Isle of Wight Council

The Adelaide

Inspection report

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Date of inspection visit: 24 & 26 June 2015
Date of publication: 18/09/2015

Ratings

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

Overall summary

The Adelaide is a local authority run care home for short term respite and reablement support. Reablement is a way of helping a person to remain independent by giving them the opportunity to re-learn or regain some skills for daily living that may have been lost as a result of illness, accident or disability. The home provides accommodation for up to 24 older people, including people living with a cognitive impairment, such as dementia. At the time of our inspection there were 12 people living at the home.

The Adelaide also provided a reablement service, for a limited period, in a person's own home. This included personal care; help with activities of daily living, and practical tasks around the home.

The last inspection of the home took place on 23 August 2013 and no concerns were identified. However, an inspection of the community reablement aspect of the service between the 17 and 20 September 2013 identified

Summary of findings

breaches of four regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We took enforcement action and required the provider to make improvements.

This inspection, which was unannounced and carried out on 24 and 26 June 2015, looked at both aspects of the services provided by The Adelaide. During the inspection we found the provider had completed all the actions they told us they would take in respect of the community reablement aspect of the service.

People told us they felt safe. However, not all risks to people using home had been identified, which could impact on their health and wellbeing. Risks relating to people using the community reablement service had been identified and were effectively managed.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), which applies to care homes. The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. Although staff were aware of the principles of the MCA, they did not have access to sufficient information to enable them to understand the ability of a person living with a cognitive impairment, such as dementia to make specific decisions for themselves. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards. We have recommended that the provider seeks advice and guidance on adopting the latest best practice guidance in respect of mental capacity assessments for people living with a cognitive impairment.

There were suitable systems in place to ensure the safe storage and administration of medicines. All medicines were administered by staff who had received appropriate training. Healthcare professionals such as GPs, chiropodists, opticians and dentists were involved in people's care where necessary. Staff were aware of, and responsive to, people's needs and preferences as to how they wanted to be cared for.

People and relatives told us they felt the home was caring. Staff were sensitive to people's individual needs, treating them with dignity and respect, and developing caring and positive relationships with them. People were encouraged to maintain relationships that were important to them. Staff also checked that people consented before supporting them.

People were complimentary about the quality of the food and were supported to have enough to eat and drink.

People were supported by staff who had received the appropriate training, professional development and supervision to enable them to meet their individual needs. There were enough staff to meet people's needs. Recruitment procedures were safe and appropriate checks were completed before staff were employed.

Staff and the management team had received safeguarding training and were able to demonstrate an understanding of the provider's safeguarding policy and explain the action they would take if they identified any concerns.

People and relatives told us the service was well-led. The provider had a clear vision for the service. Staff understood their role in delivering that vision and were encouraged to become involved in developing the service.

There were systems in place to monitor the quality of the service provided to people. The provider sought feedback from people using the service and their relatives in respect of the quality of care provided and had arrangements in place to deal with any concerns or complaints.

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?
The service was not always safe.

People did not always have an appropriate risk assessment in place.

People received their medicines at the right time and in the right way to meet their needs.

People felt safe and staff were aware of their responsibilities to safeguard people.

There were enough staff to meet people's needs and recruiting practices ensured that all appropriate checks had been completed.

Requires improvement

Is the service effective?
The service was not always effective.

Staff supporting people living with a cognitive impairment, such as dementia, did not have sufficient information to enable them to understand the ability of the person to make specific decisions for themselves.

People were complimentary about the food and were supported to have enough to eat and drink.

People had access to health professionals and other specialists if they needed them.

Staff received appropriate induction and on going training to enable them to meet the needs of people using the service.

Requires improvement

Is the service caring?
The service was caring.

People and their relatives were involved in planning their care. Staff used care plans to ensure they were aware of people's needs.

Staff developed caring and positive relationships with people using the service.

People were treated with dignity and respect.

Good

Is the service responsive?
The service was responsive.

Pre-assessments contained sufficient information to enable staff to assess people's needs prior to arrival. Care plans were personalised and focussed on individual needs.

Staff were responsive to people's needs and encouraged them to maintain their independence.

Good

Summary of findings

The provider sought feedback from people and had a process in place to deal with any complaints or concerns.

Is the service well-led?

Good

The service was well-led.

The provider's' values were clear and understood by staff. The management team adopted an open and inclusive style of leadership.

People, their representatives and staff had the opportunity to become involved in developing the service.

