

NEW CARE ADEL (OPCO) LIMITED

# Adel Manor Care Centre

## Inspection report

Adel Manor Gardens  
Adel  
Leeds  
LS16 7FP

Tel: 01619272940

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18 January 2024

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## Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Adel Manor Care Centre is a residential care home providing accommodation and personal care for up to 74 older people. At the time of our inspection there were 66 people using the service. The home is purpose-built and accommodates people over three floors. Adel Manor Care Centre supported the local authority and hospital with 30 'Discharge to assess' or transitional beds to provide a service to people leaving hospital with a view to return to their own homes or other care facilities.

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

People were protected from the risk of abuse as staff were aware of their safeguarding responsibilities. Risks to people had been identified and assessed. Processes were in place to ensure people received their medicines as prescribed. Staff followed infection control guidance and had access to Personal Protective Equipment (PPE).

Robust recruitment and selection processes were in place to ensure staff were suitable to work with vulnerable people. Although rotas showed staffing as sufficient and followed the dependency tool, people's experience of staffing levels was mixed with some people feeling there was not enough staff and calls bells were not answered within a reasonable time period.

People's nutritional and hydration needs were met including any risks associated with food and fluids, however some people told us that food was sometimes cold when it was served, that portion sizes were small and that cultural options were not always available to meet individual's needs. This was discussed with the manager who confirmed that work had been undertaken to improve people dining experience.

During our observations we saw staff being kind and caring in their approach, however people's experiences did not always match with this. People told us they felt rushed sometimes and some staff could 'be indifferent' with one person saying, "They always appear to be in a rush to get out of the room." People's privacy, dignity and independence were generally promoted, however again this was not the experience for all, with some people telling us they had to wait long periods for call bells to be answered.

People and their relatives were asked for their views about the quality of the care delivered at the service through surveys and meetings. People had access to healthcare services when required to meet their needs.

The service had a new manager who is currently registering with CQC. Focus was on improving the quality of care and service along with developing staff knowledge and skills. Regular audits were completed by the management team to check the safety and quality of the service delivered. This included competency checks of staff practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 11th April 2022, and this is the first inspection.

#### Why we inspected

The inspection was prompted in part due to concerns received about medicines, staffing and meals. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns.

#### Recommendations

We have made 3 recommendations in relation to staff interaction, call bell answer times and staff deployment and peoples dining experience.

#### 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?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

# Adel Manor Care Centre

## 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 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 carried out by 1 inspector, a medicines 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

Adel Manor Care Centre is a 'care home' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Adel Manor Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for seven months and had submitted an application to register. CQC are currently assessing this application.

### Notice of inspection

This inspection was unannounced. Inspection activity started on 18 January 2024, the first visit was undertaken on 18 January 2024 by the inspector, on the second day, 23rd January 2024 the inspector and expert by experience visited and the medicine inspector visited on 25th January 2024.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Health Watch and professionals who work with the service. Health Watch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

### During the inspection

We observed how people were being cared for to help us understand the experience of people who could not tell us about their experience. We spoke with 8 people who used the service, 7 relatives and 10 members of staff including the manager, team leaders, care assistants and chef. We reviewed a range of records. This included 5 people's care records and 9 people's medicine records. We looked at 3 staff recruitment files. A variety of records relating to the management of the service were reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good: This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People's risks had been identified and assessed. We found staff understood the actions they needed to take to manage people's individual risks to maintain people's safety. For example, ensuring people had access to equipment and any assistance they needed to remain safe.
- Records demonstrated staff were following care plans, information was updated in people's care records, as necessary. Documentation was routinely reviewed and updated following a change in a person's need.
- People's care records contained personal emergency evacuation plans (PEEPs). These provided guidance for staff should they need to help evacuate people from the building in the event of an emergency such as a fire.
- Environmental risk assessments were in place and health and safety checks were carried out which included maintenance of equipment.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Adel Manor care Centre. One person who uses the service told us, "Yes I definitely feel safe here."
- Staff were able to describe what constituted abuse along with the action they would take should they suspect people were at risk of harm.
- Staff were confident the management team would deal with any issues or concerns raised. One member of staff commented, "I would go straight to someone further up the chain. There is information in the whistle blowing policy and about who to go to."
- The manager demonstrated a clear understanding of safeguarding; we saw incidents had been appropriately identified and action taken such as ensuring a person's immediate safety and referral to the local authority safeguarding team.

### Staffing and recruitment

- Feedback from staff regarding staffing levels was variable, one member of staff said, "Yes, I feel there is enough staff." Another staff member commented, "I think some staffing levels on first floor are not sufficient, for 30 residents we can have 4 care staff and can have 4/5 discharges and 2/3 admissions."
- The manager told us staffing was at times difficult on the first floor 'discharge to assess' beds as they were not always made aware of who would be discharged and admitted as this happened at very short notice. The manager confirmed they were fully staffed and did not use agency staff.
- The service used a dependency tool to determine staffing levels by assessing people's needs. This was regularly reviewed and updated as people's needs changed.
- From our observations there were enough staff available on the day of the inspection to meet people's

needs safely, however how staff were deployed throughout the home requires consideration to ensure that people's needs are being met and call bells answered in a timely manner.

We recommend the provider reviews deployment of staff and call bell times to ensure people's needs are met promptly.

- Staff had been recruited safely. All pre-employment checks had been completed including references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

#### Using medicines safely

- Staff promoted independence and worked creatively to enable people to manage and take their own medicines safely.
  - When giving medicines with specific administration instructions, staff took a personalised approach to ensure that they were given correctly.
  - Information to support staff to safely give 'when required' medicines were in place and was person centred. We found that when people were given medicine to help with anxiety, the reason for this was clearly documented and there was no evidence of over medication.
  - The service engaged well with healthcare professionals to ensure peoples' medicines were reviewed and updated promptly.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date. Visiting in care homes

#### Visiting

- Family and friends were welcome to visit the service when they wanted, and we saw several relatives and friends visiting. One person told us "The receptionist is welcoming, and we are asked to sign in and when we sign out there is the opportunity to feedback on your visit."

#### Learning lessons when things go wrong

- Accidents and incidents were reported by staff and monitored by the manager. Information was analysed to identify any specific actions and to recognise trends.
- The management team used daily huddles, supervisions, daily meetings, and handovers to update staff, discuss learning and share ideas.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment, and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance, and the law

- We received mixed views about staffing levels particularly in relation to responding to people's call bells. Comments included, "It can vary how long it takes to respond, when I press the call bell. It can take 30-35 minutes sometimes to be attended". And another saying, "They respond straight away, when I press my call bell."
- Call bells times were reviewed and showed that although they were mostly answered within the 5-minute time frame there were occasions when this had been exceeded. The manager confirmed that this was being reviewed and action taken to ensure call bells were answered promptly.
- People's needs were assessed before care was provided to ensure the service could meet people's individual needs.
- We received mixed feedback regarding involvement from people and relatives in decisions regarding their care planning with some people informing us they were actively involved and others saying they had never seen or spoken about their care plan.
- Care records considered people's protected characteristics, as identified in the Equality Act 2010 such as, gender, age, religion, culture, ethnicity, and disability.

Staff support: induction, training, skills and experience

- People and their relatives told us staff knew how to meet their needs. One person said, "I think [staff] are very well trained."
- Staff told us they had access to a variety of training that equipped them with the skills to do their job. Comments included, "We had training during induction when we first joined and recently had a refresher on Moving and Handling, Adel Manor have provided us with proper training in the use of lifting equipment such as Sara Steady and Hoists."
- New staff had an induction that included both training and shadowing experienced members of staff. Staff also completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us they felt extremely well supported by the new management team. One member of staff said, "The management has always been very supportive, and they will really listen if you have any concerns like rota schedule etc. They are very helpful, flexible, and supportive and I can see their efforts in making sure they provide the highest level of care, safety and comfort for all residents and employees as well."
- Staff confirmed they had opportunities to discuss any issues or concerns along with work performance during daily huddles, handovers, and staff meetings."

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional and hydration needs were met including any risks associated with food and fluids.
- Feedback from people using the service was mixed regarding their dining experience with some people informing us they enjoyed the food whilst others felt the food was cold, and portions were small. One person told us "The food is not very good. It is often cold and not very much of it either." Culturally appropriate meals were not always available to meet individuals taste, this was being addressed by the manager at the time of inspection.

We recommend the provider reviews the dining experience to ensure that food of an appropriate temperature, portion size to meet individuals needs and appropriate cultural options and alternatives are available.

- Care records contained information and guidance about people's dietary needs and preferences, however people told us that they did not always receive food that met their dietary requirements.
- People's dietary requirements and preferences were recorded in their care records for staff to refer to.

Staff working with other agencies to provide consistent, effective, timely care Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare professionals when needed. Care records demonstrated this in response to people's changing needs.
- The service worked in partnership with external professionals such as GPs and community nursing teams to support and maintain people's well-being and health.

Adapting service, design, decoration to meet people's needs

- The service had several different communal areas across the three floors to suit people's differing needs. For people unable to use the stairs the service had two lifts. People also had access to a garden area in warmer weather.
- People were encouraged to personalise their bedrooms with personal effects, items of interest or photographs of their family and friends.
- Equipment used to support people was regularly checked and serviced to maintain safety. For example, call bells were used for people to call for staff assistance. These were maintained. Acoustic monitoring systems were used where required in people's rooms and alerted staff to offer assistance.

Ensuring consent to care and treatment in line with law and guidance

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported by staff who understood and followed the principles of the MCA. For example, people were asked for their consent prior to staff supporting them.
- Where people lacked capacity to consent to their care, the registered manager had applied for DoLs from the local authority.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's experience of having their cultural needs met was inconsistent. With one person saying they were supported to practice their religion and another feeling that the food being offered did not meet their religious needs, the manager was actively working with people involved to reach a solution.
- People's experiences of using the service were generally good, however some people felt that the staff were not always caring, they felt rushed when care was being provided and that some staff members were 'indifferent.'

We recommend the provider looks at how care and support is provided and works with staff members regarding this.

- People looked well cared for. Staff had spent time supporting people to maintain their appearance. For example, people's hair and clothes were clean.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to make choices for themselves. For example, staff were seen asking people what they wanted to do, where they wanted to sit and what they wanted to watch on television. One person said, "I do what I want when I want to". Another said I like to go for a smoke on my own and they have enabled this to happen by ensuring I have a suitable place to go."
- The service understood when people needed help from their families and were supported to maintain contact. Relatives felt they were given relevant information. One relative said, "I really think that they do their best. They really care. She added "Communication is very good. They always let me know if they have any concerns with him."

Respecting and promoting people's privacy, dignity, and independence

- Independence was promoted. We observed staff encouraging people with mobility and provided respectful support. Staff made sure mobility aids were accessible and explained these were next to people if required. We were however informed of an issue with wheelchairs being unavailable when required, the manager confirmed that 2 more wheelchairs were on order.
- Confidentiality was maintained. Staff had the right skills to make sure good care principles were followed. For example, staff were observed talking to people discreetly about personal matters.
- People looked relaxed and comfortable in their environment. People walked freely around the service and decided where to spend their time. Some people liked to spend time in the lounges with others and enjoyed interaction with staff. We observed people chatting to each other. One relative told us, "We really landed on

our feet getting mum here. She is so much livelier now. She was depressed at home before. We can't believe the transformation."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care was planned in a person-centred way; however, delivery of care was not always person centred in peoples experience. Most people told us the care they received met their needs and preferences.
- Care plans guided staff on people's current care needs and included people's likes, dislikes and what was important to them.
- The service used an electronic care recording system. The manager confirmed this assisted them to have constant oversight of care planning to ensure this was updated and focused on the person's whole life and clearly identified people's needs and abilities.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service provided dementia friendly signage on the corridors and bathrooms. On the second floor, which provided support for people living with dementia each room had a memory box outside, which had photos and items that were special to the person.
- People had communication care plans in place, digital books, white boards where available and computer digital assistance was in place and used as required for one person. Staff have undertaken training where required to assist them with the use of digital assistance.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they enjoyed the activities. The activities / welfare manager interacted well with residents. We saw various craft activities and a quiz, and most people were happy with the daily programme of activities. We did however receive feedback from some people that the activities were not always appropriate for everyone and that people in their rooms were not always included.
- The gardens were spacious and well managed, and we were told staff set up an outdoor bar in the Summer months.
- The provider had invested in a table sized tablet, that was connected to the internet as well as a projected interactive virtual jigsaw.
- The service encouraged and supported people to maintain relationships with people that mattered to

them. Relatives told us they were always made to feel welcome. Ways to ensure relationships were maintained were explored and action taken where required.

Improving care quality in response to complaints or concerns

- The service had a system for responding to concerns and complaints. The management team were confident the service would treat all concerns seriously, investigate them and share learning with the staff team.
- Relatives told us they could raise concerns and complaints. One relative said, they seem on top of everything. All staff are approachable, and the communication is very good.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Governance systems were in place to monitor the quality of the service.
- It is a condition of the provider's registration they have a registered manager in place. The manager was undergoing the registration process with CQC.
- The provider and management team completed audits to identify areas for improvement.
- The management structure provided clear lines of responsibility and accountability.
- The management and staff team understood their roles and individual responsibilities to ensure care was delivered safely and in the way, people wanted to receive their care.
- The provider had policies and procedures in place to direct the running of the service. For example, in relation to complaints, equality and diversity and whistle blowing.
- The service used an electronic care management system for recording care records, incidents, safeguarding, medicine errors, complaints, and compliments. These were overseen by the provider and used as an opportunity to further drive improvement within the service and organisation.
- The manager had a thorough understanding of the regulatory requirements of their role.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- The management team told us they had worked hard to instil an open and transparent culture in the service to continually improve the service provided to the people living there. For example, by working with the staff team, being visible and developing a learning culture when things go wrong.
- As a result, staff commitment and morale was good. One member of staff said, "We have regular team meetings, which are very useful and informative. I feel the home is very well run and supportive, with a fantastic, understanding, and supportive Management Team."
- The manager was supported by the provider's management team who carried out regular audits and quality checks along with providing advice and support on the day to day running of the service.

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

- The provider and manager understood their responsibilities in relation to duty of candour. Relatives were kept informed and updated if their family member had an accident or injury or if their health needs changed.

- The registered manager was aware of their legal responsibility to notify CQC of events that occurred at the service such as serious injuries.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Residents' meetings were used to engage with people about the improvement and development of the service. One person using the service told us "They have monthly residents' meetings, and I was surprised at what they went in to. It really is a 360-degree care."
- The provider also sought feedback from people and their relatives through feedback via the review, assessment and signing out process, which allowed any negative comments to be addresses instantly by management.

Continuous learning and improving care; Working in partnership with others.

- The provider and manager used a comprehensive quality assurance system to monitor and analyse the quality of the service provided. Information and learning were shared with staff.
- The manager and their staff team worked with external health and social care professionals sharing information and assessments to inform and improve the quality of care for the people who lived at Adel Manor Care Centre.