B and E Thorpe-Smith

Adelaide House Residential Care Home

Inspection report

6 Adelaide Road
Leamington Spa
Warwickshire
CV31 3PW

Tel: 01926420090

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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?	Requires Improvement

Summary of findings

Overall summary

Adelaide House provides care and accommodation to a maximum of 23 older people. The home is located in Leamington Spa in Warwickshire. On the day of our inspection there were 22 people who lived at the home. The home provides care and support to older people and people who live with dementia.

The service was last inspected on 18 December 2015. At that inspection we found a breach in the legal requirements and Regulations associated with the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014. The breach was in relation to good governance. The provider did not have effective systems and processes in place to monitor the quality and safety of the service provided.

We gave the home an overall rating of requires improvement and asked the provider to send us a report, to tell us how improvements were going to be made to the service. The provider sent us an action plan which detailed the actions they were taking to improve the service. The provider told us these actions would be completed by October 2016.

At this inspection on 13 December 2016 we checked to see if the actions identified by the provider had been taken and if they were effective. We found sufficient action had been taken and there was no longer a breach in Regulations of the Health and Social Care Act 2008. However, further improvement was needed.

The service had a registered manager who had been in post since 2015. This is a requirement of the provider's registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had developed systems to gather feedback from people, relatives and others so they could use the information to improve the quality of the service provided. Audits to monitor the safety of the service were being regularly completed. However, some audits were limited in detail and required further improvement.

People were supported with their medicines by staff who were trained and assessed as competent to give medicines safely. Medicines were given in a timely way and as prescribed, but guidelines in place for people prescribed 'as required' medicines were not always clear. Action was taken to address this.

There were enough staff to meet people's needs. The provider conducted pre-employment checks prior to staff starting work, to ensure their suitability to support people who lived in the home. However, some risks relating to staff recruitment had not been clearly documented. Staff told us they were not able to work until these checks had been completed.

The registered manager understood their responsibility to comply with the relevant requirements of the

Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Care workers gained people's consent before they provided personal care and knew how to support people to make decisions.

People told us they felt safe living at Adelaide House and staff understood how to protect people from abuse. Risks related to the delivery of care and support for people who lived at the home had been identified and staff understood how these should be managed. Some individual risks had not been documented. The registered manager took action to address this.

Staff respected and promoted people's privacy and dignity. People were encouraged to maintain their independence, where possible. People told us care workers were caring and understood how people wanted their care and support to be provided.

People who lived at the home were supported to maintain links with friends and family who could visit the home at any time. Some people were supported to follow activities and hobbies which they found enjoyable and interesting.

Staff completed training considered essential to meet people's needs safely and effectively. Refresher training for some staff was out of date. However, training had been planned. Care workers completed an induction when they joined the service and had their practice regularly checked by a member of the management team. Staff felt well supported by the management team.

People were encouraged to eat a varied diet that took account of their preferences and received the support needed to maintain their health and wellbeing. People had access to a range of health care professionals when they needed.

People and relatives were involved in planning and reviewing their care, were appropriate. New style care plans contained relevant information for care workers to help them provide the care and support people required.

Everyone we spoke with told us the registered manager was available, supportive and approachable. People knew how to make a complaint if they needed to and complaints were managed in line with the provider's procedure.

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.

Staff were recruited safely and risks related to people's care and support needs had been identified and assessed. However, of these risks some risks relating to staff recruitment had been clearly documented. The registered manager took action to address this. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. Medicines were administered safely and as prescribed, by staff who were competent to do so. Guidance for staff where people were prescribed 'as required' medicines was not always clear and needed to be reviewed. There were enough staff to meet people's needs.

Is the service effective?

Good

The service was effective.

People were supported to access healthcare services to maintain their health and wellbeing. Staff had completed some of the training necessary to give them the skills they needed to effectively meet the needs of people at the home and further training was planned. Where people could not make decisions for themselves, people's rights were protected. People received food and drink that met their preference, and supported them to maintain their health.

Is the service caring?

Good

The service was caring.

