Care Quality Commission

Adiemus Care Limited

Cams Ridge

Inspection report

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Ratings

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

Overall summary

The inspection took place on 4 and 12 February 2015 and was unannounced. Our last inspection on 10 July 2014 found breaches of the Regulations related to care planning and the management of medicines. We set two compliance actions for the provider to ensure each person had an individual and up to date care plan and to improve medication audit systems. During this inspection we found people did have individual care plans and action had been taken to improve the administration of medicines. However, we found some medicines were not stored securely.

There was a registered manager for the home but they had not been in day to day charge of the home since April 2014. 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 home had been managed by the deputy manager whilst the registered manager had been seconded to manage other homes run by the provider.

Summary of findings

The home provides accommodation and nursing care for up to 46 people, some of whom were living with dementia. This number included four beds which were used by local hospitals to support people leaving hospital until they moved into permanent accommodation. There were 40 people living at the home when we visited. There are bedrooms over two floors and a passenger lift. There is a range of communal sitting areas as well as a dining room where people can eat together if they choose to.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at the home was currently subject to a DoLS, the manager had made an application for one person and was reviewing each person with regard to whether they should be referred to the local authority and was beginning the process. The manager was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. People's consent was sought before staff supported them to make choices.

People received their medicines as prescribed, both routinely and when they were in pain. People felt safe living in the home and staff had been trained in safeguarding adults. Risk assessments were in place to identify and minimise risks.

People told us they did not wait long for staff to respond when they pressed their call bell. The manager was able to ask for, and get, more staff when needed. Staff started work after satisfactory recruitment checks had been completed.

People felt the staff understood their needs and that they were knowledgeable. Relevant training was provided for staff which reflected the needs of people living in the home. There was a system in place which ensured staff received supervision with a more senior staff member.

People enjoyed the food and said the food was always good. There was a programme of organised activities and entertainment which some people chose to take part in.

Staff treated people with kindness and compassion in their day to day care and involved them in decision making. Some people living at the home had very individual and specific requirements for their personal care. Staff were consistent in their knowledge and understanding about why people preferred certain ways of being supported, and respected their privacy and dignity.

People and their relatives, where appropriate, were involved in their needs being assessed before they moved into the home. New care plans had been created for people, which covered their health and social care needs as well as their preferences in how they liked to be supported. The format was also new and used a narrative to tell staff how to support people, rather than a tick box sheet seen previously. Some people's needs were more complex and there was a good level of detail which reflected them as people, rather than a list of tasks to be completed.

People were complimentary about the attitude of the staff team and the way they all worked together. There was an open culture within the home which ensured people were at the centre of how the home was managed.

The registered manager had not been in day to day control of the home since April 2014. In their absence, the home was being managed by the deputy manager. The provider did not return the Provider Information Return when we asked for it. We took this into account when we made the judgements in this report. There was a system of audit in place which meant the quality of the service was regularly monitored. However, the medication audit did not identify the concerns we found.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The home was not safe as some medicines were not stored safely.

People received their medicines as prescribed and when they needed them.

People felt safe. New staff only started work after satisfactory recruitment checks had been completed. People were supported by sufficient numbers of staff.

Is the service effective?

Good

The home was effective.

People felt the staff understood their needs and that they were knowledgeable. Staff were trained and received regularl supervision.

People were supported appropriately to eat and drink and enjoyed their meals.

The manager understood the Deprivation of Liberty Safeguards and how they should be used to protect people.

Is the service caring?

Good

The staff were caring.

People were treated with kindness and were involved in making decisions about their care.

People's privacy and dignity was respected and promoted.

Is the service responsive?

Good

The home service was responsive.

People's views were sought both formally and informally. Staff provided care and support which met people's individual, specific and changing needs.

Is the service well-led?

Requires improvement

Not all aspects of the home were well led. The registered manager had not been in day to day control of the home since April 2014. In their absence, the home was being managed by the deputy manager. The provider did not return the Provider Information Return when we asked for it.

