needed. However, we identified areas where audits had not picked up issues. This meant there was a risk issues with the quality of the service would not be identified and monitored consistently.

People were kept safe from the risk of abuse. Accidents and incidents were reviewed and monitored to identify trends and to prevent reoccurrences. The provider had ensured staff were of good character and were fit to carry out their work. People's medicines were managed safely. There were enough staff to meet people's needs.

People were supported to maintain their health. Staff helped people access healthcare services when required. People's right to private and family lives were respected, and they had access to independent statutory advocacy services.

People's consent to care was sought for daily personal care activities. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider was working in accordance with the Mental Capacity Act 2005 (MCA), and people had their rights respected in this regard.

People received their personal and nursing care from staff who had training to enable them to meet people's needs effectively. People and relatives spoke positively about the quality of the food. People were supported and encouraged to have a varied diet that gave them sufficient to eat and drink.

People and relatives were positive about the staff who treated them with care and kindness. The provider ensured people were offered a range of opportunities to take part in activities. People and relatives knew how to raise concerns or make a complaint.

People felt the service was well-led. Relatives felt the service had improved since the last CQC inspection. The provider had taken steps to improve the quality of care at the service. Relatives felt the manager was very visible and approachable in the home. Staff felt supported by the manager to carry out their work.

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 consistently safe.

People were not consistently kept safe from the risk of acquiring infections. People's medicines were managed safely. Staff we spoke with were confident about reporting concerns, and were aware of the provider's safeguarding and whistleblowing policies.

Is the service effective?

Good

The service was Effective.

People were supported by staff who were trained to meet their needs. People were supported to maintain their health. People were supported and encouraged to have a varied diet that gave them sufficient to eat and drink.

Is the service caring?

Requires Improvement

The service was not consistently Caring.

Records relating to people's care were not always stored securely. The provider had not ensured people who required additional support with communication had their needs met. People and relatives were positive that staff supported them with care and dignity.

Is the service responsive?

Requires Improvement

The service was not consistently Responsive.

For people who were less able to communicate verbally, there was not always evidence how staff sought their views, wishes and aspirations. People had support to maintain interests and hobbies. People and relatives knew how to raise concerns or make a complaint.

Is the service well-led?

Requires Improvement

The service was not consistently Well-Led.

The provider had not ensured their quality assurance system was

consistently effective in identifying issues and ensuring action was taken to improve the quality of care. Staff felt supported by the manager to carry out their work. The provider had a long-term plan to improve the service environment.

Adbolton Hall

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 on 28 and 29 November and 4 December 2018, and the first day was unannounced. The inspection visit was carried out by an inspector, a specialist advisor with experience in providing nursing for older people and people with dementia, 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. The other day of our inspection was carried out by one inspector.

This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

Before our inspection visit we reviewed the information we held about the service including notifications the provider sent us. A notification is information about specific events which the service is required to send us by law. We sought the views of commissioners from the local authority and clinical commissioning group. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group. Commissioners also undertake monitoring of the quality of services.

During the inspection visit we spoke with nine people who used the service, and nine relatives. We spoke with six staff who provided personal and nursing care. We spoke with the manager, and four administrative, kitchen and activity staff. We also spoke with the provider's director of operations, and with the provider's Nominated Individual (NI). The NI is a 'registered person'. 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 sought the views of two external health and social care staff. We looked at a range of records related to how the service was managed. These included eight people's care records and we looked

at how medicines were managed. We also looked at six staff recruitment and training files, and the provider's quality auditing system.

Not all the people living at the service were able to fully express their views about their care. 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. On this occasion we did not ask the provider to send us a Provider Information Return (PIR). This is a form that asks the provider information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt relevant with us. We asked the provider to send us information relating to the governance of the service, for example, policies and staff training information, and they send this to us when we asked for it. We took this into account when we made the judgements in the report.

Requires Improvement

Is the service safe?