People told us they were happy at the home. People were supported with kindness, dignity and respect. People were able to make everyday choices which were respected by staff. Staff were attentive to people's individual needs and respected people's privacy and dignity. Staff supported and encouraged people to maintain their independence.

Is the service responsive?

Good

The service was responsive

Care planning and review was taking place and involved people and their relatives as appropriate. Staff had a good understanding of the needs of people they supported. People had some opportunities to engage in activities which took note of their personal interests and hobbies. People and relatives knew how to raise complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well- led.

The provider had developed and was implementing systems to monitor and improve the quality and safety of the service. However, further improvement was needed to ensure all aspects of the service were audited and detailed records maintained. The provider was updating the homes policies and procedures. The registered manager was approachable, and people who lived at the home, their relatives and staff felt able to speak to the registered manager at any time. Staff felt supported in their roles.

Adelaide House 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 13 December 2016 and was unannounced. The inspection was conducted by two inspectors and an expert by experience. An expert by experience is a person who has personal experiences of using or caring for someone who uses this type of care service.

Before our visit we asked the provider to complete 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 improvements they plan to make. The information contained in the PIR reflected our inspection findings.

We also looked at the 'Report of Actions' the provider sent to us after our last inspection. This detailed the actions the provider was taking to improve the service. We reviewed the information received from statutory notifications the provider had sent to us, feedback received form a health care professional, and contacted commissioners of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. The commissioners did not tell us anything we did not already know about the service.

During our inspection visit we spoke with 11 people who lived at the home, three relatives of people, a social care professional and five staff members. These included care workers and the deputy manager. We also spoke with the registered manager and the provider.

We reviewed five people's care records to see how their care and support was planned and delivered. We

looked at three staff records to check whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated to check how the provider gathered information to improve the service. This included medicine records, the provider's quality assurance audits and records of complaints.

Good

Is the service safe?

Our findings

People told us they felt safe. When asked what made people feel safe, one person said, "…because the staff are always here if I need them." Another person explained they felt safe because staff used a 'standing frame' to assist the person to get out of bed. Relatives agreed. One commented, "[Person] is so much safer here… the staff are very attentive." People and relative's knew who to speak to if they didn't feel safe. They told us they would share any concerns with the management team or care workers.

People were safe and protected from the risks of abuse because staff understood their responsibilities and the actions they should take if they had any concerns about people's safety. Staff had received training in how to protect people from abuse and were able to give us examples of what might be cause for concern, what signs they would look out for and what action they would take. One staff member commented, "If someone is quiet or withdrawn, or they seem uncomfortable around another person, or any change in behaviour or character, this would be a concern. We get to know people well so would spot this." Staff told us the provider had a whistleblowing policy and knew who to contact if they felt their concerns were not taken seriously and people might still be at risk. One staff member said, "I would inform the CQC if I had to."

People were protected by the provider's recruitment practices which minimised risks to people's safety. The provider ensured, as far as possible, only care workers of suitable character were employed. Prior to staff working at the service, the provider checked their suitability by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. Staff told us they had to wait for DBS checks and references to come through before they started working in the home. Records confirmed this.

However, one staff record showed the provider had not always ensured risks relating to staff recruitment had been documented. We discussed this with the registered manager who explained the action they had taken. They acknowledged this had not been recorded and gave assurance records would be completed. The day after our inspection visit we received confirmation this had been done, and that risk was being managed so safe recruitment practices were in place.

There were enough staff available to provide care and support to people when needed, and to spend time chatting with people. This included dedicated staff to cover housekeeping roles such as cooking, cleaning and laundry. One person told us, "There appears to be enough staff here, shouldn't think they would need any more." When discussing staffing levels another person told us, "As far as I am concerned there are plenty." Staff confirmed there were enough staff on each shift to meet people's needs and to enable staff to spend time socialising with people. During our visit we observed staff were available in communal areas to assist people if they needed support.