There were systems in place to monitor the quality and safety of the service provided.

The management team understood the responsibilities of their role and notified the Care Quality Commission (CQC) of significant events.

The Adelaide

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 checked whether the provider was 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 was unannounced and was carried out on 24 and 26 June 2015. The inspection team consisted of two inspectors 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. The expert supporting this inspection had experience for caring for an older family member both at home and in a residential environment.

Before the inspection, the 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 reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with the 10 people using the service and three relatives. We observed care and support being delivered in communal areas of the home. We spoke with 11 members of the care staff, the three assistant managers, including the manager with responsibility for the community reablement team, the deputy manager and the group manager for the provider.

We looked at care plans and associated records for nine people using the service, staff duty rota records, seven staff recruitment files, records of complaints, accidents and incidents, policies and procedures and quality assurance records.

Requires improvement

Is the service safe?

Our findings

People across the whole of the service told us they felt safe. One person said, "It's marvellous. I feel safe you couldn't find a better place". Another person told us "I don't even think about it". A person using the community reablement service said, "I definitely feel safe when they [the care staff] are here. They are all very good". A relative told us they felt their family member was safe and said, "When they were with the carers I don't have to worry".

Although people told us they felt safe, we found that risks were not always documented and managed effectively. For example, one person was diabetic; however there were no risk assessments in place to help staff reduce the risks related to diabetes. Where risk assessments were in place to support people these were not robust and did not provide staff with the information necessary to keep people safe. For example the risk assessment for a person who was identified as high risk of falling stated 'carer to assist'. There was no information to clarify what 'assist' meant or detail about how they should support the person safely. Individual staff members were aware of the risks relating to the people they supported and were able to tell us of the action they would take to minimise those risks. We raised this with the deputy manager and they agreed it was an area for improvement.

The risks relating to people using the community reablement part of the service were identified and managed. The risk assessments for people using this aspect of the service were current and reflected people's needs and abilities.

At our last inspection of the community reablement aspect of the service we identified that the provider had failed to take reasonable steps to identify the possibility of abuse and prevent it before it occurred. During this inspection we found that staff and the deputy manager, across both aspects of the service, had the knowledge necessary to enable them to respond appropriately to concerns about people.

Staff had received safeguarding training and knew what they would do if concerns were raised or observed in line with their policy. Staff members were able to describe what types of situations would cause them concern and the action they would take. They told us they were confident that anything they reported would be followed up. Staff had also completed, or were in the process of completing, vocational qualifications in care, which contained a section relating to safeguarding. Where safeguarding concerns were identified, they worked with the local authority and where requested, investigated the matter internally and reported their findings to the appropriate authority.

At our last inspection of the community reablement aspect of the service we identified that the provider had failed to ensure there were sufficient staff available to meet people's needs. During this inspection we found there were enough staff across the whole of the service to meet people's needs. The staffing level in the home provided the opportunity for staff to interact with the people they were supporting in a relaxed and unhurried manner. The care staff in the home were supported by housekeeping, maintenance, kitchen staff and a day care assistant, which meant they were not distracted from their day to day care duties. We observed care in the communal areas of the home and saw there was always at least one member of staff nearby observing the people in case they needed support. One person told us "I am seen immediately I press my alarm bell". The allocation of staff working in the community was based on each person's needs. A person using the community reablement service told us "The girls are excellent, they have time to chat to you".

There were suitable management structures in place to ensure staffing levels were maintained. There was a duty roster system, which detailed the planned cover for the home and the community reablement team. Short term absences were managed through the use of overtime or bank staff employed by the provider. The management team was also available to provide support when appropriate.

The provider had a safe and effective recruitment process in place to help ensure that staff who were recruited were suitable to work with the people they supported. All of the appropriate checks, including Disclosure and Barring Service (DBS) checks were completed on all of the staff. DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. One new member of staff told us "They are thorough. My training certificates were checked at interview".

The provider had an up to date medicine policy, which provided detailed guidance for staff. Only the assistant managers, who had received the appropriate training and

Requires improvement

Is the service safe?

had their competency assessed were able to administer medicines to people staying at the home. People's medicine administration records (MAR) had been completed correctly and were audited on a regular basis. There was a process in place for the ordering of repeat prescriptions and disposal of unwanted medicines. A refrigerator was available for the storage of medicines which required storing at a cold temperature in accordance with the manufacturer's instructions. Staff supporting people in the community had also received medicine administration training and were correctly completing the MAR charts for the people they supported.

