

The Salvation Army Social Work Trust

Villa Adastra

Inspection report

79 Keymer Road
Hassocks
BN6 8QH

Tel: 01273842184
Website: www.salvationarmy.org.uk

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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?	Good ●

Summary of findings

Overall summary

About the service:

Villa Adastra is a residential care home. There were 33 people living there at the time of the inspection. The service specialises in providing care to older persons who are living with dementia, some of the people were also living with a range of care needs, including arthritis, diabetes and heart conditions. Some people needed support with their personal care and mobility.

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

People's experience of using this service:

Staff had a good understanding of the risks associated with the people they supported. Risk assessments provided further information for staff. People were protected from the risks of harm, abuse or discrimination. One person told us, "They check on me every two hours at night, so I feel safe."

People were supported to receive their medicines when they needed them. There were enough staff working to provide the assistance people needed, at times of their choice. One person told us "It's good at night to have someone to call on." Recruitment procedures ensured only suitable staff worked at the service.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. For example, one person told us they liked the way they could continue to look after, "All my own tablets." People's health and well-being needs were met. People said they liked the meals. One person told us they appreciated the way, "The food's nice and hot." People received support from staff to eat and drink when needed.

Staff received training which enabled them to deliver the care people needed. One person said about the staff, "Oh yes they're all trained." Staff received appropriate support from the registered manager and their team.

People were cared for by staff who knew them well. One person told us, "They try to do it in the way that suits me." Staff understood people's needs, choices and histories and knew what was important to each person. People were treated with kindness, respect and understanding.

People received support which was person-centred and met their individual needs, choices and preferences. People's hobbies and interests were included in their support to ensure their well-being needs were met. Complaints had been recorded, investigated and responded to appropriately.

The registered manager and his management team were well thought of and supportive to people and staff. They had a good overview of the service. There were systems to assure quality and identify if improvements to the service were needed. The management team were open to new ideas to further improve service delivery.

Rating at last inspection:
Good (report published 28 June 2016)

Why we inspected:
This was a planned inspection based on the rating at the last inspection.

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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 effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Villa Adastra

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector.

The service is required to have a registered manager:

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.

The service type:

Villa Adastra is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Villa Adastra can accommodate up to 40 people in one building; care was provided over three floors.

Notice of inspection:

We did not give the provider any notice of this inspection.

What we did:

Before the inspection we reviewed the information, we held about the service and the service provider, including the previous inspection report. The registered provider completed 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. We looked at notifications and any safeguarding alerts we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection we spoke with:

- ☐ 12 people and observed care and support given to people in the dining and sitting rooms.
- ☐ Three people's relatives/visitors.
- ☐ 10 members of staff
- ☐ Two external healthcare professionals.
- ☐ Five people's care records
- ☐ Records of accidents, incidents and complaints
- ☐ Four staff recruitment files and training records
- ☐ Audits, quality assurance reports and maintenance records

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection in June 2016, this key question was rated Requires Improvement. This was because the service was not consistently safe because some infection control procedures were not always followed. At this inspection, we found the service had taken steps to address this. Therefore, the rating for this key question has improved to Good.

Preventing and controlling infection

- People commented on the cleanliness of the home. One person told us, "It's always clean and I check up on them."
- Domestic workers performed their roles in a careful way. This included ensuring difficult to reach areas such as the undersides of bath hoists and raised toilet seats were clean.
- There was a ready supply of disposable gloves and aprons, which staff used when relevant and disposed of in a safe way after use.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the home. One person told us, "I do feel safe here, I lived on my own for some time before I came here, I was not safe then."
- Staff at all levels were aware of their responsibilities for safeguarding people. One of the ancillary workers told us, "I'd report it, I've done it in the past and the manager did something."
- The provider had a safeguarding policy which was readily available for staff to follow.
- Where issues had been identified, the registered manager worked with relevant organisations to ensure appropriate outcomes were achieved for people.

