

Methodist Homes

Adlington House - Portishead

Inspection report

Adlington House, 132A Slade Road
Portishead
Bristol
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26 September 2019
27 September 2019
30 September 2019
14 October 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Adlington House is a building within Portishead. People live in their own flats. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection 13 people were receiving care and support.

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

Medicines were not always being administered when required and records were not always up to date and accurate. People and relatives felt there was not always enough staff or a stable staff team, given the amount of staff that had left and agency staff being used. Staff had checks undertaken prior to starting work within the service. Staff were familiar with what to do should they suspect abuse and the different types.

Staff felt able to raise any concerns in between their supervision meetings. However not all staff were receiving supervisions in line with the provider's policy. Staff also required an annual appraisal.

People received support with their nutrition and hydration needs, however one person's risk assessment required updating in line with the risk around choking. No referral had been made to assess this risk and if any recommendations were required to support the person with their nutrition following these concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives felt staff were courteous, kind and caring, however some staff were unfamiliar with people's needs. Staff were not always able to demonstrate a clear understanding of equality and diversity.

Care plans were personalised and contained important information relating to likes and dislikes.

People felt able to raise a complaint should they need to. Incidents and accidents were recorded, and an overview held so that any trends and themes could be identified. People had end of life wishes recorded within the care plan.

Staff were happy and felt well supported. People felt the manager was approachable and friendly. People were supported to access medical appointments when required. People could attend various activities and be part of daily routines within the service.

Rating at last inspection: Good (published March 2017).

Why we inspected: This was a planned inspection based on the previous rating. At this inspection we found the overall rating had changed from Good to Requires Improvement.

Follow up: We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We requested an action plan as part of our inspection findings. We will continue to monitor the service through the information we receive. We will visit the service in line with our inspection schedule, or sooner if required.

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

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Adlington House - Portishead

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.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

Adlington House provides care and support to people living in purpose-built accommodation. The accommodation is bought and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager in situ however they were not registered with the Care Quality Commission. They had submitted an application to register with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. We visited the office location on the 26, 27, 30 September and ended the inspection on the 14 Oct 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. Following the inspection we contacted four relatives and gained views from two. We spoke with four members of staff including the manager and regional manager. We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 Good. At this inspection this key question has deteriorated to Requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- People were not always supported by enough staff to meet their needs. The provider had assessed that two staff were required to meet people's needs during the day. The rota confirmed one week the service had ran with one member of staff on duty instead of the two. This happened on three days out of seven days. The same week a total of eight shifts had been covered by agency staff. The rota confirmed the following week 21 shifts had been covered by agency staff. Seven of these shifts had been covered by two agency working together. The manager confirmed a number of staff had left over the last few months. The service had also experienced staff taking leave and sickness. Although the service aimed to use the same agency staff, at times this wasn't always possible. This meant not all agency staff were familiar with the service and the people it supported. There was a risk that people's needs would not be met. Where one person had been supported by an unfamiliar agency member of staff, we found the agency member of staff had failed to administer the person's medicines. They had also failed to record what care and support they had provided.
- People and relatives felt changes in the management and the staff team had meant the agency staff were unfamiliar with people's individual needs and routines. One person told us, there had been, "Several changes, it was going along happily. Now a mix". Another person told us, "There's been a lot of change recently. About five or six (staff) have left". One relative told us, "The changes to the staff team has meant instability. The staff are pretty good however they don't know normal routines. It's gone downhill quite a bit recently". Another relative told us, "There's been a big change to the staffing, a lot of original care staff have left. I now rarely see any of the staff and I've not spoken to the new manager at all".

We found no evidence that people were adequately supported by enough staff to meet their needs. Staff were also at times unfamiliar with people's individual needs. This placed people at risk of harm. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had checks completed to ensure they were suitable to work with vulnerable adults. This included a full Disclosure and Barring Service check (DBS), references and an interview.

Using medicines safely

- People were not always receiving their medicines safely and when required. For example, one person had not been administered their medicines as prescribed. The member of staff sought advice to ensure the person hadn't come to any harm.
- People who required topical medicines had no guidelines in place for staff to follow. This is important as it

gives clear instructions for staff to follow when applying creams.

- Records gave information that was inaccurate and could cause harm. For example, one person had a medicines record that confirmed additional medicines that staff could administer 'as and when' (PRN). The PRN chart confirmed the maximum dose staff could administer to the person within 24hrs. However, the person was already receiving part of their maximum dose as a prescribed medicine within their dosette box. This meant they should only receive one other dose within 24hrs. The PRN chart did not confirm this information and if the staff administered the recorded dose the person could experience serious health implications.
- Records were not always in place to confirm what medicines staff were administering. For example, one person had a dosette box filled with their medicines from the pharmacy. Their dosette box had a print out from the pharmacy of the medicines supplied within the box. The pharmacy print out had missed recording a tablet within the dosette box. This was only identified during the inspection due to the person not receiving their medicines the night before. There were no adequate checks in place to ensure people's dosette box contained accurate information and the person's prescribed medicines.
- People's care plans had no record of what medicines staff had administered on their visit. This is important as by having a clear record of medicines administered means there is a clear audit trail of what was administered, when and by who.