Accidents and incidents were recorded and contained sufficient detail to allow staff to identify patterns and put in place remedial actions. The registered manager monitored and reviewed all accident and incident records to ensure that appropriate management plans were in place. For example one person had a fall while getting out of the bath, following a review it was identified that two members of staff should support the person to get in and out of the bath. Their care plan was updated to reflect the change.

There were arrangements in place to deal with foreseeable emergencies. There was also a fire safety plan for the home. Staff were aware of the plan and were able to tell us the action they would take to protect people if the fire alarm went off.

Requires improvement

Is the service effective?

Our findings

People across the whole of the service told us they felt that the service was effective and that staff understood their needs and had the skills to meet them. Relatives told us they felt the staff were knowledgeable about the care they provided and said their family members needs were met to a good standard. One relative said, "Yes, the staff have the skills to look after [their family member] they are all very good".

The Mental Capacity Act 2005 (MCA) provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant.

Staff understood their responsibilities in relation to the MCA. They were able to explain the principle of capacity and how it applied to people using the service. People's care records contained a section which identified whether they were living with a cognitive impairment, such as dementia. However, there was no information in the care records of those people living with a cognitive impairment to assist staff in understanding and supporting the person's ability to make specific decisions for themselves. We raised this with the manager who agreed it was an area for improvement.

We recommend that the provider seek advice and guidance on adopting the latest best practice guidance in respect of mental capacity assessments for people living with a cognitive impairment.

We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards. 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, we found that the manager understood when an application should be made and how to submit one and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

There were arrangements in place to ensure staff received an effective induction into their role. Each member of staff had undertaken an induction programme based on the Skills for Care common induction standards and for staff recruited since April 2015, the principles of the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life. They spent time shadowing more experienced staff, working alongside them until they were competent and confident to work independently. One new member of staff told us their induction was "the most in depth in all my years". The provider had a system to record the training that staff had completed and to identify when training needed to be repeated. This included essential training, such as, fire safety, infection control, health & safety and control of substances hazardous to health (COSHH) training. The records showed that staff training was up to date or planned for later in the year. Staff had access to other training focussed on the specific needs of people using the service. For example, catheter and colostomy training, continence care and stoma care and diabetes awareness. Staff were also supported to achieve a vocational qualification in care. Staff were able to demonstrate an understanding of the training they had received and how to apply it. For example how they protected people from abuse and how to report concerns.

Staff received regular supervisions and an annual appraisal. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Staff said they felt supported, the manager had an open door policy and they could raise any concerns straight away. One member of staff said, "You don't have to wait for a supervision, you can ask for help at any time. There is a good team spirit here". Another member of staff told us "Support is brilliant".

People were supported to have enough to eat and drink. Meals were appropriately spaced and flexible to meet people's needs. People were complimentary about the food. One person, who was diabetic, told us "There is a choice of normal or small meals. They are good with diabetics giving them a decent meal". Another person said "The food is good; the choice is on the menu board".

The chef was aware of the new regulations in respect of the management of food allergens. These regulations require organisations to display information about the top 14 food allergens, such as nuts or wheat, and list any menu items which may contain any of those allergens. Kitchen records

Requires improvement

Is the service effective?

showed that people's likes and dislikes, allergies and preferences were recorded. There was a menu board on display in the foyer and the chef checked with people at breakfast what they wanted to eat for the rest of the day.

People were reminded of their choices at lunch what they wanted to eat for their tea and were given an alternative if they had changed their mind. One person did not want either of the dessert options, and was offered an alternative. People were offered a choice of small, medium or large portions of food. Requests for extra portions were responded to promptly. Mealtimes were a social event and staff engaged with people in a supportive, patient and friendly manner. People were not rushed and staff checked whether they had finished and whether they had enjoyed their meal when clearing the tables.

People using the community reablement aspect of the service were supported to have enough to eat and drink. Where people required support with their nutrition and hydration, this was documented in their care file. Staff were aware of people's food preferences and how they liked their meals prepared.

People were supported to maintain good health and had access to appropriate healthcare services. Healthcare professionals such as GPs, district nurses, chiropodists and occupational therapists were involved in people's care where necessary. Records were kept of their visits as well as any instructions they had given regarding people's care. One person said "I was unwell and they got a doctor out within minutes".

Good

Is the service caring?