The manager promoted an open and inclusive culture where people came first. There was a system of audit in place which meant the quality of the service was regularly monitored. However, the medication audit did not identify the concerns we found.

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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.

The inspection took place on 4 and 12 February 2015 and was unannounced. The inspection team consisted of an inspector, an expert by experience and a specialist advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had expertise in dementia care. The specialist advisor had clinical experience and knowledge of people living with dementia.

Before the inspection, we reviewed the information we held about the service. This included notifications about important events which the home is required to send us by law and our previous inspection report. 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 provider did not return the PIR as there was confusion on their part as to whether they needed to complete it, due to the timing of the request. The registered manager provided us with the information after we discussed the PIR during the inspection.

During the inspection we spent time talking with people and observing them in communal areas. Not everyone was able to verbally share with us their experiences of life at the home because of their dementia or complex needs. As part of our observations 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. We spoke with 14 people, three visitors, six staff and the acting manager. We looked at a range of records regarding the management of the home, four care plans, medicine charts and audits.

Requires improvement

Is the service safe?

Our findings

At our previous inspection on 10 July 2014 we found there was a breach of regulation 13 (Management of medicines). Medicines were not audited correctly and the number of tablets in the home did not match the records. We set a compliance action and the provider sent us an action plan stating how they would meet the requirements of the regulation by August 2014.

During this visit we found the issues had been addressed in line with the action plan which had resulted in the systems and processes being improved. However, the records for three people were showed a minor discrepancy regarding the number of tablets in stock. The manager showed us into the 'relative's room' which was unlocked. This room was used as a quiet room for relatives to use when visiting people. There were five boxes used to store medicine which was waiting to be returned to the pharmacy. These boxes contained some laxatives and pain killers. They were not stored securely and could present a risk to people or their visitors. The manager locked the room and told us there was ample secure storage for medicines which needed to be returned. They immediately started an investigation to find out why the medicine was there.

People received medication when they were in pain. One person said, "I do get periods of sharp pain; if I ask staff quickly enough, they get the medication that deals with it, before it has time to get bad."

Medicines were administered appropriately. Each person had a MAR chart and these were up to date and completed correctly for the month we looked at. A list was kept of staff signatures so it could be identified easily who had given people their medicines. Medicines which needed refrigeration were stored as they should be. The temperature of the fridge was recorded each day and monitored to ensure medicines were stored correctly and safely.

The medication administration policy and procedure were displayed in the room where medicines were kept. This meant staff could refer easily to the home's procedure to ensure they dispensed the medicines correctly. Staff were clear that it was the nurses who gave medicines to people as they were trained to do so. One nurse we spoke with told us how they ensured they gave the right medicines to the right person and was alert to the possibilities of side effects.

People told us they felt safe at the home and this view was echoed by relatives. One person living in the home said, "I'm now safe, settled and content. It's nice here". Another said, "I'm safe and happy"

The manager knew how and when to make safeguarding referrals to the local authority safeguarding team as well as taking action to address the issues identified. Staff had been trained with regard to safeguarding people and were aware of different types of abuse.

Where people were able to meet their own personal care needs, this was promoted. Where more support and care was needed, for example, needing the use of a hoist, there were risk assessments in place, to ensure the risks were identified and minimised.

People told us they did not wait long for staff to respond when they pressed their call bell. One said "If I buzz, they come quite quickly." Through our discussions with people we found they were content with the service offered by the home. We saw people did not have to wait long for staff to attend to them when they needed support.

The manager ensured there were enough staff by calculating the number of staff needed based on the occupancy and dependency levels of people living in the home, which fluctuated. The manager was able to ask for, and get, more staff when needed. This took various aspects of people's care needs into account, such as the number of people who needed two staff to support them.