We found no evidence that one person had received their medicines safely. The recording of medicines administered, prescribed and required as and when were not in place or accurate. This placed people at risk of harm. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

- Staff received training to ensure they were competent at administering medicines to people. Yearly practical checks were undertaken to ensure staff were competent in administering medicines.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who had received training in safeguarding adults.
- Staff had a good understanding of abuse and who to go to should they have any concerns.
- People felt safe. One person when asked if they feel safe, told us, "Yes I do".

Preventing and controlling infection

- Staff demonstrated an effective use of personal protective equipment (PPE).
- Staff washed their hands following providing personal care to people.

Assessing risk, safety monitoring and management

- Care plans contained important information relating to people's likes and dislikes. However, one person's care plan required updating to reflect how their diet was being modified due to the risk of them choking. Their risk assessment contained important information relating to how their food needed to be presented however there was no identified risk of the person choking. No referral had been made to a speech and language therapist to ensure the person's dietary needs were being met.
- People had risk assessments in place that identified risks and equipment required relating to their mobility. Care plans had clear support plans in place confirming who staff should call in case of an emergency.

Learning lessons when things go wrong

- Incidents and accidents were logged, including actions taken. However, one recent incident hadn't been reported to the local authority following concerns raised for the person's safety in the community. The

manager confirmed they would address this.

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 Good. At this inspection this key question remained the same.

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

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

- People who lived at Adlington House had their lunch in the main restaurant. People had their other meals within their own flats. Staff provided support to people to attend lunch. Where people required assistance with their lunch this was provided.

Staff support: induction, training, skills and experience

- Staff felt supported by the manager however supervisions were not always carried out regularly. For example, staff were expected to receive four supervisions per year. Due to the changes in the management this standard wasn't always being met. For example, we found four staff hadn't received a supervision since January or February 2019. The manager confirmed they planned to have all supervisions undertaken by the beginning of October. Staff felt able to raise any concerns with the manager, however supervisions were not being undertaken in line with the providers supervision policy.
- All staff were due an annual appraisal at the time of the inspection. The manager confirmed they planned to address this action quickly.
- Staff received appropriate training. Training included, infection control, moving and handling, safe administration of medicines, mental capacity act, first aid, fire safety and equality and diversity. Staff had access to additional training so that they were skilled and competent to meet people's individual's needs. Training included, dementia, hydration and nutrition, end of life, management of falls.
- Staff had access to an induction and orientation around the service. A daily handover was provided to staff and agency workers to ensure they were familiar with the care and support people required that day. During the inspection on one occasion we found an agency worker had not provided the care and support required to one person. We fed this back to the manager for them to review the systems for staff who were unfamiliar with the service.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can

authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA. People's care plans contained important information relating to medical information that might affect their capacity. However, there was limited information within the person's care plan that confirmed the person had capacity to make decisions and how staff could support the person daily in making decisions about their care and support.

- The manager confirmed everyone at the time of the inspection had capacity to make decisions about their care and treatment. Staff and the manager had a good understanding of the MCA and how people should be given choice and control. One member of staff told us, "It's about involving people in their care reviews. Giving them a choice if they want a shower or bath and what time of day they like to get up".

Supporting people to live healthier lives, access healthcare services and support;

Staff working with other agencies to provide consistent, effective, timely care

- People's care plans confirmed referrals to health care professionals and appointments when required. For example, one person's care plan confirmed a recent assessment by a health care professional and their recommendation including a detailed report for staff to follow provided after their visit.
- Staff were observed during the inspection seeking guidance and support from health care professionals as required.
- People who were independent with their appointments and seeking medical assistance and support felt able to ask staff should they require their assistance.
- People who lived at Adlington House could access a massage and aromatherapist and hair dresser on site if required.

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

- People's care plans contained important information relating to people's individual sensory needs. Such as if the person required a hearing aid or glasses. During the inspection we observed one person whose care wasn't being provided in line with their support plan. For example, their support plan advised staff to assist with their hearing aid prior to supporting them with any other care and support needs. During the inspection we observed this wasn't being followed. Following staff fitting the person with their hearing aid, they were able to hear what staff and visitors were saying. We fed this back to the manager.
- People's care plans contained important information relating to people's religion and their next of kin or spouse.
- Staff received training in equality and diversity however they were not always familiar with the protected characteristics under the Equalities Act 2010. We fed this back to the manager for them to address this shortfall.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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 and relatives felt staff were kind and caring. One person described their care staff as, "The care from them is very kind, very thoughtful and very understanding. They know what I want before I want it". One relative said, "[Name] is quite happy. The care is okay, staff are courteous". Another relative said, "The staff I've met are fine. They're always polite".
- People felt well supported by staff who respected their individual needs. One person told us, "Staff treat me with respect, yes".

