County Healthcare Limited

Adeline 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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Adeline House on 22 and 23 February 2016. The inspection was unannounced and carried out by two adult social care inspectors.

Adeline House provides accommodation and nursing care and is registered for up to 40 older people including those living with dementia. On the day of the inspection 30 people were receiving care services from the provider. The home had an experienced manager who had been registered with CQC for several years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found that people who used this service were safe. The care staff knew how to identify if a person may be at risk of harm and the action to take if
they had concerns about a person's safety.

The care staff knew the people they were supporting and the choices they had made about their care and their lives. People who used the service, and those who were
important to them, were included in planning and agreeing to the care provided.

The decisions people made were respected. People were supported to maintain their independence and control over their lives. People received care from a team of staff who they knew and who knew them.

People were treated with kindness and respect. One person who used the service told us, "The staff are very nice and never rush me."

The registered manager used safe recruitment systems to ensure that new staff were only employed if they were suitable to work with vulnerable people The staff
employed by the service were aware of their responsibility to protect people from harm or abuse. They told us they would be confident reporting any concerns to a senior person in the service or to the local authority or CQC.

There were sufficient staff, with appropriate experience, training and skills to meet people's needs. The service was well managed and took appropriate action if expected standards were not met. This ensured people received a safe service that promoted their rights and independence.

Staff were well supported through a system of induction, training, supervision, appraisal and professional development. There was a positive culture within the service. This was demonstrated by the attitudes of staff when we spoke with them and their approach to supporting people to maintain their independence.

The service was well-led. There was a formal quality assurance process in place. This meant that aspects of the service were formally monitored to ensure good care
was provided and planned improvements were implemented in a timely manner.

There were good systems in place for care staff or others to raise any concerns with the registered manager.

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.
There were sufficient numbers of suitable staff to keep people safe and meet their needs.

Staff understood their responsibilities to keep people safe from harm. Staff knew the processes for reporting concerns and said they felt management would take appropriate actions where required.

There were systems in place for the prevention and control of infections.

Medicines were administered as prescribed and were kept securely.

Is the service effective?

Good

The service was effective.
Staff received training to enhance their knowledge and skills they need to carry out their roles and responsibilities.

Consent to care and treatment was sought in line with the Mental Capacity Act (2005).

People were supported to have sufficient food and drink and to maintain a balanced diet.

People were supported to maintain good health and to access healthcare services when needed.

Is the service caring?

Good

The service was caring

Observations showed that people were treated kindly and with respect by staff.

People said they enjoyed having time to chat with other people. They said staff were kind and helpful. People's privacy was respected.

Staff supported people to maintain links with their relatives and representatives. Relatives felt they were kept informed.

Is the service responsive?

Good

The service was responsive.

People or their representatives were involved in developing and reviewing their care plans. The provider assessed each person's health and social care needs and the person and their relatives or representatives were involved in these assessments.

The provider had systems in place to gather the views of people using the service and others.

The provider had arrangements in place to enable people to raise concerns or complaints.

Is the service well-led?

Good

The service was well led.

Staff told us they found the managers and senior staff supportive.

Staff worked well as a team to meet the care and treatment needs of people using the service.

The manager and provider carried out a range of regular checks and audits to monitor the service.

Adeline House Care Home

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 was planned to check whether
the provider is 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.

This inspection took place on 22 and 23 February 2016 and was unannounced. Two adult social care inspectors carried out this inspection. During our last inspection in August 2014 we found the provider satisfied the legal requirements in the areas that we looked at.

Prior to the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR and used this to help inform our inspection. We reviewed the records we held about the service, including the details of any safeguarding events and statutory notifications sent by the provider. Statutory notifications are reports of events that the provider is required by law to inform us about.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking with six people who use the service and three relatives about their views on the quality of the care and support being provided.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included care and support plans, staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices. During our inspection we observed how staff supported and interacted with people who used the service. We spoke with the registered manager, area manager and six staff including housekeeping and kitchen staff.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe living at Adeline House. Comments included; "They (staff) are very helpful. It couldn't be better" and, "I really couldn't ask for more."