Our findings

Paragraph numbers to be removed before FAC

1
At our previous inspection in February 2018, we found breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not supported to maintain their skin integrity and were at risk because staff did not always have accurate information about their current care needs. People were not consistently kept safe from the risks associated with infection, or kept safe from hazards associated with the building environment. The provider had not learnt lessons when things went wrong to drive improvements. On this inspection, we found improvements had been made, but there were areas where the provider still needed to take action.

2
People were not consistently protected from the risk of infection. The service had an external infection prevention and control audit in October 2018. This audit identified a range of areas for improvement. For example, the cleanliness of mobility equipment, and toilets and bathroom floors not fully sealed. On this inspection, we saw that the provider had made some improvements in infection prevention and control. However, we identified areas where further improvements needed to be made. For example, we found limescale on taps in five toilet and bathroom areas. Limescale harbours bacteria such as legionella, and means that the taps cannot be cleaned effectively. In one toilet, the light pull cord was not covered. This meant the surface of the cord could not be cleaned effectively, and put people at risk of cross-infection. In another bathroom, the paint on the skirting board was chipped and showed signs of water damage. This meant it could not be cleaned effectively. We spoke with the manager about these issues, and they said they would take action to address them.

3
Risks associated with people's health needs were not consistently assessed and measures put in place to reduce potential harm. For example, one person's behaviour plan had not been reviewed following an incident. The manager confirmed this was the case. We asked them to ensure risk assessments and care plans were always reviewed after an incident. Another person, who had a diagnosis of diabetes, did not have a care plan in place to ensure staff supported them to have healthy feet. The person told us they had issues with their feet, and staff confirmed this was the case. We spoke with the manager and they agreed they would take action to ensure the person's foot health was assessed and a plan written to guide staff on monitoring and providing foot care.

4
At our previous inspection in February 2018, we found a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There had been insufficient staff to meet people's needs. On this inspection, we found improvements had been made to staffing levels. People, relatives and staff said they felt there was usually enough staff to support people with their care needs. One person said, "I would say mostly there's enough [staff] around to help. They [staff] come quite quickly – they

don't keep me waiting." One staff member said, "When fully staffed, there's enough of us. The manager is positive in responding to the need for additional staff." The manager confirmed they were able to get additional staff if needed, for example, if staff were off sick or if people's needs increased. There were enough staff to meet people's needs.

5
Staff told us, and records showed the provider undertook pre-employment checks, to help ensure prospective staff were suitable to care for people. This included obtaining employment and character references and disclosure and barring service (DBS) checks. A DBS check helps employers to see if a person is safe to work with vulnerable people. This ensured staff were of good character and were fit to carry out their work.

6
People received their prescribed medicines safely. One person said, "They [staff] are very good. They bring my tablets and a drink of water, and wait until I've taken them." Staff received training about managing medicines safely and had their competency assessed. Audits were carried out to check that medicines were given as prescribed. Staff told us and evidence showed medicines were documented, administered and disposed of in accordance with current guidance and legislation.

7
The manager confirmed that accidents and incidents were reviewed and monitored to identify trends and to prevent reoccurrences. We saw documentation to support this, and saw where action had been taken to minimise the risk of future accidents.

8
There were systems in place to minimise the risk of abuse. People felt safe, and people and their relatives felt able to tell staff about any concerns. One person said, "I feel very safe here as the staff look after me very well." One relative said, "[My family member] feels safe here." Staff knew how to identify people at risk of abuse or suspected abuse, and were confident to recognise and report concerns. They also knew how to contact the local authority or CQC with concerns if this was needed. Evidence from records showed the provider had contacted the local authority in relation to safeguarding concerns. The provider had policies on safeguarding people from the risk of abuse, and staff knew how to follow this. Staff received training in safeguarding people from the risk of avoidable harm.

Good

Is the service effective?

