

Adalah Residential Rest Home Ltd

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Inspection report

20 Cliff Road
Leigh On Sea
Essex
SS9 1HJ

Tel: 01702711162

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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

Adalah is a residential care home providing personal care without nursing for up to 30 people some of whom maybe living with dementia. At the time of inspection 28 people were using the service. The service is set over three floors in a residential area.

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

One person said, "It is comfortable here, people are friendly I am happy here." A relative told us, "I am very happy with the home."

We have made a recommendation about quality assurance audits.

Medication audits needed to improve to ensure the registered manager had good oversight of medication practices at the service to ensure people received their medication safely and that medication was reviewed promptly when required.

Systems for governance and oversight were not sufficiently robust to address the issues highlighted at inspection.

Care and treatment were planned and delivered in a way that was intended to ensure people's safety and welfare. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed.

People were cared for and supported by staff who had received the appropriate training.

The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to other health professionals were made when required. The environment was well maintained and suitable for the needs of people.

Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff worked to promote people's independence through encouraging and supporting people to make informed choices.

People and their relatives were involved in the planning and review of their care. Care plans were reviewed

on a regular basis. People were supported to follow their interests and participate in social activities. The registered manager responded to complaints received in a timely manner. People were supported at the end of their life.

Rating at last inspection

The last rating for this service was Good. (last report published 7 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement: We identified one breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to safe care and treatment: Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up: We will continue to monitor information and intelligence we receive about the service to ensure good quality is provided to people. We will return to re-inspect in line with our inspection timescales for Requires Improvement services.

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 ●

Adalah Residential Rest Home Limited

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 team consisted of three inspectors.

Service and service type

Adalah 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.

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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection, the provider completed a Provider Information Return (PIR). 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 reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law.

We also reviewed safeguarding alerts and information received from a local authority. We used all of this information to plan our inspection.

During the inspection

We spoke with ten people and two relatives and observed interactions with staff. We spoke with the deputy manager, five care workers and the cook. We reviewed a range of records. This included four care files, two staff files, audits and multiple medication records and information held in relation to the running of the service.

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 the 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.

Using medicines safely

- We found there was a discrepancy in the recording of controlled drugs and identified an ampoule of medication unaccounted for. We discussed these issues with the deputy manager to address and raise the appropriate alerts.
- Where medication errors had occurred, we found safeguarding referrals and notifications to the CQC had not been completed.
- Audits were completed of the medication processes; however, these were not robust in addressing the issues we identified with medication. For example, although medication charts identified people had not taken their medication, this had not always been recorded correctly in daily notes and referrals to GPs to review medication had not been made promptly. This placed people at risk of not receiving the medication they required to remain well.
- MAR charts identified people were on topical medications however there was no record when these were applied.
- There was an excess of medication being returned to pharmacy. The medication to be returned was held in a container, however this was not logged or recorded. This meant there was a risk of medication being misplaced.
- Staff had received medication training and their competency to dispense medication to people was monitored by the registered manager and deputy manager.
- There were processes in place to support people with taking medication and their consent was sought for staff to support them medication. Medication administration records (MAR) outlined people preferences for taking medication for example if they wished them to be placed in their hand.
- The registered manager had addressed some medication errors with staff in the form of more supervision and medication training.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person said, "I can't find any fault, we are looked after properly." A relative told us, "I am very happy with the home, staff are friendly, it is a good home."
- Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. One member of staff said, "I would report any concerns to the manager. If I had to report the manager I would go

to the owner or to social services."

- We saw the registered manager had worked with the local safeguarding team to investigate concerns and lessen risks for people.

Assessing risk, safety monitoring and management

- There were risk assessments in place which were person centred and outlined to staff how to support people safely. These assessments were reviewed regularly to ensure they contained the most up to date information.
- Staff knew how to raise the alarm if somebody suddenly became unwell and were trained in first aid. One member of staff said, "I would press the emergency buzzer and stay with them, once assessed would decide if I needed to call 999."
- There were emergency contingency plans in place and fire risk assessments were kept up to date. Each person had a personal evacuation plan in place.
- The provider employed a maintenance person for day to day repairs and certificates were held to show the maintenance of fire equipment, hoists, electrical equipment and gas safety.

Staffing and recruitment

- People were complimentary of the staff and told us staff were available to support them. One person said, "I've been here quite a few different times and they have always looked after me."
- Staff told us they felt they had enough cover each shift to meet people's needs provided there was no staff sickness or absence.
- The deputy manager told us that they had recently recruited more staff and to cover any shortfalls either staff worked extra shifts, or they employed regular agency staff.
- The registered manager had an effective recruitment process in place and staff recruited were suitable for the role they were employed for.

Preventing and controlling infection

- Staff had received training in infection control and had access to personal protective equipment (PPE) such as gloves and aprons.
- People were protected from the spread of infections. If there was an infectious outbreak at the service, the registered manager had processes and policies in place minimise the risk of the infection continuing.

Learning lessons when things go wrong

- Incidents were fully investigated and learning points were discussed at staff meetings and staff handovers

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 has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were consistently assessed and reviewed to ensure the care they received met their choices and needs. People, their relatives and advocates were involved in the planning and reviewing of care with staff.

Staff support: induction, training, skills and experience

- Staff were supported to obtain the knowledge and skills they needed to provide good care. One member of staff told us, "I could not start until I had done my moving and handling training." Another member of staff said, "I have completed diabetes and sepsis training recently."
- The deputy manager told us they used a number of different training resources to provide training to staff. This included face to face training from a training company and NHS nurses, as well as linking into training provided by the local council.
- New staff were given a full induction to the service and worked alongside experienced members of staff when they first started. One member of staff said, "My induction was very good, I feel confident in my role and well supported by the manager and deputy manager."
- Staff received regular supervision and had yearly appraisals.