Assessing risk, safety monitoring and management

- People had risk assessments which provided guidance for staff to follow. Risk assessments contained information about both individual and environmental risks. These included risks associated with people's mental and physical health, behaviours that may challenge and risks associated with the home environment. For example, one person tended to lean to one side when they were sitting down which could have put them at risk. They had a risk assessment and care plans, which were being followed by staff, to minimise this risk.
- Staff told us how they supported people to minimise any risks. For example, they described how one person needed additional assistance from staff to support them in moving, to reduce their risk of developing pressure damage.
- People's risk assessments were up-dated when their condition changed. One person's mobility had changed recently, this was reflected in their records. Their personal emergency evacuation plan (PEEP) had also been fully up-dated to reflect this change.
- Action was taken if other risks were identified. For example, a recent fire drill report showed certain newer

employees needed further training on specific aspects of fire safety. This had taken place.

- All equipment was regularly serviced and checked, including the lifts and checks on water safety.

Staffing and recruitment

- People told us there were enough staff to support them. One person told us, "I can't walk on my own, it's good there's always someone here to help me."
- People told us there were enough staff to give them help when they needed it. One person told us, "They always come when I ring my bell"
- At busy times of day such as at mealtimes, there were plenty of staff available to support people, and there was no feeling of rush.
- Staff told us there were enough staff and although agency staff were needed at times, the same regular agency staff were always employed.
- There was a robust recruitment process to ensure staff were suitable to work in a care environment.

Using medicines safely

- People told us they were supported in taking their medicines safely in the way they wanted. One person told us, "Medicines – they're no problem here."
- People could continue to manage their own medicines if they wanted to. One person told us, "It's a very good idea," about being enabled to manage their own medicines. Where people wanted to do this, their medicines risk assessment was regularly reviewed.
- There were clear policies and records relating to people's medicines. All records were up to date. Each person's medicines were stored securely in their own room.
- Where people were prescribed 'as required' (PRN) medicines, there were clear protocols about this, which were followed by staff. This included skin creams, with body maps to show where creams were to be applied on each person's body.

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety, and this was recorded. One person had recently rolled out of bed. There had been a full review of the person's risk assessment, support from appropriate external professionals had been sought and all staff knew about actions they were now to take to ensure the person's safety.
- A person had been refusing to take their medicines. Staff had contacted the person's GP and ensured their medicines had been reviewed. The person was now prescribed medicines in a form they felt able to take.
- The registered manager took effective action to reduce people's risk, including regularly reviewing all accidents and incidents, discussing them with their senior team and identifying any actions needed to take to reduce risk to people.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience. Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People told us staff were trained and knew how to meet their needs. One person told us, "The carers know what they're doing." A person's visitor told us about staff, "They all seem to know exactly what they're doing."
- Staff told us they were trained and supported in their roles. One member of staff told us, "You can put your point over in one to one and be listened to," another, "Our dementia training's very good."
- Observations showed staff were trained in their roles. Staff supported one person with mobility equipment in a safe way, which followed guidelines. One person showed verbal aggression towards a member of staff. The member of staff handled the person's challenging behaviours appropriately and remained polite and supportive all the time they were with them.
- Training was provided in a variety of formats, including on line, using booklets by large or smaller group sessions.
- The registered manager had systems which enabled them to identify which members of staff needed training or support and in what areas. For example, after the last inspection, they had ensured all staff had been regularly trained in infection control. They also had systems to ensure they could take relevant action if any staff did not attend for necessary training.

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

- People told us they liked the meals. One person described the food as "Excellent" and another, "Pretty good."
- All staff understood the importance of supporting people to drink enough and described the ways they did this to support people's diverse needs and preferences.
- Most people chose to eat in one of the two dining areas, however one person decided they wanted to eat in their own room; staff supported them in doing this.
- Information about meal choices was given in different ways, including by pictorial or written menus and showing people at table what the choices were. This meant people's diverse needs were responded to.
- Staff supported people appropriately at lunchtime. For example, one person repeatedly asked different staff what the soup was. All of the staff were polite to the person, explaining what the flavour of the soup was and checking back with the person that they understood the information they were given.
- Where people needed aids to enable them to eat independently, these were provided. One person needed assistance from staff to eat. The member of staff sat with them throughout the meal, encouraging and supporting them at a pace which suited their needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care.

- People commented positively on the support they were given with healthcare needs and described how service worked in partnership with external professionals. One person told us, "I wasn't well, they got on and got the district nurse in for me."
- An external healthcare professional commented on their effective working with the service, telling us staff, "Answer any questions we have."
- Staff commented on their good working relationships with a range of external professionals, particularly the district nurses. This was supported by clear records in people's files.
- Where issues were identified which needed follow-up, staff supported people appropriately. For example, they told us they were supporting a person with following up issues with the wheelchair service, to ensure the person was safe and comfortable in their wheelchair.