People's care plans included risk assessments to ensure staff knew the risks associated with people's care needs and the actions needed to minimise these. For example, one person had a risk assessment intended to help prevent deterioration in their mental health. This detailed the nature of the risk, how this could impact on the person, and the actions identified to minimise the chances of the risk occurring. The

assessment instructed staff to support the person if they were upset or anxious and to make telephone contact with their family because this could prevent the person from becoming agitated. Risk assessments were regularly reviewed and updated.

However, risk assessments were not always in place where risk had been identified. For example, one person had been assessed as being at risk of falling from their bed and chair. Staff were aware of the risks, and measures such as placing a soft mattress on the floor by the side of the bed, as well as having cushions surrounding the person's chair were in place. However, these risk management measures were not documented on the person's care plan. This meant new staff or those less familiar with the person might not have been aware of the risk or how to reduce it. We discussed this with the registered manager, who acknowledged a risk assessment was needed and one was completed during our inspection site visit.

At our previous inspection visit we identified other risks to people's health and safety had not always been well managed. For example, we found information about people's individual support needs in the event of an emergency was not up to date and we observed fire doors which had been propped open.

During this inspection we found improvements had been made. The provider had developed plans to ensure people were kept safe in the event of an emergency or an unforeseen situation. Emergency equipment was checked regularly and staff knew what action to take. We saw each person had a personal emergency evacuation plan which was accessible in the event of an emergency. These plans gave staff and the emergency services information about the level of support and equipment a person may need to evacuate the building safely. Improvements had also been made to the safety of the home's environment. For example, we did not see any fire doors propped open and staff understood why this was important. Signs alerting people to a change in the level of the flooring in a communal hallway were now displayed. This meant the provider was identifying and minimising potential risks to people's health and wellbeing.

At our previous inspection we found some people were at potential risk of harm due to the unsafe management of medicines. This was because people did not always receive their medicines in line with the prescribing instructions, records to show medicines were stored at the correct temperatures had not been completed, and the administration of medicines was not always accurately recorded.

During this visit we found medicines were administered, stored and disposed of safely. We asked people whether they received their prescribed medicines when they needed them. People told us they did. One person told us, "My medication is no problem. It's always on time and they have never run out of my tablets." The registered manager told us since our last inspection they had introduced a new medicines management system. They said, "I am much happier with the new system which is working well."

People received their medicine from staff who were trained to administer medicine safely. One staff member told us, "No one is allowed to do medication until we have done the training." The deputy manager told us they regularly assessed the competencies of staff to administer medicines to ensure they continued to maintain their knowledge and skills. The deputy manager told us this included planned and unplanned observations.

We looked at seven people's medication administration records (MARs). Each record contained a photograph of the person, a picture of each prescribed medicine and detailed how and when these should be taken. A staff member told us, "Having a picture of each medication is great. It's another safety check." MAR records were fully and accurately completed. However, where people took medicines on an 'as required' (PRN) basis, there were no plans in place for staff to follow. This meant we could not be assured safe dosages of medicines were not exceeded and people were not given medicines where they might not

be needed. We raised this with the deputy manager who took immediate action to ensure 'PRN' protocols were completed.

Good

Is the service effective?

Our findings

People told us they received care and support from staff who knew them well and staff had the knowledge they needed to support people effectively. One person told us, "Oh yes, our staff know what they are doing." The person described the way staff supported them to move around the home safely, They said, "They [Staff] know I've got 'wobbly legs' in a morning so they walk with me."

Relatives were also confident staff had the necessary knowledge and skills. One whose family member had lived at Adelaide House for a short time told us they were, "Amazed how quickly [Person's name] needs were being met." The relative said this was because of the staff's knowledge, attitude and the way they supported the person.

Staff completed an induction when they started working at the home. A newly recruited care worker spoke positively about their induction which had included working alongside experienced staff and spending time getting to know the people who lived at the home. They commented, "I felt really well supported. [Registered manager] gave me plenty of time." Records showed the induction for new staff was linked to the Care Certificate which assesses staff against a specific set of standards. To receive the Care Certificate staff have to demonstrate they have the skills, knowledge, and behaviours to ensure they provide compassionate and high quality care and support.

