Avery Homes (Nelson) Limited

Adelaide Nursing and Residential Care Home

Inspection report

35 West Street
Bexleyheath
Kent
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Tel: 02083043303

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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

This inspection took place on 30 and 31 March 2017 and was unannounced. At our last inspection of the service, on the 14 and 15 April 2016 the service was rated as good overall and requires improvement in well-led.

Adelaide Nursing and Residential Care Home provides residential, nursing and dementia care for up to 76 older people. The home is located in Bexleyheath, London borough of Bexley. At the time of our inspection there were 71 people living in the home.

There was a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found the previous concerns in relation to maintaining up to date records of people using the service, staff and the monitoring and documentation relating to accidents incidents had been addressed and significant improvements had been made.

Risks to the health and safety of people were assessed and reviewed in line with the provider's policy. Medicines were managed, administered and stored safely. There were arrangements in place to deal with foreseeable emergencies and there were safeguarding adult's policies and procedures in place. Accidents and incidents were recorded and acted on appropriately. There were appropriate numbers of staff to meet people's needs.

Staff new to the home were inducted into the service appropriately and staff received training, supervision and appraisals. There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves. People's nutritional needs and preferences were met and people had access to health and social care professionals when required.

People were treated with respect and their support needs and risks were identified, assessed and documented within their care plan. Interactions between staff and people using the service were positive and people told us staff were kind and supportive. People were provided with information on how to make a complaint. People using the service and their relatives were asked for their views about the service.

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.

Risks to the health and safety of people using the service were assessed and reviewed in line with the provider's policy.

Medicines were managed, administered and stored safely.

There were arrangements in place to deal with foreseeable emergencies.

There were safeguarding adult's policies and procedures in place to protect people from possible abuse and harm.

There were enough staff to support people's needs and staff were recruited into the service appropriately.

Is the service effective?

Good

The service was effective.

Staff were supported through supervision and appraisals of their practice and performance. Staff received training that meet people's needs.

The service offered new staff an appropriate induction to the home.

There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves.

People's nutritional needs and preferences were met.

People had access to health and social care professionals when required.

Is the service caring?

Good

The service was caring.

Interactions between staff and people using the service were positive and people told us staff were kind and supportive.

People were supported to maintain relationships with relatives and friends.

Staff were knowledgeable about people's needs and wishes.

Staff respected people's privacy and dignity and promoted independence.

Is the service responsive?

Good

The service was responsive.

People's care needs and risks were assessed and documented within their care plan.

People's needs were reviewed and monitored on a regular basis.

People's need for stimulation and social interaction were met.

People were provided with information on how to make a complaint and we saw complaints and concerns were responded to appropriately.

Is the service well-led?

Good

The service was well-led.

Robust systems were in place to monitor the quality of service and to identify issues that required attention.

There was a registered manager in post and they were knowledgeable about their responsibilities with regard to the Health and Social Care Act 2014.

People and their relatives were asked for their views about the service to help drive improvements.

Adelaide Nursing and 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.

This inspection took place on 30 and 31 March 2017 and was unannounced. The inspection team consisted of two inspectors and an expert by experience on the first day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service. A single inspector returned to the service on the second day to complete the inspection.

Prior to our inspection we reviewed the information we held about the provider. This included notifications received from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law. The provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We also contacted the local authority responsible for monitoring the quality of the service. We used this information to help inform our inspection.

During our inspection we spoke with seven people living at the home and ten visiting relatives. We observed staff and people interacting and tracked the care provided to people to ensure it met their needs. Not everyone at the service was able to communicate their views to us so we used the Short Observational Framework for Inspection (SOFI) to observe people's experiences throughout the inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 12 members of staff including the regional manager, registered manager, nursing staff, care staff, activity coordinators and domestic staff. We also spoke with the visiting GP and other health and social

care professionals. We looked at 12 people's care plans and records, staff records and records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe and that staff treated them well. Comments included; "I do yes, there are always people around", "Very safe thanks, I don't think my family would allow me to stay here if not" and, "It's very nice here, staff are amazing and I am not exaggerating." Comments from visiting relatives were also positive and included, "I know my loved one is safe here yes, this is a lovely place", "Yes, I have always felt that my mum is safe here and her needs are met too", "Yes, my wife is very safe here because the security level in this unit is pretty good", "Yes couldn't be happier to be honest, mum is very safe here and we are kept informed at all times" and, "We do feel very much safe yes, the whole package make us feel safe."