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

- People were supported to have enough to eat and drink. Care plans detailed people's nutritional needs and staff had the information they needed to support any special diets.
- Staff monitored people's weight for signs of changes and where necessary referred people for medical assessment.
- People were generally complimentary of the food. One person said, "The food is very good and that is what normally lets a place down." Another person told us, "You get plenty of choice."
- We saw the cook spoke with people each morning to see what their preferences were for lunch. The registered manager also gained people's feedback on food through the use of questionnaires.

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

- Staff worked with other agencies such as district nurses and GPs to support people with their health care needs.
- Staff contacted people's GPs if they had any health issues for advice or appointments.
- The deputy manager told us that a practice nurse from one of the GPs surgeries attended when requested

to complete reviews on people's health and medication needs.

Adapting service, design, decoration to meet people's

- The service was appropriately adapted and designed to meet people's needs. The provider has undertaken a refurbishment program since our last inspection.
- A new conservatory had been added and the dining room had been extended.
- Changes had been made to the garden to allow people more outside access.

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 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 saw the registered manager had made appropriate referrals for DoLS application.
- Staff knew how to support people in making decisions and how to facilitate giving them choice over day to day decisions and activities.

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 told us that they were happy with the care they received. One person told us, "I'm quite happy here, we're really well looked after". Another person said, "I've no complaints at all. It's comfortable, and people are friendly. The carers are very nice."
- People's care plans were detailed and personalised to ensure their individual needs and preferences were recorded.
- Staff were knowledgeable about people's needs and were able to tell us how people liked to be supported.

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

- People and relatives told us that they were involved in making decisions. One relative told us about a recent meeting that had taken place, "They were asking people what their concerns were, and anything they were unhappy with." Another person told us, "I'll tell them if it's good and I'll tell them if it's not. It's very nice now, they [the manager] have made so many improvements."
- People were allocated a keyworker to support them. A member of staff told us "I sit down and spend time with them, read through the care plans and update them."

Respecting and promoting people's privacy, dignity and independence

- People told us that staff were respectful when supporting them. One person said, "They ask, they don't just come in and do it. They're good like that."
- People were encouraged to maintain their independence. One person told us "I do a lot of things for myself, the things I can't do staff help me with."
- People were supported to maintain contact with their relatives. The service held social events for friends and families and staff told us that relatives were welcome to come in at any time.

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 has 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 to meet their needs and preferences

- Before people came to live at the service a full assessment was completed to ensure their needs could be met. People and family were invited to view the service to see if it met their requirements.
- Care plans were person centred and included information on people's background, hobbies and interests, likes and dislikes and preferences on how they wished to receive their care and support. They contained people's personal life stories with pictures which really helped staff to understand people. One member of staff said, "We get time to read care plans, I think they are all wonderful people, when you think what they have done with their lives."
- Care plans were regularly reviewed to ensure staff had the most up to date and relevant information to support people.

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.

- Care plans identified people's communication needs and staff knew how to support people. This approach helped to ensure people's communication needs were known, and met, in line with the AIS.
- People were supported to have eye test and wear their glasses, and to wear hearing aids if needed.

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

- People were supported to maintain relationships with their families. People we spoke with told us they had regular visits from family members and at times went out with them. We saw one relative arrive to take their relative out during the afternoon.
- People and staff arranged activities at the service for family to attend and join in. For example, they were arranging an afternoon party to be held at the service.
- Activities were arranged for people's enjoyment. One person said, "Art and crafts are very nice." We spoke with the activity co-ordinator who told us they arranged external entertainers to come in and had a choice of planned activities if people wished to join in running throughout the week.

Improving care quality in response to complaints or concerns

- There was a complaints system in place. Information was available to people on how to raise a complaint. Records showed complaints had been investigated and responded to appropriately.

End of life care and support

- People's preferences for how they wish to be treated at the end of their life were recorded in care plans.
- Staff worked with other healthcare professionals such as district nurses and GPs to support people at the end of their life.

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 remained the same. 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

- We found that the registered manager had not always sent notifications to us about serious incidents at the service. For example, we had not received notifications on some safeguarding's that had been raised or on serious medication errors. Although we accept the registered manager did complete full investigations it is a regulatory requirement they notify the CQC.
- We reviewed audits being completed and found that they did not always identify the issues with medication that we had identified. Where audits were completed analysis and clear actions should be identified to improve quality.
- People benefited from a staff team that worked together and understood their roles and responsibilities. Staff told us they worked well together as a team to support people. They had handover meetings every day and were kept fully informed of people's changing care needs.

We recommend the provider reviews best practice guidance on quality assurance tools and how these are implemented at the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager worked with outside authorities such as the local authority to investigate safeguarding concerns when raised.
- One person we spoke with said, "If things have gone wrong [managers name] will come and tell me."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a person-centred culture at the service, all the staff we spoke with knew people well as individuals and how they liked to be supported.
- People were actively involved in improving the service they received. They met with their key worker to discuss their care and had resident meetings. We saw from minutes of meetings people were involved in the running of the service through discussions on things such as use of the new conservatory and activities.

Continuous learning and improving care; Working in partnership with others

- There was a culture of learning at the service and we saw staff were supported to complete courses to give them the skills they needed to support people.
- Other health care professionals such as practice nurses and district nurses worked closely with staff at the service to monitor healthcare needs to provide prompt support when needed.

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
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Management of medication needed to be improved. Audits needed to be more robust with evidence of actions taken. Notification of errors needed to be improved. Recording of medication needed to be accurate on medication records and in care notes. Prompt reviews should be sought from GPs when medication is not consistently taken.</p>