Staff told us the registered manager encouraged them to undertake on-going training which they said was good quality and helped them support people effectively. One staff member said, "The things we learnt in moving and handling training were good. It was a full course on how equipment should be used." Talking about training and guidance they had received from the provider on dementia, another staff member commented, "People with dementia do have memories of things from their past. So, you encourage people to talk about things they have done in life. That can put people at ease. It is about reassurance to help people keep happy and feel safe." Staff told us the provider also invested in their personal development, as they were supported to achieve nationally recognised qualifications.

However, we found the training matrix maintained by the provider showed refresher training in some areas, for example infection control, had not been completed. The provider explained they had recently changed training provider and were in the process of agreeing dates for future training sessions. The day after our inspection we received information showing dates for training had been confirmed.

Staff told us they had regular opportunities to talk with senior staff about people's needs, as well as their own practice and professional development. One staff member said, "We discuss if there is anything we could do more for people, and about any problems we might have." However, records we viewed showed some formal supervision (planned one to one meetings) had not taken place at regular intervals and staff could not recall having a yearly meeting to discuss their work performance. We discussed this with the deputy manager. They acknowledged formal meetings had not been regularly held, but these were now planned and were being completed by the deputy and registered manager. We reviewed five recently completed staff supervision records which confirmed this.

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. Where people lack mental capacity to take particular decisions, any decisions made must be in their best interests and in the least restrictive way possible.

Staff understood the principles of The Mental Capacity Act and some staff had received training to help them understand the Act. The provider confirmed further training was planned. All staff we spoke with understood their responsibilities to support people in line with the MCA. One staff member told us, "If someone has dementia, you can't just say they don't have capacity. But, in some situations we might need to involve next of kin to make a decision in someone's best interests. We might also need to make a DoLS application. We don't have the right to just restrict people."

People had been asked to sign they consented to their care and support being delivered by staff at the home. Care records included information for staff on the level of support people needed to make decisions about their lives. We saw where people had the capacity to be involved in decisions about their care and support needs, their involvement had been recorded. However, we found where people lacked capacity; information was not always decision specific which meant staff were not consistently given instructions on which decisions people could make for themselves, and which decisions needed to be made in their 'best interests'. The registered manager told us where appropriate relatives were involved in making decisions for people who lacked capacity. One person told us, "They [Staff] know my daughter sorts my money. I can't always remember."

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 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. The provider and registered manager understood the legislation in relation to the DoLS. Where restrictions on people's liberty had been identified, the provider had made DoLS applications to the relevant local authority so they could be legally authorised. This protected people who could not make all of their own decisions by ensuring restrictions were proportionate and were not in place without the relevant authorisation.

People told us, and we heard care workers sought consent before providing any care or support. One person told us, "Staff explain everything before they do it." We heard one staff member asking a person if they were ready to take their medicine. The person said, "In a bit." The staff member replied, "No probs. I'll come back." We observed the staff member returned a short time later and supported the person to take their medicine. Staff told us they understood the importance of gaining consent from people before they supported them. One said, "We only do things with the resident's agreement. It's their choice."

People spoke positively about the quality of food served and the range of choices available. Comments included, "I never feel hungry or thirsty as there is always adequate.", "The food is very good, yes I like it.", "… I can have as many coffees as I want.", And "Food is very good…. If you did not like the dinner you can ask for something else and they will make it for you."

People's nutritional needs were met with support from staff to help maintain their well-being. For example, we observed one person being assisted to eat their meal in their bedroom. The staff member was heard describing each food item on the dinner plate and asking the person if they liked the items. The staff member constantly checked with the person that the portion size and pace at which support was offered met the person's needs. Periodically the staff member offered the person a drink.