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who treated them with respect. Staff confirmed it was people's choice to say how they wanted to receive their care. People felt supported by staff who respected their dignity One person told us, "Yes, they respect me, and I always get choice".
- People were encouraged to maintain their independence. Care plans reflected people's wish to remain independent including what they liked to do for themselves. One person told us, "I like to be independent. Staff help me to maintain this".

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

- People felt able to make decision about their care and support. We observed staff asking people what their choice was including what they wanted for breakfast and if they wanted a hot drink. Where people had lasting power of attorney authorisations in place, records and care plans confirmed these arrangements.
- The manager confirmed if people needed advocacy services these could be arranged. This meant people had choice and control about how they wanted their care provided.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

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

- People's care plans were person centred. They contained important information such as life histories, likes and dislikes and people's preferred routines. One care plan however had no guidance for staff to follow relating to their catheter care.
- People were involved in their care plan reviews. These were undertaken yearly with care plans also being reviewed monthly to ensure they were up to date and accurate.
- What people liked to eat and drink were recorded in their care plan. We observed staff offering people choices in line with their preferences.
- People could attend coffee mornings and other social events within Adlington House. People could also access their local community and have guests to stay in the guest suite.

Improving care quality in response to complaints or concerns

- People had access to a complaints policy. People felt able to raise concerns with the manager. One person told us, "I would raise any concerns with [Name] & [Name], I would have no problems".
- Complaints were logged, investigated and action recorded. Records confirmed this.

End of life care and support

- People's care plans contained information relating to their wishes to be buried or cremated. No-one at the time of the inspection was receiving end of life care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- At the time of the inspection no-one was requiring information in line with the Accessible Information Standard (AIS). The manager, staff and the regional manager were all aware people might require information in a way they can understand. One member of staff gave an example of where people might require information in large print or by having thing written down. The manager confirmed this would be discussed with the provider to ensure people received information in line with the AIS.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- At the time of the inspection there was no registered manager in post. The manager had submitted an application to become the registered manager for the service.
- Quality assurance checked areas included medicines management, staffing, quality assurance, safeguarding, person centred care, experience and involvement, hospitality and dining as well as wellbeing and environment. The provider's action plan identified shortfalls relating to staff requiring four supervisions per year. It also identified shortfalls relating to PRN protocols not being in place for some people. However, we found no action had been taken to address this shortfall. Following the inspection the manager confirmed due to being new in post they hadn't had the opportunity to implement the changes required. They planned to action these over the next few months.
- The provider's medication policy confirmed topical creams should have clear guidelines for staff to follow, however we found during the inspection the provider's policy was not being followed. People's care plans lacked guidelines relating to where staff should administer people's topical medicines.
- The provider's assurance system had failed to identify the shortfalls relating to the service having enough staff and what actions were being taken to make improvements.

We found no evidence that action had been taken to address shortfalls found through the providers quality assurance systems. This placed people at risk of harm. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

- The manager reported incidents and accidents and monitored these for any trends and themes.
- Staff felt the service was a nice place to work. One member of staff told us, "Really nice place to work". Another member of staff told us, "I like working here".
- Staff felt supported and listened to. Staff had access to regular staff meetings. These were an opportunity to discuss any changes within the service and to people's care needs.
- Staff attended regular handovers to ensure they were current and up to date with any changes to people's care and support.
- Most notifications were submitted when required although one incident had not. Notifications are required when events or incidents occur that prevent the normal running of the service.
- The rating was being displayed within the service and on the provider's website.

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

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

- People were able to share their experience with the manager and office staff. This could be by visiting the care manager office, attending residents' meetings or by calling the office.
- People had been sent a questionnaire in 2017 to gain their views on their care experience. A recent questionnaire had also been sent relating to gaining people's views to the proposed changes to people's lunch time experience. The regional manager confirmed the provider was in the process of sending people a questionnaire on their care experience. This meant people's views were sought and feedback was important to improve people's care experience.
- People were happy with their care. One person told us, "Extremely happy, it's very well-run care from them. Its very kind and very thoughtful. Very understanding".

Continuous learning and improving care

Working in partnership with others

- The manager attended management meetings held by the provider. These were an opportunity to share experiences and best practice examples amongst other managers.
- The manager submitted a monthly report of incidents and accidents. These were reviewed by the regional manager so that any trends and themes could be identified.
- The service worked in partnership with others and the local community such as the GP surgeries, district nursing teams, health care professionals, pharmacy teams. People could access nearby local shops.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were not always receiving their medicines as prescribed and records were not always in place to give staff clear guidelines for administering people's topical creams and what medicines had been administered.</p> <p>Regulation 12 (2) g</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality assurance systems were in place however had not always address shortfalls found or identified areas where improvements were required.</p> <p>Regulation 17 (1) (2) (a) (c)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>People were not always supported by enough staff or by staff who were familiar with their needs.</p> <p>Regulation 18 (1)</p>