Our findings

Staff developed caring and positive relationships with people. People across the whole service and their relatives told us they did not have any concerns over the level of care provided or how it was delivered. One person said, "I have been coming here for day care or respite care for years. I love it here". Another person said, "The girls here are lovely; I cried tears of joy when I arrived". A third person said, "This care home has the reputation of being the best on the island. The food is very good and they [staff] go out of their way for you". Relatives told us that staff were very caring when supporting family members. One family member said, "My [relative] has dementia and is deaf. The staff are very good and very patient with [them]. I can't fault them".

We observed care in the communal areas. We saw staff had a good knowledge of people and had developed strong, friendly, relationships with them. Staff interacted with people in a positive and supportive way. For example, a health professional arrived to examine a person who was asleep in the lounge area. A member of staff gentle woke the person explaining the health professional had arrived. They allowed them plenty of time to wake up before discreetly supporting them to move to the examining room. On another occasion, a member of staff supported a person to use a tissue to clean up some gravy they had spilt down there tabard during lunch. This was done discretely and with compassion.

This experience was the same for people being supported by the community reablement team. One person told us "I am very happy with the service, the girls are excellent, very caring". A relative said the care staff were "gentle and caring with [their family member]. They are a great help".

Staff used the information contained in people's care plans to help ensure they were aware of people's needs and preferences. Staff understood the importance of respecting people's choice, privacy and dignity. They spoke to us about how they cared for people and we observed that personal care was provided in a discreet and private way. One member of staff told us "I like it here and would be happy if my mother were here". Staff knocked on people's doors and waited before entering. One person said staff "treat me with respect, they cover me with a towel when giving me a wash and make sure the curtains are closed". People were free to move around the home, access any of the communal areas and they were able to choose where they spent their time. We spoke to some people who chose to spend their time in their own rooms. They said the staff respected this and offered them opportunities to join others if they wished.

People and their relatives had been involved in the planning of their care. The care plans covered a number of areas of a person's support needs, the preferred or desired outcomes and their personal preferences. For example, the gender of the care staff who support them with personal care, the frequency of night checks and whether people wanted their door left open or closed. A relative told us "The induction process was excellent, very friendly and not rushed at all. They even wanted to know my [relative's] preferred name and talked through things like their history and medication".

People being supported by the community reablement team told us there was a copy of their care file kept at their home and staff looked at these to ensure they were up to date with any changes to the person's needs and the support they required before providing care.

Good

Is the service responsive?

Our findings

People across the whole of the service told us staff were responsive to their needs. One person said, "Staff come and check on me every morning". Another person told us they had a call bell and "If you are in your room the staff speak to you via a two way radio. If you need the toilet they come immediately, but if you need help dressing they tell you when they will come; usually about a five minute wait". Relatives told us that people received good care and personalised support based upon their individual needs. A relative for a person using the reablement service said the care staff were "a great help; I have every confidence in them".

People were able to contribute to the assessment and planning of their care when they arrived at the home. If they were returning for a period of respite their care plan was reviewed and updated. Care plans were completed and reviewed by the duty manager who signed to confirm the plan was complete. One person told us "I was involved in deciding what care I needed. We sorted it out together".

At our last inspection of the community reablement aspect of the service we identified that the provider had failed to ensure that people were assessed effectively and received the care and treatment which met their needs. During this inspection we found that the care records across the service were personalised and contained sufficient information to assist staff in understanding how to meet a person's individual needs. For example, the care plan for one person stated that they required support with their nutritional needs. They preferred their drinks in 'feeder cup', small meals and their food cut up. We spoke with the chef and observed their food was prepared in accordance with their care plan.

People's daily records of care were up to date and showed care was being provided in accordance with people's needs. Handover meetings were held at the start of every shift and a hand over sheet was completed. In the mornings, night staff handed over to the duty manager and then the duty manager handed over to the care staff.

The home had a structured approach to activities, which included activities lead by an activities coordinator, such as arts and crafts, reminiscence quizzes or bingo. There was also a programme of visiting entertainers and musicians. These were held in the lounge area of the home and were also attended by day care visitors. These provided an opportunity for people to socialise with other people from outside of the home environment. In addition, there were books and jigsaws available in quiet areas of the home. One person told us "there are afternoon activities upstairs like quoits and ball games. There are also quizzes with multiple choice answers".