We observed the lunchtime meal service. Staff were available to welcome people into the dining room and people were asked where they would like to be seated. Throughout, staff were available to support people when needed and sensitively encouraged people to eat and drink by giving discreet verbal reminders and prompts. People were offered a choice of meals and drinks which reflected their preferences. For example, one person was provided with vegetarian meal choices. Staff regularly replenished people's drinks and asked people if they had enough to eat and drink. People and staff chatted together and when one person started to sing all the staff joined in. This assisted in making the meal time a pleasant experience.

People received support to maintain their health and wellbeing. One person told us, "If you are in pain or want to see the Doctor you just tell the staff and they ring the surgery." Care records showed people were supported to access health care professionals on an ongoing and routine basis, as well as when their needs changed or their health deteriorated. The registered manager said over the past year they had developed 'good' working relationships with community health professionals. They told us, "Working together has really helped us to get advice and support quickly when resident's [People] feel unwell."

Good

Is the service caring?

Our findings

Everyone we spoke with told us staff were caring and kind. Comments made included, "I love living here. The staff are lovely.", "Exceptional, just the attitude of the staff, I am treated with such warmth and welcome when I visit.", "The staff are kind and will do anything to help you.", And "They [Staff] are truly caring and compassionate … so respectful."

We asked staff what being caring meant to them. One staff member told us, "It is not only about physical needs. It is also about meeting people's emotional and psychological needs too. It is person-centred care." Another staff member said, "Being part of a family. Worrying about them [People], like you worry about your own family."

Staff helped people maintain relationships that were important to them and celebrate family events. We observed one staff member reading a letter to a person which they had received from friends. Once they had finished reading the letter, the staff member spent time with the person talking about the people mentioned in the letter. The person enjoyed hearing and talking about people they knew. The registered manager told us they were making arrangements to accompany another person to attend a family wedding. The person told us they were looking forward to the day.

We observed people had a good rapport with staff, and spoke to them with confidence. Staff sat with people and chatted to them. People laughed and seemed pleased with the way staff interacted with them. Staff took time to listen to people and supported them to express themselves according to their abilities to communicate. For example, we saw staff sat next to people to hold a conversation with them on the same level. This demonstrated people were supported by staff with kindness, in a way that they could understand.

People made choices about their day to day lives. One person told us, "I don't go down stairs to the lounge… I have my T.V. and am quite happy to sit here and watch the box." Staff told us they involved people as much as possible in making daily choices and decisions. We observed staff supporting people to choose what they would like to wear, what food and drink they wanted and what activities they would like to take part in. Staff respected decisions people made. One staff member explained, "It's not our choice it's the resident's [People's]. If someone declines our support then we respect that."

People made choices about who visited them at the home. One person told us their friends and family regularly visited at different times during the day. A relative told us, "I really like visiting here it's so welcoming, caring, just has a nice feeling." We saw people had visitors join them at the home during our inspection visit. Visitors were made to feel welcome, and used the communal areas of the home as well as people's bedrooms to meet.

People had been encouraged to make their rooms at the home their own personal space. One person told us, "It doesn't feel like a care home, having all my personal possessions around make it a home." On the day of our inspection visit we observed the registered manager talking with people about what design they would like for new bedding in their room. There were two samples on offer and people were given the

opportunity to see and hold each option before telling the registered manager which they preferred.

People told us their dignity and privacy was respected by staff. One person described how staff always covered the person with a towel to protect their dignity whilst assisting with personal care. A social care professional told us how a staff member had maintained a person's dignity by reminding the person to fasten their clothing before a visitor entered their room. Staff understood the importance of respecting and ensuring people's privacy was maintained. For example, one staff member commented, "We respect confidentiality and do not leak people's personal details." Throughout our visit we observed staff spoke discretely and quietly to people regarding personal care routines and knocked on people's doors to announce themselves before going into people's rooms.

People were supported and encouraged to maintain their independence where possible. A social care professional told us how one person's independence had increased since living at Adelaide House, they said, "[Person's name] is doing really well and his independence is getting better he can now use the stair lift on his own."