People were supported by staff who were trained in safeguarding adults and who demonstrated a clear understanding of the types of abuse that could occur and how they would report abuse. Staff told us they would report any concerns to the manager or the senior person on duty. Comments included; "I have received training and know what to do. I would report any concerns I had immediately" and, "I would tell the manager straight away. I know that any concerns I had would be dealt with correctly." Staff also told us they were aware of the provider's whistle-blowing procedure and they would use it if they needed to report issues of concern or poor practice. There were systems in place within the home to ensure people were safe from the risk of abuse. The registered manager was the safeguarding lead for the home and they were knowledgeable on how to escalate any concerns.

Accidents and incidents involving the safety of people using the service were recorded, managed and monitored to identify developing themes and trends which assisted the home and staff in reducing the risk of reoccurrence. Where appropriate we also saw, accidents and incidents were referred to local authorities and the CQC as appropriate. Accident and incident records demonstrated staff had promptly identified concerns, taken appropriate actions and referred to health and social care professionals when required. Information relating to accidents and incidents was clearly documented and demonstrated people were supported to remain safe.

Risks to people's safety had been assessed and reviewed on a regular basis and actions were taken to mitigate identified risks. Risk assessments assessed and documented the levels of risk to people's physical and mental health and included information and guidance for staff in order to promote people's health and safety whilst ensuring known risks were minimised. Care plans contained risk assessments for areas such as moving and handling, nutrition, falls and skin integrity. Where risks had been identified, care plans were developed and contained guidance for staff on how to manage and minimise risks. For example, moving and handling risk assessments and care plans detailed the equipment staff required to ensure people were supported to manoeuvre and mobilise safely. Staff we spoke with had a good understanding of the risks people faced and the actions they were required to take to ensure people's safety. One member of staff told us, "There are some people on this floor that need help to move and others that can get around independently but need equipment such as walking frames. We know everyone really well and know what support they need to keep them safe."

People told us there were enough staff available to meet their needs. Comments included, "I think there is

enough staff yes", "Well, they help us a lot you know and I think there is enough, I don't have any concerns here", "Yes, I always see plenty of people around and they are always doing something" and, "Well, I think it is more than enough." Comments from visiting relatives were also largely positive and included, "I think they cope just fine", "Yes I think there is enough for my mum`s needs and expectations" and, "Well I just know mum`s needs are respected and she doesn't have to wait for anything too long, I think they have enough yes."

Throughout our inspection we observed there were sufficient numbers of staff on duty to ensure people were kept safe and their needs were met in a timely manner when they requested. Staff we spoke with confirmed that there was enough staff on duty to ensure people were safe. Staffing rota's showed that staffing levels were suitable and corresponded with the number of staff available on duty at each shift in each unit. We did not see anyone waiting for long periods of time to be attended to by staff and call bell response times confirmed this. We saw that call bell response times were monitored on a weekly basis to ensure the provider's response targets were achieved and people's needs were met in a timely manner. The registered manager told us that staffing levels were recently increased to meet people's needs appropriately on one unit and staffing levels were reviewed on a regular basis and discussed at staff meetings.

There were safe recruitment processes in place to reduce the risk from unsuitable staff. Staff files we looked at confirmed that appropriate checks were undertaken before staff commenced work. Staff files included evidence that pre-employment checks had been made and included full background checks, employment history, references, criminal records check, right to work and proof of identification.

There were arrangements in place to deal with foreseeable emergencies. People had individual emergency evacuation plans as part of their care plan which highlighted the level of support they required to evacuate the building safely. There was a fire evacuation plan in place and staff knew what actions to take in the event of an emergency. Staff had received training in fire safety and emergency first aid and records confirmed regular fire alarm tests and fire drills were carried out. Safety maintenance checks were regularly carried out such as those for gas and electrical equipment and appliances within the home.

Medicines were managed, stored and administered safely and people received their medicines as prescribed by health care professionals. Medicines were stored safely in locked trolleys kept in medicines rooms on various units within the home that only authorised staff had access to. Controlled drugs were also stored safely and records of stock balances were completed accurately. Medicines that required refrigeration were stored in fridges and fridge and medicine room temperatures were checked to ensure that medicines were fit for use. Medicine records for people using the service included a photograph of the person, a list of the medicines prescribed and what the medicine was prescribed for. Medicine administration records (MAR) we looked at were completed accurately with no omissions or errors reported. Staff administering medicines signed the MAR to confirm people had taken their medicines as prescribed. Records showed that staff responsible for administering medicines had completed training on the safe management of medicines and had received medicines competencies assessments to demonstrate they had the knowledge and skills required to ensure the safe management of medicines.

Good

Is the service effective?