Our findings

Paragraph numbers to be removed before FAC

1
At our previous inspection in February 2018, we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured staff had the training to meet people's needs. On this inspection, we found the provider had made improvements in this area. Staff told us they had been offered a range of training since the last CQC inspection. For example, one staff member described how training on supporting people with behaviour had been helpful in understanding and supporting one person with their agitation. Evidence from the provider's training matrix showed that most staff had undertaken a range of training to enable them to meet people's personal and nursing needs. For staff who still needed refresher training, the provider had a plan in place to ensure this happened. People were supported by staff who had ongoing training in a range of areas the provider felt necessary to meet people's needs.

2
All staff had a probationary period before being employed permanently. Staff told us they felt their induction gave them the skills to be able to meet people's needs. The provider had an induction for new staff which included training and shadowing colleagues. Nursing staff had access to revalidation with the Nursing and Midwifery Council (NMC). This process ensures nurses maintain their nursing practice and keep up to date with skills training. They must undertake a specified number of hours of training in relation to their role, including reflection and feedback from people to ensure they are safe to practise as a nurse.

3
At our previous inspection in February 2018, we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People had not been consistently supported to maintain their health. People's needs and choices had not always been identified and delivered in line with current legislation and evidence-based guidance. On this inspection, we found the provider had taken steps to improve, and was no longer in breach of this regulation.

4
People's needs and choices were assessed in line with current legislation and guidance in a way that helped to prevent discrimination. For example, staff used nationally recognised best practice guidance to identify and monitor people at risk of developing pressure ulcers. Assessment of people's needs, including in relation to protected characteristics under the Equality Act were considered in people's care plans.

5
People were supported to maintain their health. Staff helped people access healthcare services when required. One relative said their family member saw the GP regularly, and had regular check-ups done by the optician, dentist and chiropodist. Relatives also said that communication from the staff was good and they felt informed about their family members' health needs. Records we viewed supported this.

6
At our previous inspection in February 2018, we found a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not been consistently working in accordance with the Mental Capacity Act 2005 (MCA), and people had been at risk of not having their rights respected in this regard. On this inspection, we found the provider had made improvements and was no longer in breach of this regulation.

7
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.

8
People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

9
We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. People's consent to care was sought for most daily personal care activities. People and their relatives confirmed staff gained permission before offering care. Staff understood the principles of the MCA, including how to support people to make their own decisions. The provider had assessed people as being at risk of being deprived of their liberty and had made applications for a number of people.

10
People were supported to have enough to eat and drink. People and relatives spoke positively about the quality of the food. One person said, "The food is good. I really like the breakfasts here – you can have anything you want." A relative said, "The food is very good. [My relative] gets asked what they want and makes their own choices. There are plenty of food and drinks." The menu for the day was written up on a noticeboard, and was also available in picture format on each table. People who were at risk of not having enough food or drinks were assessed and monitored, and advice sought from external health professionals. Staff knew who needed additional support to eat or had special diets, for example, fortified diets or thickened drinks. For example, one person was identified as being at risk of weight loss. Staff confirmed the person was now on a fortified diet, and records showed this had resulted in the person putting on weight. We saw the person being supported to enjoy their fortified meal at lunchtime.

11
Staff told us and evidence showed they kept daily records of key events relating to people's care. Staff shared information with each other during the day about people's daily needs. This meant that staff knew what action was needed to ensure people received care they needed each day. Health professionals spoke positively about communication between staff and external health and social care services.

12
People's needs were not fully met by the adaptation, design or decoration of Adbolton Hall. Since our last inspection, the provider had made a range of improvements to the signs in the building to assist people, relatives and visitors to orientate themselves. No showers were available for people living at the service,

despite evidence that staff had raised this as a need in March 2017. On the second day of our inspection, work started to install a shower and wet-room. Whilst staff were happy the work had started, it meant people had not had the option of having a shower to maintain their personal hygiene. Whilst staff told us people had access to the rear garden, we noted that the design of the ramp and footpath did not provide easy wheelchair access to the garden. However, the front garden had wheelchair access and seating for people and relatives. The provider was in the process of having the building refurbished, and we could see where work was taking place. However, at the time of the inspection, the building did not fully meet the needs of people living there.

Requires Improvement

Is the service caring?

Our findings

Paragraph numbers to be removed before FAC

1
Records relating to people's care were not always stored securely. Information about some people's continence needs was written on a whiteboard, and this was visible to people, relatives and other visitors. Other records detailing people's needs were not kept locked away when not in use. This meant information about people's health needs was not kept confidential, and compromised their right to privacy and dignity. We spoke with the manager, who confirmed they would take action to address this. The manager also said the provider had plans to make the area where records were kept more secure. People told us staff respected their privacy, for example, by always knocking on bedroom doors and waiting for a response. Staff respected people's right to confidentiality, but were also clear when it was appropriate to share information about risk or concerns. We saw staff did not discuss people's personal matters in front of others, and where necessary, had conversations about care discreetly or in private. Although staff ensured verbal information was treated confidentially, written records were not kept securely. This put people at risk of having their confidentiality breached.

2
Relatives felt involved in discussing and reviewing their family members' care. People were not familiar with the details of their care plans, but two people were clear that they felt able to express their views about their needs. One person said, "They [staff] all know my preferences and they know what I like and don't like." However, people were not always involved in reviews of their care, particularly where they were less able to communicate their needs. Staff were familiar with people's verbal communication styles, and encouraged people throughout the inspection to talk about how they wanted to be supported. Staff said the monthly reviews of people's care plans were not always done with people, and records confirmed this. People were not given information about their care plans or reviews of care in ways that were meaningful to them; for example, in easy read or pictorial formats. The provider had not ensured people who required additional support with communication had their needs met. There was a risk that people were not consistently able to express their views and be involved in decisions about their care.

3
People were supported by staff who treated them with care and kindness. One person said, "They [staff] are ever so kind. Sometimes one of them will come and sing with me. I love to sing so they make sure my music is on all day." A relative said, "The staff are fantastic. I come every day and I've seen nothing but kindness towards people here." Another relative described how they felt staff provided comfort and support to them as they were coming to terms with their family member's health conditions. We saw throughout the inspection that staff responded in a timely way to people who needed support or reassurance. For example, one person was agitated. Staff sat with them and chatted with them about their day. This had a positive effect, and the person became calm and was smiling.

4

People were supported to spend private time with their friends and family. Relatives told us they were able to visit whenever people wished, and there were no restrictions on visiting times. This showed people's right to maintain relationships important to them were respected.

5
People had access to independent statutory advocacy services. Advocates support people to express views and concerns, to make choices about their lives, and promote people's rights.

Requires Improvement

Is the service responsive?

Our findings

Paragraph numbers to be removed before FAC

1
At our previous inspection in February 2018, we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection, we found improvements had been made, but not all people were supported to participate in planning and reviewing their care.

2
Staff told us, and we saw people were supported to express their opinions about their daily lives, but this was not consistently evidenced in care records. For people who were less able to communicate verbally, there was not always evidence how staff sought their views, wishes and aspirations. Although staff we spoke with were knowledgeable about people's individual preferences and lifestyle choices, this information was not always recorded. This meant important information about people was not consistently available to all staff. There was a risk people's views and information about their lives were not available to support staff in providing care.

3
The provider had not taken steps to meet the Accessible Information Standard (AIS). The aim of the AIS is to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. For example, one person with a visual impairment confirmed they were not offered information about their care in a format they could understand.

4
People and relatives spoke positively about the activities at Adbolton Hall. One person said, "I like being in the lounge because [staff member] is usually organising something – it's really good here." Another person told us about their plans to do more gardening activities, and staff said they were planning this with the person. A relative said staff had started activities on Sundays, and said their family member enjoyed this. Staff told us about the range of recent activities for people, including attending a fortnightly church coffee morning, and a visit from Shetland ponies. Staff arranged regular visits where children from a local nursery came in for singing activities with people. We saw records and picture evidence to show a range of different group and individual activities. Two people told us they would like Wi-Fi access so they could use the internet. Staff said internet access would benefit people who could use Skype to keep in contact with relatives and friends. We spoke with the manager and they said they would raise this with the provider.