Care workers told us they supported people to be as independent as possible because they understood this was important for people's well-being. We observed one care worker encouraging a person to drink independently. They sat close to the person and gently wrapped the person's fingers around the glass. The staff member then used verbal prompts to encourage the person to lift the glass and drink. The staff member was patient and supportive and was heard saying, "It's ok, take your time. I know we can do this together." The person drank from the glass and smiled showing they were pleased with their achievement. The staff member responded, "Well done to you, that was great."

End of life care was effectively planned and delivered by staff in a kind, caring and compassionate manner. Care plans for people who had been identified as being at end of life included information on the person's preferences on place of death, funeral arrangements and how they wanted to be supported. The registered manager told they worked closely with all health care professionals to enable the home to continue to care for people at the end of their lives. They said, "This is their home and we do everything we can to enable them [People] to stay here right up to the end."

Good

Is the service responsive?

Our findings

People told us they were very satisfied with the service provided and spoke positively about the way staff supported them. One person said they were 'happy' to call Adelaide House their home. Another person said, "I just press my buzzer and they appear." Whilst we were talking to the person they told us they needed assistance to put their shoes on. The person pressed their call bell and within minutes a staff member was knocking their bedroom door asking if the person needed assistance.

We observed people were responded to quickly and effectively by staff. For example, one person became upset while spending time in a communal lounge area of the home. On hearing the person calling out and becoming anxious, a member of staff quickly came into the lounge. They sat next to the person, held their hand and quietly asked the person what was wrong. We observed another person was unable to hear when staff spoke with them. Staff were quick to ask if the person wanted their hearing aid in. While supporting the person, the staff member talked about what they were doing and ensured the person was happy. They said, "I'm just going to put a bit of Vaseline in your ear first." The staff member explained this was to prevent the person's hearing aid from causing any irritation.

Staff had a good knowledge of people's individual needs, and were able to tell us how people preferred their care and support to be provided. Staff told us they sat with people and their relatives to discuss, and review their care and support needs which helped them to respond to any changes. For example, we saw one person had developed a chest infection. Following discussion with the person, care records had been updated to show the person needed additional support when walking and closer monitoring whilst they were unwell. We observed staff followed this guidance during our visit. This information meant staff had the necessary knowledge to ensure the person's needs were at the centre of the care and support they received.

People were allocated 'keyworkers' and these staff members were responsible for overseeing people's care and support. This provided people with a consistent named worker. One person told us, "I am so pleased I came here. My keyworker is taking me shopping soon; she is great she has the same kind of humour." The registered manager told us, where possible people were asked who they would like as their 'keyworker' and people's choices had been met. Care workers told us, 'keyworkers' had additional responsibilities including ensuring people had personal toiletries and supporting people to meet maintain their interests and hobbies.

Staff told us there was a verbal handover at the start of each shift. Staff said this ensured they had the information they needed to support people and respond to any changes in people's care and support needs. Staff confirmed the handover of information between shifts was clear and effective. One staff member said, "Handover is how we start each shift. We talk about each resident and learn about any changes or things we need to do." Staff explained each handover was recorded, so staff could review the records if they needed to update themselves or check something.

At our previous inspection we found some care records had not been fully completed and did not reflect people's current needs. For example, care plans for one person who had come to live at the home in

October 2015 were incomplete.

During this inspection visit we found improvements had been made. The registered manager explained they had been working on a new format for care plans. They said, "I want the care plans to help staff get to know people, especially for new staff." They told us changing all care plans over to the new format was not yet completed, but that they hoped to have done this within the next two months.

The new style care plans were personalised, with information about people's life history, likes, dislikes and preferences, so staff could build relationships with people over shared interests. They also included information for staff about people's physical and mental health, emotional and psychological needs. Care plans had been regularly reviewed and records showed the inclusion of people, and where appropriate relatives.

Staff told us they had time to read people's care records. One staff member said, "[Registered manager] is very hot on us reading care plans so I will do that over the week. We have time." A new staff member told us they had been given time to read each care plan to learn about people's needs and preferences before they started providing care and support.

The home supported some people who could become anxious or agitated as a result of dementia. The care plan for one person with dementia included information for staff on how they could support the person effectively. For example, the care plan directed staff to speak slowly and clearly, as it had been identified the way people spoke with the person could trigger anxiety. The care plan also showed staff recorded information about how the person presented on a day by day basis, and that this information had been shared with medical professionals so decisions could be made about the person's care and support to help staff care for them more effectively.

During our previous inspection the registered manager told us activities was an area they had identified which needed to be improved. At this inspection we found some improvements had been made. A staff member designated to organise and support people with activities had been recently recruited. Whilst this member of staff was not present on the day of our inspection visit, records showed they had arranged and supported people with individual and group activities. For example, exercise classes, bingo, pamper, and discussion sessions. The registered manager told us, they were working with the staff member to ensure activities were 'meaningful'. They said, "We are focusing more on doing things on a one to one basis rather than lots of group things. Residents seem to enjoy this more. We don't have a rigid plan. We are more informal and respond to the residents on a daily basis."

When we asked people if they were supported to take part in activities and interests that they enjoyed and found stimulating, we received mixed responses. Comments made included, "I love dancing. They [Staff] help me. I go out dancing every Saturday night.", "I haven't been anywhere, I just sit around all day.", And "Because of my eye condition I can no longer knit but I love my T.V. I don't get bored."

We observed people were supported to do things they enjoyed, in line with what was recorded in their care plans. For example, one person was playing board games and another person listened to their favourite radio station. The person told us, this is how they enjoyed spending their time. We heard the deputy manager say to another person, "Hello, how lovely to see you. Would you like to dance"? The person reached out with their hands and replied, "Of course.", then proceeded to dance around the hallway with the deputy manager whilst smiling, humming and laughing.

We saw events planned as part of the homes Christmas celebrations were advertised in the reception area.

For example, people living at the home and their relatives were invited to a Christmas concert and a classic sing along. One person told us, they were looking forward to the sing along. They said, "I like to sing."

We looked at how complaints were managed by the provider. People and relatives told us they had no complaints, but knew how to complain. One person told us, "If I did have any comments or complaints I would speak to the owner [Provider]." A relative told us, "As long as [Person's name] is 'happy and content' living at the home we have no concerns." They added, "And, she certainly is." Speaking with us about what they would do if someone told them they wanted to make a complaint, one staff member said, "I would sit with the person and find out what was wrong. I would tell them I'd talk to the manager and I would pass the information on. We should never ignore anything people say." Staff were confident complaints would be dealt with effectively. One told us, "The manager would look into a concern and make sure the person was happy. That's really important to all of us, here."
The provider's complaints procedure was displayed around the home. This informed people how to raise concerns and what they could expect if they did so. The procedure included details of other relevant organisations, including the local authority and the Care Quality Commission. Records showed the home had received five formal complaints since January 2016 which had been managed in line with the provider's policy and procedure.

Requires Improvement

Is the service well-led?

Our findings

During our previous inspection in December 2015, the provider had breached Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good governance. This was because the provider had not established systems and processes to monitor the quality and safety of the service, and to mitigate risks relating to the health and safety of people who lived at the home. The provider had not ensured records in respect of people who lived at the home were accurate and detailed.

At this inspection we found the provider had completed most of the action they said they would take.

The provider had developed, and was in the process of implementing systems to gather feedback from people, relatives and others so they could use the information to improve the quality of the service provided. This included a 'pictorial' survey to enable people who were living with dementia to share their experience of the service provided. The registered manager told us they planned to issue this survey to people who lived at the home within the next four weeks. The provider told us, and records showed, they had sent and received back surveys to relatives. They explained the next step was to develop action plans in response to the feedback that had been provided.

At our previous inspection we found audits to monitor the safety of the service had not been completed, or were not effective. We also identified equipment in use which posed a potential infection control risk.

