

Isle of Wight Council

The Adelaide

Inspection report

Adelaide Place
Ryde
Isle of Wight
PO33 3DQ

Tel: 01983568621
Website: www.iwight.com

Date of inspection visit:
21 January 2022

Date of publication:
11 February 2022

Ratings

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

Summary of findings

Overall summary

About the service

The Adelaide is a residential care home providing personal care for people over the age of 18 years with a physical disability or dementia. The service can support up to 24 people and predominately provides a reablement service following discharge from hospital. The Adelaide provides all single bedrooms, some with ensuite facilities, suitable communal areas and access to outdoor spaces. At the time of the inspection there were 17 people at the home.

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

People all gave us positive feedback about The Adelaide and told us that staff were kind and caring. Privacy and dignity were promoted and independence was actively supported.

Individual risks were assessed and managed appropriately. People had access to any necessary equipment where needed, which helped ensure people were safe from harm.

There were appropriate policies and systems in place to protect people from the risk of abuse and the management team and staff understood the actions they should take to keep people safe.

People were supported to take their medicines safely and as prescribed. They were able to access health and social care professionals if needed. Infection prevention and control measures were in place and followed government guidance.

Appropriate recruitment procedures helped ensure only suitable staff were employed. There were enough staff to support people's needs. Staff had received training and support to enable them to carry out their role safely.

The management team carried out regular checks on the quality and safety of the service and understood their regulatory responsibilities. People and external professionals said the management team were approachable and supportive. Staff were also positive about the management team.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 23 July 2019).

Why we inspected

We inspected this service as a review of the information we hold indicated improvements had been made. We were supporting the potential of increasing capacity in the local system.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Adelaide on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

The Adelaide

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

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

Service and service type

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

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

Notice of inspection

We gave a short period of notice for the inspection because we needed to be sure that the registered manager would be available to support the inspection.

Inspection activity started on 21 January 2022 and ended on 28 January 2022. We visited the service on 21 January 2022.

What we did before the inspection

Before the inspection we reviewed the information, we had about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one relative and 12 people who were receiving, or who had recently received a service at The Adelaide about their experience of the care provided. We spoke with one housekeeper, six care staff and two assistant managers. We also spoke with the registered manager and group manager. We carried out observations of people's experiences throughout the inspection. We viewed the environment, looked at medicines management systems and records, recruitment records for three staff and assessed how the home was managing infection prevention and control. We looked at four people's care plans, individual risk assessments and daily records of care that had been provided for people.

After the inspection

We continued to seek clarification to validate evidence found. We reviewed additional information provided by the registered manager. This included a variety of records relating to the management of the service, including accident and incident records and policies and procedures, audits and information about staff training and support were reviewed.

We received information from three health and social care professionals. We spoke with the provider's nominated individual and clarified further information with the registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place and followed, which protected people from the risk of abuse.
- People said they felt safe using the service. A person told us, "Couldn't be safer or happier." Another person said, "Everything else is fantastic, respect, dignity and a chance to choose." An external social care professional said, "I feel the staff at The Adelaide go above and beyond with keeping individuals safe and well."
- Staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse. One staff member described the actions they would take if they witnessed or suspected abuse may have occurred. They told us, "I'd go to the deputy manager or [registered] manager. If they didn't take any action I'd go directly to safeguarding (local authority safeguarding team) or to you [CQC]."
- When safeguarding concerns had been identified staff had acted promptly to ensure the person's safety.
- There were robust processes in place for investigating any safeguarding incidents. The registered manager understood the actions they should take should they have a safeguarding concern. Where these had occurred, they had been reported appropriately to CQC and the local safeguarding team. Records showed that safeguarding concerns had been reported correctly and investigated appropriately by the service.