Our findings

People told us they felt staff had the skills to support them effectively and staff understood their needs and choices. One person said, "The staff are very good. They know their jobs thoroughly and always make sure I am well." Another person told us, "Oh I like them, because they work hard, I try not to give them too much to do." A third person commented, "They are always here to help me and the others, I think they need more appreciation you know." Visiting relatives also spoke positively about the care and support provided by staff. One relative said, "Staff are really good, they look after my loved one really well, can`t really speak highly enough of them." Another relative commented, "The staff are spot on, they are very responsive. Mum gets to see a doctor regularly and every unit has its own doctor." A third relative said, "The staff know exactly what my loved ones needs and expectations are."

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they had received an induction into the service and completed training when they started working at the service. Staff records confirmed that staff new to the home had received an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.

Staff told us they were supported through regular supervisions and an appraisal of their performance. One member of staff told us, "I feel very supported and have supervisions often." Another member of staff commented, "We get supervision on a regular basis and I have had an appraisal. I do feel supported and we work well as a team." Staff records confirmed that staff received regular supervision and, where appropriate, an annual appraisal of their work performance. Staff were also supported through on-going training to ensure they had the acquired skills and knowledge to support people effectively. The home was suitably equipped with an in house training room and staff told us that most training provided was delivered within the home. One member of staff said, "Training is very good and appropriate to the people we support. We have most of our training here which is really useful." Training records showed that staff received regular training in areas such as fire safety, safeguarding, dementia awareness, mental health awareness, moving and handling, pressure ulcer prevention and The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. There were systems in place to ensure staff training was kept up to date and a training planner was in place to ensure staff were provided with regular training updates.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations granted to deprive a person of their liberty were being met. We saw that, where required,

people's care plans contained records from best interests meetings and where appropriate mental capacity assessments were undertaken. Staff demonstrated their knowledge of the MCA and DoLS including people's right to make informed decisions independently but where necessary to act in someone's best interests. For example one MCA stated that the person had variable capacity and required support to make informed decisions regarding daily activities due to physical ill-health that limited communication. Staff told us of the ways in which they ensured communication was effective and supported the person to make appropriate choices. The registered manager understood the process for requesting a DoLS authorisation and we saw appropriate referrals had been made and authorisations that were in place were met appropriately.

People were supported to maintain good physical and mental health and had access to health and social care professionals when required. People told us they had access to healthcare professionals when they needed it and one person commented, "It's very good here. The doctor comes when I need them and staff always make sure I am well looked after." Another person said, "Yes the doctor comes often and if I'm feeling unwell the staff look after me." During our inspection we met and spoke with a visiting GP. They told us they visited the home on a weekly basis to ensure people received the care and treatment required and spoke positively of the staff and level of care given. Care plans detailed the support people required to meet their physical and mental health needs and where concerns were noted we saw people were referred to appropriate health professionals as required for treatment and guidance for staff. Records also showed that people received treatment from visiting chiropodists, dieticians and speech and language therapists when needed.

People were provided with sufficient amounts of nutritional foods and drinks to meet their needs. Most people were complimentary about the food on offer at the home but some relatives said improvements could be made to people's meal time experience. Comments included, "I do like it; I am not a fussy person so I am alright", "I eat it, can't say it's the same like home but it's alright", and "Well I like it, there is choice and staff know what I like." Visiting relatives comments included "I personally think is very good, looks good too but I haven't tasted it", and "I think my loved one likes it, she eats it all, it makes us happy."

We observed how people were supported by staff at lunchtime in one of the dining rooms. We saw people were able to make choices about the food they wanted to eat and some people required support from staff to eat during mealtimes. Staff were available and offered appropriate assistance; however we noted people sometimes had to wait for their food to be served due to the demand on staff and the level of support some people required. We fed these issues back to the registered manager who told us they were aware that some people had to wait to be served or supported with their meals and they were working to address this issue. They advised us of their plans to improve people's meal time experiences and ways in which they were working to reduce meal waiting times. We will check on this when we next inspect the service. Care staff and kitchen staff were knowledgeable about people's nutritional needs and diets such as the need for soft or moist foods to reduce the risk of choking. People's care plans documented risks relating to people's nutritional needs and guidance by health care professionals such as dieticians and speech and language therapists were in place to ensure people received the appropriate care and support to meet their needs. Food and fluid charts were also in place to ensure people received enough to eat and drink throughout the day.

Good

Is the service caring?