During this visit we found some improvements had been made. Audits to assess and monitor the safety of the service had been regularly completed. These audits identified where improvements were needed and the action taken. For example, a full infection control audit had been completed by an infection prevention and control commissioning nurse (IPCCN) and the registered manager. IPCCN are responsible for monitoring and advising on infection prevention and control practices for all services paid for by the local authority. The audit identified the need for regular cleaning of mattresses. Records confirmed a system of cleaning had been introduced and was being maintained. We did not see any equipment in use which would pose an infection control risk.

Records showed incidents and accidents were documented by staff and copies were kept on file. However, the provider was unable to show us any recorded audits of incidents or accidents, and we did not see any evidence that these had been used to identify patterns or trends across the service, or for individuals. We spoke with the registered manager about this, who agreed it was important to analyse incidents so people's care plans and risk assessments could be updated where needed. They assured us they would develop a system for auditing incidents and accidents to ensure they had oversight of risks across the service.

Other audits, whilst regularly completed, were limited in detail and required further improvement. For example, medicine audits showed medicine stocks had been counted and MAR's reviewed, but did not show other elements had been checked to ensure medicines were being managed safely. Care plan audits did not always clearly record where action was needed, or if this had been addressed. We discussed this with the provider who told us they were, "Building on the audits in use to further develop our internal auditing tools."

At our previous inspection the provider told us they were planning to update the home's policies and procedures because these had been inherited from the previous provider and did not reflect current requirements and legislation.

At this inspection visit we saw improvements had been made because most policies and procedures had been updated and new policies and procedures written. For example, the provider had developed a policy to reflect the requirements of the MCA 2005. However, we found a small number of policies and procedures which remained out of date. For example, the homes medicines procedure referred to previous health and social care legislation. We discussed this with the provider, who confirmed they still had a number of procedures to review. The provider gave assurance this work was being prioritised.

We found the provider was no longer in breach of the Regulation. However, we reminded the provider we expect to see continuous improvement in the completion of audits and checks to ensure the health and safety of people living at the home.

Everyone we spoke with said the quality of service provided was good and the service was well managed. Comments made included, "This is a lovely place to call home. [Registered manager's name] is lovely, so friendly and nice.", "I'm not aware of any improvements needed, everything I need is here. This is a pleasant place to be and I am very well looked after here.", And "I think it is very well run I don't think I would change anything."

The service had a registered manager who was also one of the providers of the home. There was a clear management structure within Adelaide House; this included the registered manager, a deputy manager, two senior care workers and two lead care workers. The registered manager was actively involved in the day-to-day running of the home and regularly worked alongside staff supporting people with their care and support needs. The registered manager told us they worked closely with the provider who was available in the home on a daily basis.

The registered manager understood their responsibilities and the requirements of their registration. For example, they had submitted required statutory notifications and completed the provider information return (PIR). We found the information in the PIR was an accurate assessment of how the service operated. The registered manager also shared information with local authorities and other regulators when required, and kept us informed of the progress and the outcomes of any investigations.

Staff told us they felt supported by the registered manager. One care worker described the registered manager as, "Brilliant." They told us, "They [Registered manager] are wonderful. They are always there if you need to talk about anything." Another care worker explained one of the reasons they enjoyed working at Adelaide House was because the registered manager was approachable and the care worker felt supported. They added, "I love it here, it is a lovely home."

The registered manager knew the people who lived at the home and demonstrated a good understanding of people's needs. During our visit we observed the registered manager was visible and available to talk with people, visitors and staff. For example, we saw the registered manager playing dominoes with one person. The person was smiling whilst enjoying the game. At other times the registered manager was seen chatting with people in their bedrooms and welcoming visitors. We saw people, visitors and staff were comfortable approaching the registered manager. The registered manager told us, "I am proud of the relationship I have been able to develop with the residents [People], families and staff. That's helps to keep it homely."

Staff told us they were supported in their roles through regular team meetings with the management team.

Care workers said these meetings gave them the opportunity to discuss any changes, things that were working well and any idea for developing the service. One staff member said, "They [staff meetings] are good, very informative. If things are changing they [manager] make sure everyone understands what is changing and why." Records of the latest staff meeting showed a range of issues had been discussed including, managing risk, people's safety and work place pensions.