Parkfield Health Care Limited

# Adel Grange Residential Home

## Inspection report

Adel Grange Close
Adel
Leeds
West Yorkshire
LS16 8HX

Tel: 01132611288

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25 April 2018

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13 June 2018

## 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 25 April 2018 and was unannounced.

At our last inspection on 30 November 2016 we rated Adel Grange as requires improvement. We found the provider had breached one regulation associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to protecting people's dignity and respect. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of responsive and well led to at least good.

When we completed our previous inspection, we found concerns regarding care planning for people who exhibit distressed behaviour, which placed themselves and other people at potential risk. At this time this topic area was included under the key question of responsive. We reviewed and refined our assessment framework and published the new assessment framework in October 2017. Under the new framework this topic area is included under the key question of safe. Therefore, for this inspection, we have inspected this key question and the previous key question of responsive to make sure all areas are inspected to validate the ratings.

At this inspection, we found that people's needs were assessed and appropriate steps had been taken to reduce the impact of people's behaviour on others. Improvements made following the November 2016 inspection had been embedded and sustained.

This service is now rated as Good.

Adel Grange 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. The care home accommodates 30 people living with dementia in one adapted building.  At this inspection there were 27 people living in the home.

There was a manager in post. The manager had submitted their application to the Care Quality Commission to be the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a clear emphasis on leadership, teamwork and good communication between staff at all levels. The manager had developed a positive culture which promoted high quality, person-centred  care. Safe recruitment procedures were followed and staff were provided with constructive training, coaching and supervision to implement identified changes.

The manager had developed new quality assurance procedures and they acted as an effective role model

and mentor to ensure these were implemented appropriately. The manager was aware of the areas which still required improvement and spoke confidently about further plans for staff development. Individual staff or 'champions' had specific responsibility for systems relating to safeguarding recruitment, medicines, care planning, infection control and health and safety. This promoted a sense of ownership among the staff team. This proactive approach was also seen when a minor incident occurred during our inspection visit as the manager analysed the situation to put changes in place to prevent a reoccurrence.

Staff treated people with dignity and respect. They displayed a caring and compassionate attitude towards people throughout our inspection. Staff knew about people's preferences, likes and dislikes and they used this knowledge to deliver personalised care.

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.

Comprehensive support plans were in place for people who tended to become anxious or upset. These ensured that staff knew the best way to support people and to reduce their anxiety without using restrictive interventions. We saw these strategies put to good use throughout our inspection.

Healthcare professionals were involved in supporting people to achieve good health outcomes; this included their nutrition and hydration needs.

People and their relatives were listened to when they had concerns or ideas to improve 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 were identified and action taken to minimise risks to people and reduce the likelihood of harm occurring.

Staff had a good knowledge of people and understood how to support them and reduce their anxiety.

Appropriate systems were in place to keep people safe from harm such as medicines, recruitment, safeguarding and health and safety.

### Is the service effective?

Good

The service was effective.

Staff had appropriate training, supervision and support to fulfil their roles effectively.

People were supported to make their own decisions and where needed decisions were made in people's best interests.

People were provided with a nutritious diet and they were supported to access healthcare services to maintain their health.

### Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

Staff were enthusiastic and caring. They could describe people's likes, dislikes and care preferences and used this knowledge to deliver person-centred care.

Relatives were actively involved in the home and, where needed, people had access to advocacy services to support them.

### Is the service responsive?

Good

The service was responsive.

People had opportunities to take part in a range of activities. People could access a secure garden area independently or were supported to go out for walks if they wished.

People received care based on their preferences and friends and families were encouraged to visit to reduce the risk of social isolation.

Relatives and people told us if they were unhappy they felt confident to tell the manager and staff.

## Is the service well-led?

Good

The service was well led.

There was an open and transparent structure for learning from incidents and working in partnership to drive continuous improvement.

The manager clearly understood their role and responsibilities and staff morale was high. Staff told us the manager was approachable and they
felt supported.

People living in the home, relatives and staff were regularly asked for their views and their suggestions were acted upon.