5
People and relatives knew how to raise concerns or make a complaint. Information about this was available in the home. However, there was no evidence how people with limited or no verbal communication were supported to express their views in order to make a complaint. The provider had received a recent complaint about the service. Although there were systems in place to investigate and respond in a timely

manner, it was unclear if action was taken as a result of the complaints. There was a risk the provider would miss opportunities to improve the quality of the service following complaints.

6

No-one at Adbolton Hall was receiving care at the end of their lives at the time of our inspection. However, we looked at how end of life care was planned. Two relatives said they were encouraged to talk about their family member's wishes regarding care towards the end of their lives. This included where people would like to be at the end of their lives, whether they would like to receive medical treatment if they became unwell, and in what circumstances. People had advance care plans in place which included, where appropriate, records of their wishes about resuscitation. Staff received training in end of life care. People's care records did not consistently record how people had been consulted about end of life care. Staff confirmed it was not clear whether some people and relatives had not been asked, or if they had not wished to discuss it. We asked the manager to ensure they clearly recorded whether people had been asked about end of life care.

Requires Improvement

Is the service well-led?

Our findings

Paragraph numbers to be removed before FAC

1
At our previous inspection in February 2018, we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider's system for assessing and monitoring the quality of care had not been effective. Feedback from external organisations had not been acted on to improve the quality of care for people living at Adbolton Hall. On this inspection, we found improvements had been made.

2
The provider undertook audits of all aspects of the service to review the quality of care, and identify areas where improvements were needed. For example, regular checks on equipment were done to ensure items were in good repair and clean. Maintenance and housekeeping staff carried out regular checks on the building environment to ensure it was safe. This included checking the fire safety systems, water quality and cleanliness of the building. We saw evidence where action was taken to improve. However, we identified areas where audits had not picked up issues. For example, checks on daily care records had not identified where there were gaps in recording people's personal care, or inaccurate information in care plans and associated documents. Staff we spoke with confirmed they were required to record some information about personal care in several different places, which could lead to errors made. We spoke with the manager about this, and they agreed they would look at how they could reduce the risk of recording errors, and ensure audits picked up on these issues. We also identified with the manager that some audits were not done as frequently as the provider expected, and it was not always clear what staff should do to improve care. The manager said they would take action to improve this. This meant there was a risk issues with the quality of the service would not be identified and monitored consistently.

3
The service did not have a registered manager at the time of our inspection visit. 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. The service had a manager in post, who had applied for registration.

4
At our previous inspection in February 2018, we found a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. On this inspection, we found the provider had notified CQC of significant events as they are legally required to do. This meant the provider was informing CQC of significant events that occurred in the service which assist us to monitor the quality of care.

5
People felt the service was well-led. The provider had taken steps to improve the quality of care at the

service. Relatives felt the service had improved since the last CQC inspection. One relative said, "There have been lots of improvements since February (2018 inspection). Issues get sorted quickly so they don't become a problem." They described staff as, "Extremely efficient – they get things done." Relatives commented that the manager was very visible and approachable in the home.

6
The provider was displaying their ratings from the previous inspection, both in the service and on their website, as required by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

7
Staff felt supported by the manager to carry out their work. They also felt they received support from their colleagues and the culture in the home had improved. Staff said that since the last CQC inspection, they had received more support and training, which helped improve their care skills. The manager understood their responsibilities, and was involved in a local care managers forum. They said this was good for support and ideas to improve the quality of care.

8
The provider had a long-term plan to improve the service environment. We saw that work had been done to refurbish bedrooms. The provider's director of operations confirmed all bedrooms, bathrooms and communal areas would be redecorated, and the provider was looking at improved internet access.