People were supported to maintain friendships and important relationships; their care records included details of their circle of support. One person told us "I was worried about my dog when I was admitted here. They [staff] were very reassuring and made sure my dog was cared for by a relative. The dog comes to visit me here; everyone likes to see my dog". Relatives confirmed that the home supported their relatives to maintain the relationship.

People were encouraged and supported to maintain their independence. One person told us that until recently they had a walking frame without wheels and had been having difficulty in using their new one. They said "The girls teach you how to use a walking frame with wheels, they don't touch you unnecessarily. The girls are so caring". Staff had developed a good relationship with health professionals to support people who wished to be re-abled back to an independent lifestyle.

The provider sought feedback from people or their families, across both aspects of the service through the use of quality assurance survey questionnaires. People were asked to complete a questionnaire following each period of respite or reablement. We saw the results from the analysis of all of the questionnaires received during 2015, which were all positive. Comments from people included "All staff are super", "Everybody is wonderful", "A wonderful place; I look forward to my next respite" and "My third stay here, which I have enjoyed each time". Where concerns were raised these were dealt with by the registered manager. For example, they had received feedback that a particular popular dessert kept running out. As a result the registered manager and the chef put in place a new system to ensure there were sufficient quantities of each choice to meet people's needs.

The provider had arrangements in place to deal with complaints and provided detailed information on the action people could take if they were not satisfied with the service being provided. Since our last inspection the service had not received any complaints. The deputy manager explained the action they would take to

Good

Is the service responsive?

investigate a complaint if one was received. People and relatives knew how to complain. One person said, “They [staff] get things sorted for you but I would complain to the manager”. A relative told us they were “relaxed about talking to staff or the managers about any issue they might have”.

The community reablement team maintained an issue log where issues and concerns were recorded. These issues were reviewed by the registered manager to ensure they had been responded to and any remedial action taken. One person told us “I don’t have any complaints but if I did I would complain to the Adelaide”. A relative said, “On one occasions the carer was late so I phoned the office. They were very good and sorted it out for me”.

Good

Is the service well-led?

Our findings

People and relatives told us they felt the service was well-led. One person said the service was "Very good, I would definitely recommend them. I have no complaints at all". A relative told us "I can't fault them. I would recommend them to anyone".

The provider's vision and values were set out in the service user's guide. There were posters reinforcing the provider's expectations, with regard to people's experiences of the care, displayed on notice boards throughout the home. These boards also contained information about how to complain, the availability of advocacy, and activities, which were displayed in a format suitable for people to understand. There was also a photo board of all the staff to help people understand who was supporting them. There was an opportunity for people and their relatives to comment on the culture of the service and become involved in developing the service through regular feedback opportunities at the end of each period of respite or reablement. People and visitors told us the manager was always walking around the home and was available to talk with them at any time. We observed the manager and staff engaging with visitors and relatives seeking their views and feedback on the service being provided.

There was a clear management structure with a registered manager, duty managers, assistant managers and a group manager. Staff understood the role each person played within this structure. Staff across the service were aware of the provider's vision and values and how they related to their work. Regular staff meetings provided an opportunity for the management team to engage with staff and reinforce the provider's values and vision. They also provided an opportunity for staff to provide feedback and become involved in developing the culture of the service. There was an opportunity for staff to engage with the management team on a one to one basis through supervisions and informal conversations. One member of staff told us "The support is brilliant. There is good team work and I can ask and check anything I am worried about". Another member of staff said "It's probably the best place I have worked; it makes me see my future here. A member of staff from the community reablement team told us "The managers are good; they try and keep us on our toes". Another member of staff from the reablement team said, "There is an open style of management, they are approachable and friendly. I am very happy here I would recommend it to anyone in care".

The service had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission if they felt it was necessary. The staff we spoke with had a clear understanding of their responsibility around reporting poor practice, for example where abuse was suspected.

The provider had suitable arrangements in place to support the registered manager, through the Group Manager for Short Term Services. They regularly visited the home spoke with people, staff and the registered manager as part of their quality assurance process. The registered manager was also able to raise concerns and discuss issues with the registered managers of the other short term services owned by the provider.

There were systems in place to monitor the quality and safety of the service provided and to manage the maintenance of the buildings and equipment. These included regular audits of medicines, care files, infection control, water temperature and fire alarms systems and processes, which included twice yearly evacuation exercises. The registered manager also carried out an informal inspection of the home during a daily walk round. Where issues or concerns were identified an action plan was created and managed through the regular meeting processes.

The management team understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration.