

# Speciality Care (Addison Court) Limited

# Addison Court

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Addison Court is a purpose built residential and nursing home providing personal and nursing care to up to 48 people. At the time of the inspection there were 34 people living in the home. There were three floors which accommodated residential care, general nursing care and dementia nursing care. Accommodation was provided in single bedrooms. There were several communal areas and a secure garden area.

### People's experience of using this service and what we found

People were protected from the risk of abuse and avoidable harm by robust policies and procedures. People told us they felt safe in the home. Medicines were managed safely by trained staff whose competency was checked regularly by the management team. Staff had been recruited safely, there had been an increase in staffing, which provided improved oversight and consistency. The home was clean and well maintained, people praised the housekeeping staff.

People's needs had been properly assessed, care plans described how people preferred their needs to be met. People were supported by trained staff who understood their needs and preferences. People told us they enjoyed the food and were given a lot of choice. Snacks and drinks were available throughout the day and at night. People were supported to have maximum and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

People felt staff were kind and caring. Staff interacted regularly with people and were committed to treating people with respect. People were supported with dignity and felt reassured when receiving support with personal care. Staff understood how to involve people in day to day decisions about their care and sought their views regularly throughout the day.

People received person-centred care, their needs were reviewed and updated regularly to ensure care remained up to date. People said they could shower as often as they wanted and could get up and go to bed when they chose. People told us there was plenty to do and they enjoyed the activities available. Some people preferred to stay in their rooms. People could be supported at the end of their lives by trained staff.

The home was well-led. The registered manager ensured people received consistently good care by completing regular checks of care practice and records. Staff reported feeling motivated and well supported. People in the home told us they had noticed improvements and knew who the registered manager was. People were supported to share their views and the registered manager responded to people's wishes.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at the last inspection

The last rating for this service was inadequate (06 August 2019) and there were multiple breaches of

regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 6 August 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on our previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was Well-Led

Details are in our Well-Led findings below.

# Addison Court

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

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

#### Service and service type

Addison Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Our planning considered the information we received from the registered manager since the last inspection which included; safeguarding incidents and serious incidents. We also received information from local authority commissioners. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We reviewed a range of documents which included; The care records of five people, the medicines records for eleven people, audits of care records and practice completed by the provider, hand over documents and daily records relating to food and drink. We spoke with five people who lived in the home and three of their relatives. We spoke with seven staff, including; the registered manager, operations manager, clinical lead, nursing staff, care staff and kitchen staff. We toured the building including all communal areas, laundry, kitchen and some bedrooms.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess and mitigate the risks relating to modified diets. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had robust systems in place to assess the risks people needed support to manage. Risk management plans had been developed which helped mitigate the risk of avoidable harm. These included; modified diets, mobility and unstable medical conditions.
- Staff were familiar with the risk management plans and felt they had enough information to support people safely.
- The registered manager ensured risk management was kept under close review. Key risks were discussed at handover meetings and safety huddles which took place every afternoon and at night.

### Using medicines safely

At our last inspection the provider had failed to ensure the safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of the regulation.

- The provider had robust medicine management procedures which helped ensure people's medicines were managed safely.
- People received their medicines as prescribed from staff who had been trained and received regular competence checks.
- Diabetes care had improved and the risks associated with unstable diabetes were now managed safely.

### Systems and processes to safeguard people from the risk of abuse

- The provider followed effective systems which helped safeguard people from the risk of abuse.
- Staff had received training and felt confident to recognise any concerns and knew who to raise them with.

We saw information displayed in public areas about how to raise safeguarding and whistleblowing. One staff said, "If I am concerned I will raise this with the manager and I am confident they will do something about it. I might also write it anonymously, we have a number for whistle blowing."

- People told us they felt safe in the home. Comments included; "I feel safe because there are people here to talk to." and "Yes I am safe and I can look after myself" A relative said, "I do (think person is safe), they have improved so much since they came here. They just get better and better."

#### Staffing and recruitment

- The provider continued to recruit staff safely. All necessary checks had been carried out before staff started work which helped ensure they were suitable to work with vulnerable people.
- The provider had a system to calculate how many staff were needed based on people's needs. People gave us mixed views about staffing levels, some people felt there were always enough staff but some felt they had to wait for support, especially at night. Staff said; "I definitely have enough time to keep people safe."
- Since the last inspection, the provider had recruited to new posts which helped to reinforce the management team. Reliance on agency nursing staff had reduced significantly which helped improve the consistency of care provided.

#### Preventing and controlling infection

- The provider continued to follow robust infection control procedures. Gloves, aprons and hand cleaning facilities were available throughout the home. Staff were 'bare below the elbow' to minimise the risk of cross contamination.
- People felt the home was clean and praised the housekeeping staff. Comments included; "My room is kept clean and the toilets are smashing." and "You can't have a home better than this, it is kept clean and tidy." and "Oh yes, it is spotless. They keep my room tidy they do it every day."

#### Learning lessons when things go wrong

- The provider had followed their procedures for investigating any incidents or accidents to minimise the likelihood of any repeat. We saw this was followed thoroughly.
- The registered manager held safety huddles which were meetings held immediately after an incident to investigate any potential ongoing risk or concern and to inform future practice. We reviewed a recent choking incident. We saw how the huddle had fully considered the incident which had been responded to very effectively at the time. Lessons learned included staff needing to ensure a nurse was consulted if they had not attended to check the person. This was being followed up with additional training.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;  
Supporting people to eat and drink enough to maintain a balanced diet

At the last inspection we found people's needs had not always been accurately assessed with some records providing conflicting information. Modified diets had not always been provided and fluid targets had not been met for some people and no follow up action had been taken. This was a breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of the regulation.

- The provider thoroughly assessed people's needs and developed care plans which helped ensure staff were able to support people effectively. Care plans we viewed had been updated and included information from other professionals, including, speech and language therapists, district nurses and specialist health-care professionals.
- People told us they had been involved in their assessments and were familiar with their care plans. Staff found the records helpful and said; "The organisation is a lot better, the paperwork is better which makes it safer. Agency staff get better information now."
- People's nutritional needs had been assessed and where required referrals had been made to speech and language therapists and dieticians. People who needed modified diets had these provided by staff. Records were kept of food and drink consumed for people identified to be at risk of malnutrition.
- The registered manager and kitchen staff oversaw the menus and ensured people received a balanced diet which reflected their preferences.
- People told us they could eat when they wanted to and had a choice of what was on the menu or an alternative. People told us they enjoyed the food, one person said; "The food is excellent, one of the best cooks in the group." However one person said; "The quality needs to improve, I am used to my spouses cooking." We ate lunch on the first day and found the food tasty and appetising.

Staff support: induction, training, skills and experience

- The provider ensured staff received training which helped staff support people effectively. Staff had received enhanced training to aid their understanding about people living with dementia who might experience distress.

- The registered manager had expanded training opportunities for the team by accessing training provided by the local clinical commissioning group.
- Staff praised the training available, comments included; "I had a good induction and plenty of training, I feel confident I have had enough to support people."

Staff working with other agencies to provide consistent, effective, timely care

- The management team ensured information from other agencies was included in care plans. Staff followed the guidance provided.
- Hospital passports, helped ensure accurate information about a person's needs were available on an appointment or admission to hospital. The registered manager had recently introduced the 'red bag' scheme which is a recognised system for ensuring a smooth transition between services.

Adapting service, design, decoration to meet people's needs

- Addison Court is a purpose built home with wide corridors, accessible bathing facilities and a lift. The home is nicely maintained and decorated. People liked it, comments included; "I can't find fault with the décor." and "It looks good, excellent, nice and clean and well painted."
- Pictorial aids and signage supported people to find their way around.
- The management team had completed an audit of the environment to consider how a person living with dementia might be better supported. Actions from this audit were in the process of being considered.

Supporting people to live healthier lives, access healthcare services and support

- The provider had assessed people's health needs and outlined the support people needed to meet them.
- Staff supported people to have regular health screening to promote their health and wellbeing.
- Medical support was sought in a timely way. People told us; "The staff do everything, they get the doctor, give me medicine, just what I need when I feel ill." and "I stop in bed if I need to and get extra pain relief. If I need a doctor they will get one."

Ensuring consent to care and treatment in line with law and guidance

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

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

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

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had applied for appropriate authorisation to deprive people of their liberty from the local authority.
- The registered manager ensured all staff were aware of any conditions that were attached to the DoLS.
- People's ability to make decisions and consent to care and support had been fully assessed. Where people

needed support to make decisions the management team ensured this was provided in the least restrictive way and in people's best interests. Records were reviewed were comprehensive.

- Staff had received training about consent and people told us staff asked their permission before providing support. Comments included; "Yes they ask you first." and "They ask me if I want a shower and if I say no we agree on a time when it suits me."

# Is the service caring?

## Our findings

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

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

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

- People continued to be supported by kind and caring staff. People told us; "Yes they are very caring, they must be to look after me." and "Oh yes, when it's your birthday they have a party." A relative said, "Staff are lovely. I regularly visit (name) and they always look well cared for. Their feelings can change and staff are always good at reassuring them."
- We observed kind and caring interactions throughout the inspection. People appeared happy and at ease with the care staff.
- The provider had included information about people's equality needs in their care records and staff were aware of any specific support needs they had.

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

- The provider had assessed people's communication needs to identify the support they needed. Staff followed the guidance and were observed to interact well with people.
- Staff supported people to express their views and make day to day decisions. One staff told us, "If someone can't speak, I look at gestures and the care plan."
- Staff had recorded information about people's hearing aids and visual needs to maximise their communication. We noted not everyone who needed hearing aids wore them. When we discussed this with staff they advised they were offered support but declined to wear them.

Respecting and promoting people's privacy, dignity and independence

- People continued to be supported with dignity. Staff understood the importance of respecting people and their home. One staff said, "It is important to be professional with people. We can build a rapport. We show people respect and uphold their dignity."
- The registered manager ensured the dignity in care board, which displayed current best practice guidance about upholding people's dignity, was kept up to date.
- Staff we observed continued to behave in respectful ways towards people who lived in the home and each other.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection the provider had failed to ensure some people were referred to other professionals for assessment when required. At this inspection we found significant improvements had been made and people were being referred to other professionals in a timely way.

- Staff ensured people received person centred care which reflected their needs and preferences. Care records included people's preferences relating to their care and support.
- People were able to get up when they wanted and to shower or bathe as regularly as they wanted. People told us, "I ask for a shower everyday and they leave me as long as I want." and "I shower three or four days a week, I do it with help." We observed people's preferences being discussed during the morning handover, this included people who wanted to lie-in.
- Staff ensured care records were regularly reviewed and updated to reflect people's current needs.

Meeting people's communication needs

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

- The provider continued to meet this standard. Staff had assessed people's communication needs to understand how best to support people to communicate.
- Information was available in a variety of formats including large print and pictorial. We observed a residents' meeting and saw staff took time to ensure people were able to contribute.

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

- The registered manager ensured information about people's important relationships and interests had been included in their records. A leaflet called 'All about me' identified the person's key relationships, interests, work experience and support needed in unfamiliar places.
- Visitors were welcome to visit at any time, some people visited their relatives every day and stayed as long as they wanted. Visitors were made to feel welcome and offered drinks and snacks.
- The provider employed an activities co-ordinator who ensured varied activities were available. People told us; "We do chair exercises and have singers, we look at the newspapers every day." and "They have a lot,

people are coming in every other day, singing, dancing, looking at what is happening in the world." and "We go on trips to Blackpool and Blackburn shopping and children come in and play games with us."

#### Improving care quality in response to complaints or concerns

- The provider had a policy to record and respond to people's complaints and concerns. Records showed the registered manager had followed the procedure in a timely way.
- People told us they knew how to raise any concerns they had. Comments included; "There is something on the wall that tells you how to complain. I have never had to." and "I would go to one of the girls or the manager."

#### End of life care and support

- People continued to be supported at the end of their life. Staff had received training and understood good practice guidance in relation to end of life care.
- The registered manager ensured people's wishes had been discussed and recorded. People who chose not to discuss this had their views respected.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to operate robust monitoring and governance systems. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found significant improvements had been made and the service was no longer in breach of the regulation.

- The provider and registered manager had embedded effective governance systems which helped ensure the quality of care had been monitored and maintained.
- Audits of care practice and records were completed; daily, weekly, monthly and quarterly in line with the providers policies. We could see how these had been used to identify any issues and address them through effective leadership and action plans. Where required staff had been provided with feedback and support to make any identified improvements.
- Staff were clear about their roles and the quality of care expected. Handover meetings ensured staff knew what they were doing each day. Night time handovers reinforced this at night. Staff comments included; "We have a good manager in post who has created consistency in the team." and "People have roles and they know what they are doing, roles are specific."

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

- The provider, registered manager and staff team remained committed to providing high-quality person-centred care.
- The registered manager was approachable and supportive towards staff. Staff told us; "The registered manager stays late and their door is always open. They listen if we have any concerns." and "The manager is good, we have consistency in the team and feel very supported."
- People had confidence in the management team. A relative said, "It has improved and it is a lot better, the registered manager will sort it all out."

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

- The registered manager understood their responsibilities in relation to duty of candour. All incidents had been reported to the appropriate authorities when required, including CQC and the local authority

safeguarding team.

- The registered manager ensured people were kept informed of any incidents. Relatives told us; "They keep me informed of everything going on. The registered manager is very approachable." and "They always let us know if anything happens. I have peace of mind."
- The last report and CQC ratings were displayed in the reception area.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager engaged with people who lived in their home and their relatives. They were visible in the home, people knew who they were and said they found them very approachable. Regular meetings for residents and relatives were conducted. People were encouraged to participate. We attended one meeting during the inspection and observed people were comfortable and felt able to raise any matters.
- Regular meetings ensured staff were kept up to date and able to contribute their views. Daily handover meetings, daily flash meetings between all departments and team meetings, which included nurses meetings, were well attended and documented.
- The registered manager had recently begun holding a dementia café in the home each month to encourage people from the local community to visit.

Continuous learning and improving care

- The provider and registered manager were committed to continuous learning to improve care. The team had opportunities to develop through professional development reviews.
- The registered manager had improved the training and development opportunities for nursing staff and ensured agency nursing staff had easily accessible information to ensure improvements were achieved and maintained. One nurse said, "Improvements are becoming embedded and it feels safer having more consistency for agency staff."

Working in partnership with others

- The provider and registered manager continued to work effectively in partnership with other organisations. Since the last inspection the service had engaged fully with the support provided by the local authority and clinical commissioning group.
- The registered manager worked across the organisation and with management forums to inform and improve care practice.