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

- People commented favourably on the home environment. One person told us, "I've a very nice room with a very nice outlook" and another said, "It's a very good garden".
- The home environment had been developed to suit people's needs, particularly the needs of people who were living with dementia. All corridors were differently coloured and themed, to support people in locating themselves within the environment. Alcoves in corridors had been used to create different themed areas. For example, one area was themed in the colours and memorabilia of the local football team, another was set up to resemble an ice-cream shop.
- All parts of the service were wheelchair accessible, including the garden. The home and the garden had a variety of differing sized rooms and spaces to enable large, small or individual groups.

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 Act 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 with appropriate legal authority. In care homes, 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People told us they were supported in giving their consent to care and treatment. One person told us, "They haven't taken my freedoms away and I thought they might, coming into a home."
- Staff always sought people's consent before supporting them. For example, one person was getting into a difficulty with taking off a cardigan, the member of staff with them asked, "Shall I do that for you?"
- People who needed them had detailed mental capacity assessments completed. These were specific to the decisions the person needed support with. All people's mental capacity assessments were regularly reviewed.
- Staff knew who was subject to a DoLS and why. The senior staff maintained close working relationships with the local authority DoLS team to inform them of changes in people's needs while a DoLS application was being progressed.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were well treated and supported in the way they wanted. One person told us, "The staff really try to help me" and another, "I haven't a bad word to say about the staff."
- All staff were friendly towards people, stopping to chat with them, involving them in conversations, in a kindly way.
- One person was asleep just before lunchtime. The member of staff woke them gently, reminding them what the time was, how much they enjoyed eating their lunch and made sure they were fully awake and orientated, before supporting them further.
- Staff knew about people's past lives in interests in detail, giving us examples of how they had involved them in activities which they knew would be of interest to them.
- Staff were aware while some people used to live in the local area, others did not. They took into account such differing backgrounds when providing care. For example, one person had a very distinct regional accent, staff told us how they and the person's family had supported the person in settling in when they moved in into the service.
- People's care plans were written in a supportive, person-centred way. For example, one person's care plan outlined they could show verbal behaviours which challenge. Their care plan did not include any judgemental wording and clearly set out how the person was to be supported in a caring way when they showed such challenging behaviours.

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

- People told us they were involved in making decisions about their care. One person told us, "I get up when I want, go to bed when I want, shower every morning as I'm used to"
- Staff acted to ensure people were actively involved in decision making about their care. This included making sure they were at the right level for the person to hear them, explaining clearly in simple language about what they were asking them to decide about and checking back with the person that they had understood.
- One person was anxious, saying they wanted their cardigan. The member of staff closest to them was very polite and promptly got it for them, checking with them on their return that they had got the one they wanted.
- Staff involved people in decision making, for example if they wanted to wear a clothes protector at lunchtime.
- All staff consistently checked with people when supporting them that they were happy for them to do so, explaining the actions they were taking. This included when supporting people to stand up and sit down using equipment

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people's dignity and independence was respected. This included asking people if they wanted to go to the toilet in a quiet and discrete way.
- A person's room showed they had recently experienced continence difficulties. By the time we returned to the room, a short while later, this had been identified by staff and the person's room had been fully cleaned and smelt fresh, to ensure the person's dignity.
- Where people lived with continence needs, their continence equipment was stored discretely and not in a way that was openly visible to their visitors.
- All staff wore clearly legible name badges which supported people in identifying staff names, so people who lived with memory loss could easily call staff by their names, so supporting their independence.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us staff knew how to meet their needs. A person's relative told us if they phoned up, staff always knew about their relative and what their needs were.
- Staff told us about the importance of knowing people's care plans so they could respond to what they needed and ensure their preferences were met. They told us people's care plans were written in a way which fully informed them about meeting their individual needs.
- People's care plans were regularly reviewed. For example, one person had changing needs in relation to eating and drinking, their care plan had been fully updated to show how staff where to meet their current needs. We saw staff were following the person's current care plan.
- Staff communicated well with each other, so they could meet people's needs and preferences. A person told an ancillary worker about something they preferred, the ancillary worker told a care worker about what the person had said, to ensure this information was taken into account when giving the person support.
- A variety of activities were provided to meet people's diverse needs. One person told us, "I like all the different games."
- Activities were provided in the larger sitting rooms, with staff available to support people with engagement. Where people did not wish to be involved, this was respected.
- The service had different types of equipment to support people who were living with dementia with engagement. Staff were aware of how this equipment worked and described how they used it to support people. For example, they told us one person could become agitated and the use of images of seascapes on one of the types of equipment helped them to become calmer.
- The service employed a chaplain who was aware of the importance of faith for some people. They liaised with other denominations and faiths for people where relevant. They clearly respected the wishes of people who did not have a faith as part of their extended chaplaincy support to people.

