

Mr Salim Adam

Aadamson House Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Adamson House is a residential care home in the Preston area providing personal care to 16 people at the time of the inspection. The service can support up to 19 people. There are two floors with lift access to the first floor.

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

The management of notifications to inform Care Quality Commission (CQC) had improved. The provider was aware of their responsibility to inform CQC of notifiable incidents. People told us they felt safe and protected from the risk of abuse and or neglect. Safeguarding processes were followed.

Improvements had been made since the previous inspection. People were now supported to have maximum choice and control of their lives and staff consistently supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did fully support this practice.

Adamson House was clean and hygienic. One person said, "The cleaning staff do a great job." They had an infection prevention and control policy in place and were following the latest Covid-19 guidance. There were sufficient staff to meet people's care and support needs. Staff were employed following a robust recruitment process. One staff member said, "I have only just started, the induction was very good, with shadow shifts. Training included, safeguarding, 'food & hygiene' and moving and handling, all done before I commenced my first shift."

People's safety was at the centre of care delivery. Risks were assessed and carefully monitored to ensure individuals safety. People received their medicines safely.

There was a programme of staff training and regular updates were documented for staff to attend courses. This was confirmed talking with staff. People's care records contained social hobbies and likes and dislikes in food choices. During the Covid-19 pandemic people had been supported to maintain contact with their friends and relatives by use of IT devices, window visits and phone calls. People told us they were satisfied with the efforts made by staff to keep them connected with family and friends. People received support with their healthcare and nutritional needs. Comments from people were positive about the quality and choice of meals provided and included, "You can have what you like they never refuse any food or snacks." And, "The food is lovely."

The management team had auditing systems to maintain ongoing oversight of the service and make improvements where necessary. Quality assurance processes ensured people were able to give their views of the service. One person told us, "The staff and manager involve us in any ideas to improve the home. I just completed a survey giving my opinions."

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 19 April 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended the provider ensure any incidents that required CQC should be notified were completed. At this inspection we found improvements had been made.

Why we inspected

This inspection was prompted by a review of the information we held about this service. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

The overall rating for the service has changed from requires Improvement to good based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm. Please see the safe, effective and well led sections of this full report.

Follow Up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below

Aadamson House Care Home

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 Care Act 2014.

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.

We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in Lancashire. To understand the experience of social care Providers and people who use social care services, we asked a range of questions in relation to accessing urgent and emergency care. The responses we received have been used to inform and support system wide feedback.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service should have 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. However, the manager in place was in the process of being registered by (CQC) and an application had been submitted.

Notice of inspection

This inspection was unannounced.

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 and commissioners who work with the service. We also looked at information we had received and held on our system about the service, this included notifications sent to us by the provider and information passed to us by members of the public.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all this information to plan our inspection.

During the inspection

We spoke with six people who lived at Aadamson House, the manager, the provider and four staff members. In addition, we spoke with the cook and one relative of a person who lived at the home. We observed staff interaction with people and reviewed a range of records. These included care records of one person, medication records and staff files in relation to training and recruitment. We also reviewed a variety of records relating to the management of the service. We had a walk around the premises and looked at infection control measures.

After the inspection

We continued to seek clarification from the manager to validate evidence found. We looked at their quality assurance systems and staff training records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as 'Requires Improvement'. At this inspection, this key question has changed to 'Good'. This meant people's outcomes were consistently good, and people's feedback confirmed this

Staffing and recruitment

- Staff recruitment processes were robust. Pre-employment checks were completed to help ensure staff members were safe to work with people in a care setting.
- Newly recruited staff told us they worked with experienced staff members until they felt comfortable to work independently. One staff member said, "The support was great from the beginning and helped."
- There were enough staff to support people's needs and most people told us the staff were able to support them in a timely manner. Observations during the day and talking with people confirmed sufficient staff were deployed at all times of the day. One person said, "It has definitely improved here, there seems more staff around."

Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed.
- Regular audits ensured medicines were administered correctly and any issues found were addressed. Staff told us they felt confident in administering medication.
- The local authority had recently completed an audit with the home and found no concerns in relation to medicines.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff that supported them. One person said, "Staff are very good and I feel comfortable and safe here."
- There were effective safeguarding processes in place. The manager and staff members had a good understanding of safeguarding. They understood their responsibilities for keeping people safe and the processes for reporting any concerns.
- Staff told us they had received training in areas of keeping people safe and protecting them from abuse.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The manager had good processes in place to manage people's safety and reduce risks. Risks to people and the service were assessed and managed well. This helped to protect people's safety.
- The manager reviewed incidents as part of lessons learned, to ensure risks were assessed to prevent reoccurrence where possible. The manager told us they engaged with other services to learn any lessons and what worked well during the pandemic, so they could make changes to improve Adamson House.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider had processes to admit people safely to the service.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- The provider was facilitating safe visiting in line with government guidance. Indoor visiting was suspended during the COVID-19 outbreak other than in exceptional circumstances; essential care givers were able to continue to visit indoors.