Our findings

People told us staff were caring and treated them with respect. Comments included, "Yes they are caring, they just ask me if everything is fine", "Oh yes, they are very caring, I mean sometimes they knock on my door just to say hello, I think that is caring", "Yes they are all very caring", and "They are caring and kind, they are not rude at all." Visiting relatives also spoke positively about the care and support their oved ones received from staff. One relatives said, "Oh yes, no doubts about that, all staff introduce themselves, including the manager." Another commented, "They are very caring and supportive and they are genuine people." A third relative told us, "They know my loved ones condition and they are so respectful and caring it is unbelievable."

People were supported by staff who were knowledgeable about the care they required and the things and people that were important to them. During our inspection we observed positive interactions between people and staff and staff addressed people by their preferred names. Staff we spoke with told us of people's preferences and life histories which we saw matched information contained in their care plans that was shared by relatives and people that knew them best.

People were supported to maintain relationships with relatives and friends and where appropriate were involved in making decisions and in the planning of their care. A visiting relative told us, "The home have always made sure I am involved in my loved ones care. They are good at contacting me and keeping me updated if there are any changes." Care plans documented where appropriate that relatives and or advocates were involved in people's care and where required were invited to review meetings and other meetings or events held.

People and their relatives were provided with appropriate information about the home in the form of a service guide upon admission. This provided people with information about the home and the standard of care to expect. Information was also included in relation to the provider's philosophy of care, facilities available within the home, advocacy services and information relating to the providers complaints process.

People told us their privacy and dignity was respected. Comments included, "Yes, they are never rude if you know what I mean", "Yes, they have manners so they knock on the door and stuff like that", and "They always respect my privacy at all times yes." Visiting relatives also confirmed that staff respected their loved ones privacy. One relative said, "They protect mum`s privacy and dignity and they knock on the door and seek permission to come in if needed." Another commented, "Oh yes, we don't have problem with that, just today they have knocked on the door a few times." Staff we spoke with told us how they promoted people's privacy and dignity by knocking on people's doors before entering their rooms, ensuring doors and curtains were closed when offering support with personal care and by respecting their choice if they wished to be alone or spend time in their room. Staff were also knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes. Staff gave us examples of how they address people's cultural needs and provided information about people's dietary preferences and about the religious ceremonies that took place on a regular basis within the home. The regional manager told us of the plans in place to ensure staff

received up to date equality and diversity training to ensure people's needs were met appropriately.

People told us how staff supported them and encouraged them to be as independent as possible and we observed this during our inspection. One person said, "Staff help me if I need it but they also allow me to try and do something's for myself which is good." The home environment and equipment in place assisted in the promotion of independence by supporting and maximising on people's abilities. We noted that equipment was readily available to assist people when required for example walking frames and hoists.

People's end of life care needs were assessed and documented within their care plans to ensure their wishes were respected. For example some care plans we looked at recorded specific directives in place to meet individual's religious needs and wishes and where people did not want to be resuscitated, Do Not Attempt Cardiopulmonary Resuscitation (DNAR) forms had been completed appropriately.

We observed people's personal and medical information was protected and stored appropriately. There were policies and procedures in place to ensure peoples personal information was kept confidential and staff were knowledgeable on how and when information could be shared with other professional bodies once consent had been obtained.

Good

Is the service responsive?

Our findings

People told us the care and support provided by staff was responsive to their needs. One person said, "They know what to do for me and how I like things to be done." Another person commented, "I know them well and they know me very well. They do such a good job for me." People's needs were assessed before they were admitted into the home to ensure they could be safely met by staff and the homes environment. People's care needs were identified from information sought from them and gathered about them and took into account people's past history, interests, preference and choices. We saw that where people were not able to be fully involved in the planning of their care, relatives and professionals, where appropriate, contributed to the planning of people's care. People were also allocated a keyworker to coordinate their care and ensure their wishes and preferences were respected and met.

People and their relatives told us they were involved in planning their care and reviews that were conducted on a regular basis. We saw that people's needs and risks were assessed, documented and contained in people's care plans in relation to areas such as social activities, cultural spiritual and religious needs, senses and communication, safety, nutrition and hydration, skin integrity, mental health and end of life care amongst others. Care plans also contained information on how people's needs should be met and recorded guidance for staff on how best to support people to meet their identified needs. For example one care plan detailed the support one person required to meet their nutritional needs safely and how staff were to support them to attend religious ceremonies. Staff were knowledgeable about the content of people's care plans and how people preferred their care to be delivered. We saw care plans were reviewed on a regular basis in line with the provider's policy and daily records were kept by staff about people's day to day wellbeing.