Assessing risk, safety monitoring and management

- Systems were in place to identify and manage foreseeable risks within the service, meaning people were effectively protected from the risk of harm.
- Risks had been assessed and recorded, along with action staff needed to take to mitigate the risk. For example, risk assessments were in place for people at risk of falling, medicines management, skin integrity, nutrition, dehydration and mobility. Daily records of care showed staff were following risk mitigation measures. For example, a dietician had recommended a person was provided with extra snacks and records showed this was occurring. Risks were managed in a way to ensure people were able to be as independent as possible.
- The registered manager confirmed equipment was monitored and maintained according to a schedule. In addition, water, gas, electricity and electrical appliances were checked and serviced regularly.
- Fire safety risks and risks posed by asbestos and from water systems, had been assessed by a specialist and where necessary action taken to ensure the environment was safe.
- Fire detection systems were checked weekly. Personal emergency evacuation plans had been completed for each person, detailing action needed to support people to evacuate the building in an emergency. Staff confirmed they had received fire awareness training and understood the actions they should take should a

fire occur.

Staffing and recruitment

- Staffing levels were appropriate to meet people's needs and there were sufficient numbers of skilled and experienced staff deployed to keep people safe.
- During the inspection, we observed staff were available to people and responsive to their requests for support. There was a relaxed atmosphere in the home and staff said they had time to chat to people and support them in a calm and unhurried way. A person told us they felt there were enough staff and said, "It's usually the same staff – yes, I know them."
- Staffing levels were determined by the number of people using the service and the level of care they required. The registered manager kept staffing levels under review and said the provider was happy for staffing numbers to be increased if required, such as if a person required individual support so as not to be alone. Staff told us they felt there was enough of them to meet people's needs and provide people with the support they required.
- People were supported by consistent staff. Short term staff absences were usually covered by an existing staff member undertaking additional hours. This meant people were cared for by staff who knew them and how they should be cared for.
- Overall, there were safe and effective recruitment procedures in place to help ensure only suitable staff were employed. This included disclosure and barring service (DBS) checks, obtaining up to date references, health questionnaire and investigating any previous gaps in employment. We identified minor improvements which could be made to ensure references were always sought from the most appropriate people or organisations. The registered manager took immediate action to ensure this was in place. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Suitable arrangements were in place for obtaining, storing, administering, recording, disposing safely of unused medicines and auditing of medicines systems. Staff monitored fridge and room temperatures where medicines were kept, checking medicines were stored within safe temperature ranges. Systems were in place to ensure that when additional medicines such as antibiotics were prescribed, these were obtained promptly meaning there were no delays in commencement of administration.
- People confirmed they received their medicines as prescribed and they could request 'as required' (PRN) medicines when needed. A person said, "They [care staff] tell me what the medicines I have are for." An external professional told us, "Medicines are very well managed and I am informed of any concerns regarding medications or changes that are needed."
- Guidance was in place to help staff understand when to administer as required medicines and in what dose. Staff recorded the effectiveness of as required medicines meaning medical staff would have relevant information should medicines need to be reviewed.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely. The provider's procedure ensured this was reassessed at least yearly using a formal approach.
- Following medicine errors, a full investigation was undertaken and changes to procedures put in place where required. For example, additional checking of medicine records and stock levels had been introduced. Overall, this had reduced the number of errors and where these had occurred, they had been identified promptly meaning appropriate action could be taken. However, we noted that staff had not always following these procedures. This was a recording error and no harm had occurred however, the registered manager took immediate action and undertook to complete a full review of records and stock levels.

Preventing and controlling infection

- Appropriate arrangements were in place to control the risk of infection.
- Staff had been trained in infection control techniques and had access to personal protective equipment [PPE], including disposable masks, gloves and aprons, which we saw they used whenever needed. An external professional said, "Yes I have been asked about vaccinations and show lateral flow test results on each visit to the Adelaide at the main entrance. There are infection prevention and control measures in place at the front of the building and outside individual rooms."
- We were assured that the provider was accessing testing for people using the service and staff. People told us staff supported them to complete regular tests for COVID-19. Staff told us they were tested several times a week.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises and housekeeping staff completed regular cleaning in accordance with set schedules.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed. The provider's policies and procedures reflected current best practice guidelines.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- Safe systems were in place to enable people to receive family visitors which followed government guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

Learning lessons when things go wrong

- There was a process in place to monitor incidents, accidents and near misses.
- All accident or incident records had to be 'signed off' by a member of the home's management team. This ensured all accidents or incidents were individually reviewed and prompt action could be taken should this be required. The registered manager also looked for patterns and trends in terms of accidents such as falls. This would mean appropriate action could be taken to reduce future risks for individual people or other people.
- Actions following accidents or incidents also resulted in referrals to health professionals where required. For example, we saw that following some falls staff had contacted the GP as they felt the person may have an infection.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were extremely happy with the service provided at The Adelaide and felt it was well managed.
- People, staff and external professionals all said they would recommend the home as a place to stay. For example, a person said, "I can't fault anything at all at Adelaide, it has good management."
- People, relatives and external professionals felt able to approach and speak with the management team or other staff and were confident any issues would be sorted out. External professionals confirmed people were treated with dignity and respect.
- People told us they had never had to raise any concerns but were aware of who the registered manager was and would feel comfortable raising a concern with them should the need arise.
- Staff were proud of the service. All said they would recommend The Adelaide as a place to work and would be happy if a family member received care there. The management team ensured all people and staff were treated fairly and were not discriminated against due to any protected characteristics.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- There was a clear management structure in place, consisting of the provider's nominated individual, senior service managers, the registered manager, deputy manager, assistant managers, heads of catering and housekeeping and senior care staff. Each had clear roles and responsibilities. The nominated individual was now a full-time role. The management team met regularly to enable them to review the service and ensure positive outcomes for people.
- Staff were positive about the registered manager and felt confident they could approach senior managers should the need arise. The registered manager felt supported by the provider's senior management team.
- Staff understood their roles and were provided with clear guidance of what was expected of them. Staff communicated well between themselves, they spoke of working as a team to ensure people's needs were met.
- The provider had comprehensive quality monitoring and assurance systems comprising of a range of audits, which had been effective in bringing about improvement. Where we raised minor areas for improvement during this inspection the registered manager was open to our suggestions and took prompt action.
- The provider contracted with an organisation which provided policies and procedures for the service. These were updated as best practice guidance changed and helped ensure the service was following the

correct and latest procedures. Policies were always available for all staff.

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

- There was an open and transparent culture within the home. People and staff were confident that if they raised any issues or concerns with the management team, they would be listened to and these would be acted on. A person said, " I think they [managers] are approachable, if you have a concern, you can voice it." An external professional told us, "The management are approachable. I have not raised any concerns but am confident that appropriate action would take place as needed."
- Registered persons are required to notify CQC of a range of events which occur within services. The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and significant events as required.
- The management team were aware of their responsibilities under the duty of candour which requires the service to apologise, including in writing when adverse incidents have occurred. Examples seen showed the duty of candour policy had been followed when required.

Working in partnership with others

- People felt they were kept fully up to date with plans for any ongoing care or support.
- The service had very close links with local health and social care services and worked in collaboration with all relevant agencies, including health and social care professionals to provide joined-up care. This was evidenced within people's care records and discussions with external health and social care professionals. One external health professional said, "Adelaide staff have good communication and partnership with us. Staff communicate urgent issues via email or telephone or in person and there are weekly case review meetings which take place to discuss client's progress and discharge plans." An external social care professional told us, "Good inter professional communications with management and carers."
- Some staff were based within the local hospital to ensure prompt pre-service assessments were completed. This facilitated smooth and effective hospital discharges and the service also involved community professionals to prevent hospital admissions, wherever possible.
- Should people need to move to a longer term residential or community-based service staff were clear about the need to share information to ensure a smooth transfer of care to new providers. An external professional said, "They are very good at recognising how to improve people's wellbeing and supporting them to access any other services they require. This all helped ensure people received the right care and support when they needed it."