Staff started work after recruitment checks had been completed. The checks included two references, proof of identity and a Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People were supported by a staff team which included nurses, care staff, activities co-ordinator, kitchen and housekeeping staff. Staff were aware of their roles within the home. Nurses supported everybody living there and care staff were allocated to work on a specific floor in the home as well as to specific people. This meant people were supported by the same staff throughout the day, ensuring

Requires improvement

Is the service safe?

their needs were met consistently. When agency staff were used to cover gaps in the rota, the manager ensured where possible, staff had worked in the home before so they were familiar with people living there. Staff felt the skill mix of staff was generally right, although there were sometimes issues when staff were brand new, in that they did not know people but this was to be expected until staff were familiar with their role.

Good

Is the service effective?

Our findings

People enjoyed the food and said the food was always good. They could choose the main course each day, or an alternative if they wished. Most people said the food was "so good" they were happy with all the dishes; one person said, "they're very accommodating; actually, there are all the choices for breakfast. They are keen to get you what you want." Another person said "The food is good and today is roast day, my favourite!"

Another person said they could choose if they wanted to have lunch in their bedroom or the dining room, saying, "it depends how sociable I feel!" There were eight people in the dining room when we observed lunchtime and staff confirmed the number of people varied; one said, "it depends on what they feel like doing."

At lunchtime, we specifically observed two people being supported by staff to eat their lunch. Both appeared to be enjoying the experience, care staff were kind, patient and chatting appropriately. The interactions were person-centred, in that people's particular interests were taken into account in the conversation.

People were supported to eat their food in ways which met their needs. These included plate guards and adapted cutlery which meant people's independence was encouraged. Staff were available to support people when needed. The nurses supported people who received their nutrition directly into their stomach by ensuring they received the correct amount at the correct times. Some people needed their meals to be pureed and staff tried to make this look appetising, particularly as some people did not like pureed food. Drinks were available to people and a record was kept of how much people had taken when necessary to ensure they drank enough.

People's weight was monitored and if they lost or gained weight, advice was sought and followed from the doctor or dietician, as appropriate. People's healthcare needs were met by a range of professionals, such as GPs, physiotherapists, occupational and speech therapists. One person told us they had been visited by a physiotherapist. Another person said they had come out of hospital with "bed sores" but said, "they've all healed now. They're very good about moving me regularly." Staff had access to other resources, such as journals and websites, which enabled them to find information on people's healthcare needs, such as cancer or stroke.

People felt the staff understood their needs and that they were knowledgeable. New staff completed a programme of induction before starting work as an extra staff member. Induction training included becoming familiar with the layout of the home, fire safety procedures, moving and handling, safeguarding and infection control. A training programme was in place following induction. A staff member told us the detail of their induction which included being 'signed off' as competent in medication. They also said there was "lots of training" which met their specific needs as well as updates on their medical training. Another staff member told us their needs were met and they were up to date with their training.

The provider employed a care practitioner who was responsible for the training programme. The trainer told us about the programme, some of which was in house training, whilst some courses were external. There was a system in place which showed the trainer who was due an update in an aspect of their training such as moving and handling. The trainer used this to ensure training was up to date. Training covered topics considered mandatory by the provider such as moving and handling as well as topics specific to people's needs. This included diabetes, tracheostomy care and skin tissue viability. Whilst some training was specific to the staff role, some training was completed by all staff, such as dementia awareness and medication awareness. This meant the staff team all had knowledge about people's needs so they could support them consistently.

There was a system and structure in place which ensured staff received one to one supervision and appraisal which supported them in their work. The manager was responsible for supervising heads of departments and nurses, whereas other senior staff were responsible for supervising staff in their own departments, such as housekeeping. The staff were scheduled to receive at least four supervision sessions a year and the manager said they were on track to do this.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at the home was currently subject to a DoLS, the manager had

Good

Is the service effective?

made an application for one person and was reviewing each person with regard to whether they should be referred to the local authority and was beginning the process. The manager was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. Records showed people had given consent for equipment to be used, such as bed rails, where a need for these had been identified to reduce risk.

Good

Is the service caring?

Our findings

One person told us, "I'm not just safe, I feel really cared for." Another said, "I'm happy here, it's my home" and their relative said, "We believe this is the best environment we can find and it's his choice of home." People could choose when they got up and went to bed. One person said, "I like to go to bed early usually, but I can choose any time I like."

Staff said they were aware of the personal histories of people they supported on a regular basis, but not everyone. One staff member said they had recently enjoyed spending time with a person who they accompanied to a hospital appointment as they had talked about the person's life. Staff ensured people's birthdays were remembered and celebrated.

Staff treated people with kindness and compassion in their day to day care. Some people living at the home had very individual and specific requirements for their personal care. Staff were consistent in their knowledge and understanding about why people preferred certain ways of being supported. One person, for example, did not like drips of water to touch their skin and one staff member said, "I make sure that doesn't happen". Another person used their eyes to communicate which meant staff needed to watch their face to see if they wanted to say something while attending to their personal care needs. Staff had learnt the skills needed to communicate with the person using a specific technique which meant the person was not isolated because they could not speak.

People made their own decisions about how they spent their time. One person preferred to stay in their bedroom and said, "I've got the telly. I can occupy myself. I'm not really into entertainers."

Another said, "I can eat up here in my room if I want to." We saw people were asked where they wanted to sit when they went to lunch in the dining room or to sit in the lounge.

The manager told us about a situation which showed staff supported people (who were assessed as having capacity) when they made bigger decisions, such as whether or not to undergo medical investigations. People received care and support which was individual because they were involved in making decisions. One person told us they were "Absolutely!" involved in their care. A relative told us "They give her all the choices they can." Another person said "the staff here are very kindly, and also very polite. I feel absolutely involved with my treatment. I highly recommend it here!" The view expressed by staff was that people came first. Care plans showed people had requested how their personal care should be undertaken. Staff confirmed and records showed people received the care as they requested. People could access advocacy services if they wished and there was information about this on the notice board.

There was a system in place for staff to hang a sign on bedroom doors to show when people were being supported with personal care so that other people would not enter the room. Staff explained how they ensured they respected people's privacy and dignity whilst supporting them with personal care. This included closing the door and curtains as well as discouraging others from walking into the room. The manager said staff were good at giving people choices and respecting their dignity. The manager knew this because they walked "around a lot", listening and observing practice. We observed staff interacting with people in a kind and cheerful way, with politeness and respect. Staff were clear about the equality and diversity policy and we saw people's cultural and religious requirements were met. People's needs were met in ways which took into account their individual preferences in relation to their gender, disability and age.

Good

Is the service responsive?

Our findings

At our previous inspection on 10 July 2014 we found there was a breach of regulation 9 (Care and welfare of people who use services). Care plans were not individual to people's needs and were not up to date with their changing needs. We set a compliance action and the provider sent us an action plan stating how they would meet the requirements of the regulation by October 2014.

Since that inspection, new care plans had been created for people, which covered their health and social care needs as well as their preferences in how they liked to be supported. The format was also new and used a narrative to tell staff how to support people, rather than a tick box sheet seen previously. Some people's needs were more complex and there was a good level of detail which reflected them as people, rather than a list of tasks to be completed. People told us they received care and support in ways they liked and staff knew people's preferences with their care.

People and their relatives, where appropriate, were involved in their needs being assessed before they moved into the home. Records showed people had been consulted about their needs, wants and wishes which meant their needs were considered in a holistic way. The purpose of assessment was to ensure staff could meet people's needs, before they were offered a room in the home. Care plans were reviewed monthly or sooner if necessary and people and their relatives were involved in the process. This ensured people received care and support which met their changing needs.

There was a programme of organised activities and entertainment which some people chose to take part in. There was a notice displayed near the front door which advised people they could talk with the activities co-ordinator if they were not interested in activities already arranged. We observed a reminiscence session based on Valentine's day. Those who took part appeared to enjoy engaging with each other and sharing their stories. Staff had access to a minibus, which people could use weekly. Some people liked to go to the shops whilst others said they would rather wait for better weather and trips to the beach or countryside. People said they enjoyed barbeques and afternoon tea in the garden in summer.

People had recently been asked to complete a 'social and cultural' survey. The manager had analysed the results which showed people were happy with the outings and activities offered. People had suggested some improvements, such as more exercise and the manager was looking into this.

People said they had no complaints but would be happy to talk to the "nurses" or the "manager". Three relatives we spoke with said they had no complaints, but would not hesitate to speak to the manager or the deputy manager. There was a complaints procedure available in the home and two complaints had been investigated. The manager ensured people's complaints were acknowledged as soon as possible as investigations could take longer than 28 days.

The manager and staff listened to people and their relatives about their preferences and needs. The information was used to inform decisions such as staffing levels and support for individual needs.

A 'Residents and Relatives' meeting had been held in December 2014 and ten people had attended. The meeting was used to involve people with discussions regarding activities, the building works and inviting relatives to eat Christmas dinner with them. There was also the opportunity to be involved in the recruitment process for the new activities co-ordinator.

Requires improvement

Is the service well-led?

Our findings

People were complimentary about the attitude of the staff team and the way they all worked together. This resulted in an atmosphere which was friendly, familiar and person-centred. The manager's internal audit approach was positive and included the views of people, their relatives and all the staff groups.

There was a registered manager for the home but they had not been in charge of the home since April 2014. The registered manager had oversight of the home whilst managing other homes run by the provider. The home had been managed day to day by the deputy manager.

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 provider did not return the PIR as they were confused as to whether they needed to complete it, due to the timing of the request. We had confirmed the need to return the PIR but it was not sent. The manager spoke with the registered manager and provided us with the information after we discussed the PIR during the inspection.

There was an open culture within the home which ensured people were at the centre of how the home was managed. One staff member said, "the home is run for the benefit of the residents, everyone has person centred care, people get their choices, everybody is recognised for their diversity. We don't look at people and say what is wrong with them, it's how the home can be changed to make life better for them." Another staff member echoed that the home was run for the benefit of people and that the "staff help it run". The manager felt the staff team were, "welcoming, friendly, approachable, supportive of each other and people" they cared for, as well as their relatives.

There was a range of information about the home that the provider displayed in the main hallway. This included the previous inspection report which was therefore available for any interested party to look at.

There was a whistle blowing policy in the home and the manager said a staff member had used the policy to good effect. A training need was identified through this and action taken to improve the quality of care. A staff member said the manager emphasised the procedures were there to be used and said they would feel comfortable to use them.

The manager and staff team were clear about their roles and responsibilities. A staff member said the manager was "great at encouraging" them to develop through training and promotion within the home's structure. Another said they felt "fully supported" by the manager.

There was good communication between the manager and staff team. A staff member said the manager kept them informed about people who had just moved into the home or if people's needs had changed. They added, "the home is well run".

The manager undertook a range of audits to monitor the quality of the service provided overall. Care plans were audited to ensure people's changing care needs were identified and monitored. These included a monthly audit of people' weight loss, falls management and the quality of equipment such as pressure cushions, air mattresses and bed rails. A new system had recently been put in place for the delivery and administration of medicine. The manager had completed an audit following this and had identified some record keeping errors which were subsequently addressed with staff. However, the audit did not identify the issues we found around medicines management. Other audits included checks of the building and health and safety. Notifications of any reportable incidents were reported to us in line with our guidance.

Following our previous inspection, the manager had sought advice from the provider's compliance team and an action plan had been created to address the non-compliance. The manager had followed the action plan and improved the care plans. The compliance team visited the home monthly and audited a sample of care plans each month. In addition, the deputy manager and manager looked through all the care plans once a month. The manager said they had "picked things up" from this exercise which they had addressed by talking the nurses concerned. However at this inspection we found that previous concerns around management of medicines had not been fully complied with.