People were provided with a range of activities that met their need for social interaction and stimulation. Most people told us they enjoyed the activities on offer at the home. One person said, "I do like them, it depends how I feel really, but I do take part sometimes, I like the Bingo." Another person said, "Well, yes, sunny days like this we can come out to the garden and enjoy it." A third person commented, "I don't get bored no, but sometimes I think I need more activities." A relative commented, "My loved one will go down to the music and film theatre, it is not the staff's fault if my loved one does not want to do the activities." At the time of our inspection, there were two full time activities coordinators in post who were responsible for planning and initiating activities within the home. There was an activity plan in place which informed people of the activities on offer and included activities such as gardening, pampering, painting, ball games, cinema room and karaoke. During our inspection we observed several people sitting in the garden engaged in a group conversation and another person who wished to watch a film in the cinema.

There was a complaints policy and procedure in place and information on how to make a complaint was on display within the home and accessible. People and their relatives told us they knew how to make a complaint if they had any concerns. One person said, "Oh yes, the staff know what they are doing and I would speak with them if I had any concerns." Another person commented, "Well, I don't have any complaints here." Visiting relatives commented, "Well the manager she is very approachable", and "No complaints, this home is honest and they inform us straight away, the communication in this home is

perfect, we are always aware", and "We don't need to complain, it's a good place overall." Complaints records we looked at showed when complaints were received they were responded to appropriately in line with the provider's policy to ensure the best outcomes for people.

Good

Is the service well-led?

Our findings

At our last comprehensive inspection on the 14 and 15 April 2016 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in that records were not always managed and maintained appropriately in relation to accidents and incidents, care plans and care records and staff supervision and support.

At this inspection we found significant improvements had been made. Staff told us the registered manager was supportive and operated an open door policy to encourage feedback and suggestions they had about the service and that they received regular supervision and support. One member of staff told us, "The registered manager is very supportive and she has a clinical background which really helps. I feel well supported to do my job and we get offered lots of training which is good." Another member of staff commented, "Before the registered manager came I felt it was a bit up in the air with no structure, but now I feel there is more structure and support and we work better together now." Staff records we looked at confirmed that staff received regular supervision, support and training to ensure best practice.

At the time of our inspection there was a registered manager who had been in post just before our previous inspection. We saw that they knew the service well and were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the registered manager demonstrated good knowledge of people's needs within each unit and the needs of the staffing team. Throughout our inspection we saw the registered manager spent time with people using the service, their relatives and staff.

Staff told us that various team meetings took place for different disciplines within the home regularly and they were able to make their views known to senior staff and the registered manager. We saw there were daily meetings held where staff were able to effectively communicate people's daily needs, activities and issues within the home, clinical staff meetings for nursing staff to share issues and best practice, general staff meetings, GP and health professional meetings and health and safety meetings. Records of minutes of meetings held showed these were used as an opportunity to keep staff informed about changes and about how the home was run.

There were robust systems in place used to monitor the quality of the service on a regular basis. We looked at the systems used within the home to assess and monitor the quality of the service which included a regular schedule of audits conducted by the regional manager and registered manager. Audits conducted included accidents and incidents, health and safety, care plans and care records, safeguarding, falls, spot checks and medicines amongst others. We noted that the last care plan audit conducted showed a 98.97 % completion rate with only a minor action noted to be addressed. A regular 'operations and quality review' was also conducted by the regional and registered manager which provided them with a detailed overview of the service including premises, human resources, training and development, quality assurance and customer experience amongst others. We noted this detailed the current refurbishment plan in place and the actions outstanding which were planned works to redecorate communal areas and individual rooms. External audits were also conducted by visiting professionals such the visiting pharmacist and

commissioning local authority who gave positive feedback about the home after their recent visit.

People and their visiting relatives told us the registered manager and staff were approachable and they thought the home was well-led. One person said, "Yes I know her [registered manager], she walks around the home and always speaks to me." A visiting relative told us, "Yes she [registered manager] knows what she`s doing." Another relative commented, "I know the manager very well, she is very approachable and you can have a conversation with her." A third relative said, "Yes I know the manager and the staff, we can have a chat no problem."

Regular residents and relatives meetings were held for people and their relatives to raise any issues or suggestions about the home. Minutes of the meetings were made available to people and we noted the minutes of the last relatives meeting held in February 2017 included details of discussions in relation to the homes refurbishment plans, activities, staffing and laundry. The provider also sought the views of people using the service and their relatives through satisfaction surveys that were conducted on an annual basis. We looked at the results for the survey conducted from June till August 2016. We saw that results were positive showing that 91% of people would highly recommend the home.