Effective quality assurance systems were in place to ensure people's safety and wellbeing was promoted.

# Adel Grange Residential 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 25 April 2018 and was unannounced.

The inspection team consisted of two adult social care inspectors. Before the inspection we reviewed all the information we held about the service. This included information we received from safeguarding and statutory notifications since the last inspection. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We asked the commissioners of the service for feedback before our visit. We used all this information to plan the inspection.

We reviewed records including care planning documentation and medicine records for four people; we spoke with five people and with two relatives. 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. During our inspection visit we spoke with the provider, the manager, deputy manager and four members of staff including senior care workers, care workers and the chef. We reviewed records relating to the management of the home including staff recruitment and training records, quality assurance and maintenance checks.

Good

# Is the service safe?

## Our findings

At our last inspection in November 2016 we found care plans did not include sufficient guidance for staff to follow when faced with persons whose behaviours challenged the service. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) 2014,
Dignity and respect.

At this inspection we saw improvements had been made. This meant the provider had achieved compliance with Regulation 10.

Positive behaviour support (PBS) plans were in place. These included a step by step guide for staff to follow. This helped staff to identify when they needed to intervene and ensured that staff used the same approaches to provide safe, consistent care. Care plans included a range of strategies to ensure each person had access to things that were important to them and support the person to have a good life. These were kept under review. We observed staff responded quickly when people became upset when we visited to keep the person and those around them safe from harm.

The manager followed safer recruitment processes. All appropriate checks had been made such as police and previous employer reference checks. This helped employers make safer recruiting decisions and prevented unsuitable people from working with vulnerable adults. The manager explained the challenges of recruiting suitable staff locally. They said they took people's views into account and involved them in the recruitment process to ensure relationships would be of meaning and value to both parties. Newly appointed staff completed an induction so they knew the safety processes and people who used the service.

People received care and support from a consistent team of staff. No one raised any concerns over staffing levels. We observed staff were busy, but they had time to spend with people and to accompany people to go outside for a walk, if they wished. The manager explained that they kept staffing under constant review. For example, they carried out spot checks periodically during the early or late shifts and during night and weekend shifts to monitor the care and improve staff performance.

Appropriate arrangements were in place for the safe management, storage, recording and administration of medicines. Care plans explained the support people needed with their medicines, staff had been trained in medicines management and had their competency checked. Where people needed 'as and when' medicines such as creams, pain relief or emergency administration, protocols were available for staff to follow to ensure they were given at the right time. The manager was working with staff to ensure they had the information they needed to make decisions around when to administer such medicines and about the risks associated with certain medicines such as warfarin that poses a risk of bleeding.

The home was clean and generally well maintained. Records showed checks of the building and equipment were carried out to ensure health and safety. Appropriate action was taken to address any identified shortfalls.

Personal emergency evacuation plans (PEEPS) were in place for each person. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises. Staff were aware of the risks to people's safety and that they had received instruction on emergency processes. Staff had a good knowledge of people and the risks when supporting them. Records showed that healthcare professionals had been involved to support the safe management of falls, choking, weight loss and anxiety.

Good

# Is the service effective?

## Our findings

People's care needs were assessed and care, treatment and support was delivered effectively. The manager had a clear process to understand which staff required training and used the training available to refresh staff knowledge and organise their induction. Since their appointment the manager had worked together in consultation with staff from the local authority to develop a revised induction programme for staff. This had been trialled with an existing member of staff and would be used for newly appointed staff in future. Staff received regular supervision and the manager told us they were very keen to support staff and see them develop their skills. A relative told us, "staff are very obliging; I couldn't fault any of them."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 to deprive a person of their liberty were being met. We saw that appropriate applications had been submitted to the local authority when required. The manager clearly understood the principles of the MCA and worked, together with staff to make sure people were offered choices. Although staff worked to provide choice and seek consent, care plans did not always reflect a clear picture where people had relatives authorised to act legally on their behalf. The manager said they would address this.