Improving care quality in response to complaints or concerns

- People told us they felt comfortable raising issues if they needed to. One person's relative told us, "I can easily talk to the manager."
- The provider had a complaints policy which ensured complaints received by the service were recorded, investigated and responded to.
- All of the records we reviewed were clear, showing the service followed its own policy. If any issues were identified, actions were taken to address the matter.

End of life care and support

- The service was not providing anyone with end of life care when we inspected
- Staff told us they had supported people at the end of their life in the past. One member of staff told us about the importance of supporting people's families as such times, telling us, "Caring for families if part of

our job too."

- Staff told us about the helpful supports they received from the district nurses and the local hospice when a person was at the end of their life.
- Staff told us they appreciated the way the provider supported them to enable them to care for people at the end of their lives, including providing staff with counselling if requested.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The registered manager planned and delivered person-centred, high-quality support to achieve positive outcomes for people. This considered all aspects of people's lives, and ensured support reflected people's individual needs and choices. One member of staff told us, "It's a good supportive environment here."
- The registered manager understood their responsibilities for duty of candour and took the appropriate action to inform all the relevant people when incidents occurred.
- Staff told us the registered manager was supportive and approachable. One member of staff told us, "It's not regimental here at all."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a management structure which gave clear lines of responsibility and authority for decision making. Staff told us this was well-established. One member of staff told us, "The home runs the same if the managers are here or not."
- There were regular audits of the quality of care, these were by senior managers from the provider as well as the services' own internal audits. One member of staff told us they appreciated the way, "Head office always talk to us when they come round."
- Internal audits included a range of areas such as audits of medicines management and unannounced spot checks on the quality of care at night.
- A recent audit had shown some staff were not completing people's fluid records in a way which enabled review of if they were drinking enough during the 24 hour period. This matter had been identified as a matter for the next staff meeting and would also be subject of additional reviews of people's records.

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

- People felt they were engaged and involved with service delivery. One person's relative told us the person was, "So happy here, I'd recommend this place wholeheartedly."
- Staff also felt they were involved. One member of staff told us, "The provider always listens to us." Another told us they appreciated the way the management team worked flexibly with staff when planning the staff rota.
- The provider had a system for regularly sending questionnaires to people and others. They also held regular residents' meetings to seek feedback from people. These meetings actively sought opinions from people, for example following consultation the main meal had been changed from lunchtime to the

evening. Minutes of residents' meetings showed this was the subject on on-going discussion.

- Staff meetings were held regularly and minutes were made available to all staff, including those who were not able to attend.

Continuous learning and improving care

- Management and their staff were open to a range of areas to improve care. We discussed with a senior member of staff that although staff knew what to do, which meant there was no risk to people, some wording in a few people's care plans could be more precise. For example, one person only had 'add thickener to drinks' with no documentation about the amount of thickener to be added. Action had either been taken or was in the process of being taken on such matters, by the end of the inspection.
- Staff all levels were open to new ideas, this included staff enthusiastically showing us how they used an item of new technology to support people who were living with memory loss.

Working in partnership with others

- The management team was keen to support links with the local community. One person told us, "It's nice to feel part of the community." People were encouraged to use village facilities, like the shops, if they wanted to.
- Managers described the wide supports they received from services in the community, including from local bands and the village school. They had also had involvement with the local media with certain significant events, like people's birthdays.
- Managers and staff worked in partnership with other services to ensure people's needs met in a timely way. One external healthcare professional told us staff were, "Very helpful" to them when they visited.