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.

At the last inspection this key question was rated as 'Requires Improvement'. At this inspection, this key question has changed to 'Good'. This meant people's outcomes were consistently good, and people's feedback confirmed this

At our last inspection the provider had failed to effectively support people in line with principles of the Mental Capacity Act (MCA) and associated Deprivation of Liberty Safeguards (DoLS). This was a breach of regulation 11 (Consent to care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 11.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We observed people be offered choice and control by staff who supported them throughout the inspection and people confirmed they felt in control of their lives. People were now assessed in line with the MCA before asking them to provide written consent to various decisions around their care and treatment.
- People who lived with an impairment of the mind or brain had been assessed for any potential restrictions to their liberties in line with DoLS. The manager, provider and senior staff had enough understanding of the MCA to ensure the principles of the Act were met in a person-centred way.
- Consent to care and treatment was sought in line with legislation and guidance. People told us staff asked for their consent before any intervention, "The staff are respectful towards me all the time. They always ask if they need to do something to help me."
- People's care records confirmed care and treatment had been provided with the consent of the relevant person involved.

Staff support: induction, training, skills and experience

- The manager ensured staff had a range of appropriate training, supervision and support to carry out

their role effectively. Training compliance was monitored to ensure this was carried out in a timely way. We noted some staff members were behind in some areas of training but there was good compliance with training and updated training courses were made available. The provider and manager told us they had experienced issues with delivering some aspects of the training programme during the COVID-19 pandemic.

- Staff were complimentary about the training and support they received and said access had improved. One staff said, "Training opportunities are available and supported by the new manager, Things have definitely improved." Those new to care said they had shadowed carers so that they became familiar with people's needs One staff member said, "I have only just started, the induction was very good, with shadow shifts, safeguarding & food & hygiene & moving & handling, all done before I commenced my first shift."
- A formal induction process was in place when staff started work in the home. Staff confirmed this was helpful in their role.

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

- People were supported to maintain a balanced diet. Food, drink and snacks were available throughout the day. One person told us they could request a different meal if they did not want the choices on offer. Comments were positive and included, "Food is a lot better now with more choice and plenty of it." And, "You can have what you like they never refuse any food or snacks and good quality."
- Information regarding people's nutrition and hydration needs, such as a diabetic diet, was recorded in their care records. Catering staff had a system to ensure any new requirement were immediately brought to their attention.

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

- Staff referred people to specialist professionals for support and guidance. Staff had developed relationships with other agencies and professionals to provide a flexible and effective service.
- Staff supported people to attend hospital appointments. In the case of an emergency, person centred records were in place which were provided to health professionals to support decision making.

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

- The provider had displayed appropriate signage to support people to maintain their independence when moving around the home. We observed people using this and saw the signage was helpful to them.
- The home was bright and well-lit; people could personalise their rooms with their own belongings if they wished to do so. We confirmed this by people inviting us into their rooms.

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

- People's needs and choices were assessed to ensure their care, treatment and support was delivered in line with current legislation, standards and evidence-based practice to achieve effective outcomes. Assessments from health and social care professionals were also used to plan effective care. The views of the people were also taken into account, care records evidenced this.
- People's care records reflected their current care and support requirements. Care records were regularly reviewed and updated monthly or when people's needs changed. The manager told us they were introducing a new care recording system that would be computerised and contain more up to date information.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as 'Requires Improvement'. At this inspection, this key question has changed to 'Good'. This meant people's outcomes were consistently good, and people's feedback confirmed this

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

- The service should have 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. However, the manager in place was in the process of being registered by (CQC) and an application had been submitted.
- The manager was aware of what incidents should be notified to CQC and had improved the system to ensure CQC were notified.
- We found audits identified gaps in relation to some people's care and treatment and made improvements where necessary.
- The service had a clear staffing structure in place. People and staff spoke about how well the service operated and supported them.

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

- People received person centre care and support. Plans of care we saw were well written, person-centred documents. People we spoke with described a positive, caring environment.
- Staff and people were complimentary about the new manager. One person said, "The manager is very caring and supportive."
- Staff said their views and suggestions were listened to and they felt valued by the manager.

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 understood their responsibilities to keep CQC informed of events which may affect people and the care delivery. They were open and honest about what achievements had been accomplished. In addition, what had not worked so well and where improvements might be needed.
- The manager said they would offer an apology, where appropriate, in the event of any safety concern. This indicated the principles behind duty of candour were recognised within the culture of the service.

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

- Systems and processes continued to be developed to ensure people and relatives were fully engaged. For example, we found evidence of recent relative, 'resident' and staff surveys completed with positive

responses. One person said, "The staff and manager involve us in any ideas to improve the home, I have just completed a survey giving my opinions."

- The management team and staff involved people in the running of Adamson House and gave consideration to their equality characteristics.

Working in partnership with others

- Records showed, where appropriate, advice and guidance was sought from health and social care professionals.
- The manager and staff worked closely with other agencies and relatives to share good practice and enhance care delivery.