People are offered nutritious food including finger foods and fruit, which can help ensure that people living with dementia receive a good diet. The dining environment was observed to be welcoming, relaxing and comfortable. People appeared to enjoy the lunchtime experience as a sociable time and this had a positive effect on their health and sense of wellbeing.  Menus were developed in consultation with people living at Adel Grange and their families to ensure it reflected their food preferences. Menus were reminiscent of food people might have cooked and served when at home. Good use was made of pictorial menu cards to promote memories connected to food, reconnect with familiar food and help the person make a choice. The chef was aware of each person's specific dietary needs and staff showed people the plates of food available as the meal was being served to help people choose their preference.

People had their weight monitored and where they needed professional support with nutrition this had been organised. The manager said they had good links with the doctors and the community nursing service. People had access to external healthcare professionals including dietitian and GPs as required. Regular visits were also made by a local dental practice and optician.

Accommodation is provided in a large, detached and adapted building. Some adaptations had been made to make the premises easier for people to find their way round. This included greater contrast with coloured

doors and contrasting toilet seats to help with positioning. Not all staff understood that good design can make it easier for older people with or without dementia to interpret and navigate a building in safety, and the use of colour and contrast can assist in this. We discussed this with the manager with a view to staff receiving additional awareness training. People could access a secure outside garden independently, which we saw people enjoyed. Others however preferred to go out for a walk and we saw staff facilitated this so that the person could enjoy their walk.

Good

# Is the service caring?

## Our findings

When we visited the atmosphere was very friendly and relaxed. Staff were cheerful and enthusiastic and we observed that they encouraged people to participate in conversations. The manager and staff showed concern for people's wellbeing throughout our visit and it was evident from conversations taking place that staff knew people well, including their personal history, preferences, likes and dislikes. People expressed themselves very satisfied with the care. They were engaged and alert and looked comfortable and at ease with the staff.

We observed staff were available and quick to respond when people needed additional support or reassurance. There was a lot of chatter and laughter between people using the service and staff and people joined in with the banter and clearly enjoyed it. Relatives told us they were always made to feel welcome when they visited and were consulted on the care their family member received. A relative said, "The friendliness of staff with people and visitors is obvious. They have patience with everyone." Other comments included, "The staff are all brilliant," and, "The staff are lovely, kind and caring."

In their PIR the provider told us that each person was allocated a 'key worker' and an associated keyworker, who evaluated the person's care plans monthly. The recruitment process focused on staff caring attitude and values and the quality assurance programme was also used to monitor dignity, respect and care. Staff told us they liked working at Adel Grange. One staff member said, "I have learnt such a lot since I came to work here. It's really great."

We observed staff treated people courteously throughout our visit. Staff offered people choices, and they communicated respectfully and offered discreet support with their personal care when needed. Staff told us how they worked to protect people's privacy and dignity. For example, they told us about the importance of knocking on people's doors and asking permission to come in before opening the door. Feedback from visiting healthcare professionals and relatives was positive. One we saw stated, 'Todays visit was such a welcome surprise. Bigger, cleaner and 100% more colourful. Happier, full of music and cheer'.

Information regarding advocacy services was displayed in the home and people who used the service had been supported to access an advocate when needed. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise
their rights.

Good

# Is the service responsive?

## Our findings

We found at our last inspection in November 2016 that although everyone had a care plan there was inconsistency with the level of detail. Some people had care plans that clearly outlined how staff should deliver care, but others were less specific and there was insufficient guidance for staff to follow to ensure people received consistent care. At this inspection we saw improvements had been made. The manager explained they had spent time to ensure a stable and consistent staff team was recruited. This has led to the staff being aware of peoples, likes, dislikes and preferences and we observed staff worked together effectively as a team.

Staff had gathered information from relatives and was using this to understand the support people wanted and to review care and support provided. When we visited nobody required end of life support. The manager had recognised the importance of understanding people's preferences regarding this type of care so that staff could provide individualised care at this important time.

Staff provided people with support to socialise and they made sure that people were occupied with meaningful activity. Daily activities offered as part of people's fees included hairdressing, sensory sessions and a 'bar' where people could 'purchase' their drinks. Photographs in the activity file showed people enjoyed a wide range of interests and pursuits such as music, baking, dancing and reminiscence therapy. People were encouraged to take an interest in, and they helped with, everyday tasks such as laying tables and sorting the laundry. During out visit several people went out for a walk and staff told us that when the weather was inclement recently they brought some of the snow inside for people to touch and play with. They said this also generated good conversations with people. We saw the people were alert and sociable and we also observed people confidently initiated their own activities. For example, one person went outside independently into the secure garden to look at the chickens. People had a personally assessed activities profile so everyone knew what was successful for the person. We were told that some people benefited from doll therapy and we saw one person spontaneously rocking a pram, which helped to create a sense of purposes and also soothed the person. We observed the person smiled and was more settled after the experience. People's past lives were used to influence the activities on offer for them. For example, their food and recipe preferences from the past were checked with them and / or their relatives and were included in the menu.

Relatives confirmed they were aware of the complaints process. One relative told us that they had not needed to make a complaint, but they were confident any issues would be dealt with straightaway. Another relative said they did not have any complaints but if they raised anything it was dealt with immediately. In addition to information regarding advocacy services, compliments / suggestion leaflets were available in the entrance hallway, together with the complaints procedure and information on safeguarding and the management team. In their PIR, the provider told us that they had an 'open door' policy and welcomed feedback. The manager told us that there had been no complaints but any niggles were dealt with quickly and managed as part of the feedback process providing opportunity for learning and service development. This included meeting with relatives to explain the steps they had taken to resolve any issues.

Good

# Is the service well-led?

## Our findings

A new manager was appointed in September 2017. The manager had submitted a valid application for registration as the registered manager with the CQC. The manager had a very clear vision of what high quality person centred care looked like. They had implemented a range of effective audits, which covered areas such as medicines, care plans, and health and safety. Each audit clearly identified areas where improvements were needed.

We found that the manager had worked hard since they were employed to recruit and develop the skills of the staff team. There was a sense of a shared culture and ethos based on six principles: care, compassion, competence, communication, courage and commitment. Individual members of staff had been appointed as 'champions' with specific areas of responsibility such as care planning, human resources, medicines, safeguarding and infection control. The deputy told us that staff confidence had grown and everyone knew what was expected of them. This had helped the manager and the staff team focus their attention and to make the improvements necessary. The manager was aware of work they still wanted to do to improve quality and safety further and had plans in place to drive continuous and effective improvement.

The management team worked together to ensure people received a consistent, safe service. For example, they had introduced a series of 'spot checks' at night and in the early morning to make sure staff were operating to an agreed standard. At the same time staff were awarded with an 'employee of the month' to ensure staff knew they were valued and help to foster a good culture and in which people received high quality person centred care.

We found evidence of good communication between all levels of staff and of good partnership work with external partners such as healthcare professionals and social care professionals. One example was the revised induction programme that had recently been introduced. Staff told us morale was high, they said they felt well supported and enjoyed their role. A member of staff told us, "The training the manager has given us has shown us how we can do things better," and, "We [Staff] have meetings and everyone's view is considered."

Feedback was collected in a variety of ways. For example, through the compliments / suggestion box, and from meetings. Feedback on the action taken was highlighted in the entrance hall with a 'You said, we did' poster. Staff had support through regular team meetings where they were given information and they had the opportunity to raise concerns or discuss ideas. The service manager spent time at the home daily and the manager told us they checked each room daily, spoke with people using the service and staff and observed care practice.

The manager understood their responsibilities and had ensured appropriate statutory notifications had been sent since they had been employed. The manager told us they had good support from the provider, managers from other services in the same organisation and staff. They kept up to date through reading adult social care sector journals and linking with updates from CQC and other agencies. We had confidence that the manager understood what high quality person-centred and safe care looked like and that they

would continue to strive for this on behalf of the people they supported.