People were kept safe because only qualified nursing staff, trained in medicines management, were responsible for administering medicines and controlled drugs in the service, and they ensured people received their medicines when they needed them. They also undertook all tasks relating to medicine ordering, receipt, storage, administration, recording and disposal in accordance with the service medicine policy. The competency of administering staff was assessed routinely to ensure good practice was maintained in accordance with medicine policies and procedures. Medicines were dated upon opening. Medicine storage and trolleys were kept clean, tidy and locked when unattended.

Policies were in place in relation to safeguarding and whistleblowing procedures which guided staff on any actions that needed to be taken. Records showed staff had received training in this area . This was also part of new staff member's training during induction. All the staff we spoke with had a good understanding of the correct reporting procedure. Staff were able to identify different kinds of abuse which could potentially take place.

Risks people may be subject to from their environment or as a result of their own care or treatment needs were assessed; risk reduction measures were implemented and staff were provided with guidance on how to support people safely. Risk information was kept updated and reviewed from time to time to re-evaluate how effective risk reduction measures were or whether further amendments and changes were needed to reduce risk levels further.

Staff had received fire training, fire risk assessments were in place and all staff knew the evacuation procedure and assembly point. Fire drills had been undertaken with four held for day staff and two for night staff. Individual personal evacuations plans (PEEPS) were in place for people; these took account of their specific needs and identified that some people may need to be left behind fire doors for 30 minutes if they could not be evacuated. We recommend that these plans be discussed with the fire service to ensure the existing arrangements meet current fire legislation requirements.

The environment was safe for people to live in. The premises were kept clean and well maintained, and all necessary checks and servicing of equipment and electrical
and gas installations were undertaken. Staff reported that repairs were undertaken quickly. We noted that radiator covers in the corridors were not all in a good state of repair or safely secured to the wall. The registered manager and the area manager said this would be addressed immediately.

Management and staff all had a good understanding of infection control and prevention. There were clear systems in place to monitor infection control with regular audits. All care staff had completed training in this area. There was sufficient personal protective equipment (PPE) available to staff and we observed staff using gloves and aprons when required. Management carried out random checks to monitor the use of PPE.

Correct procedures were followed to dispose of waste safely.

Safe recruitment and selection processes were in place. We looked at the files for four of the staff employed and found appropriate checks were undertaken before they commenced work. The staff files included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS) and evidence of their identity had also been obtained. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

Staff, relatives and people who used the service told us that there were always enough staff available to provide the support people needed. A dependency tool was used to assess individual dependency needs and those for the service as a whole; information gathered from these assessments informed the registered manager as to how many staff were needed to support people safely. During the daytime shifts there was a nurse, a senior care worker and five care staff. The staff rota confirmed these levels of staffing were maintained.

Good

Is the service effective?

Our findings

Staff had a thorough induction that gave them the skills and confidence to carry out their role and responsibilities effectively. One member of staff who had not previously worked in a care environment told us, "The induction was very thorough. When first worked alone I wasn't stuck, the induction had covered everything." People had their needs met and experienced a good quality of life. Staff told us they could ask for specialist training if needed, for example, pressure area care. The service also provided in-house training, for example the safe moving of people, basic first aid and end of life training.

People told us that they got enough to eat and enjoyed food quality overall. The provider had recently employed an external catering contractor and menus were developed through consultation with people who used the service. They commented, "The food is good here, there is always plenty to eat and you have a choice." Relatives said they felt that staff kept them informed about any health issues or needs their family member experienced, and that sometimes staff in turn sought information and advice from them.

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. 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. The application
procedures for this in care homes and hospitals are 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 were being met. We found that staff demonstrated a good understanding of supporting people to make choices. People were offered choices of what time to get up or go to bed, what to eat and drink or what activities they wished to take part in. Staff were aware that some people who used the service lacked the mental capacity to make certain decisions for themselves. There were evidence of mental capacity assessments on people's care files to consent to living at Adeline House. Where people lacked the capacity to consent to their care and treatment staff were following the best interest process and involving the relevant people and professionals in the decision making.

The registered manager told us they had made applications for DoLs authorisations. Applications had been submitted to the local authority supervisory body and they were awaiting a response. People were receiving care and treatment in the least restrictive way and could move freely around the building.

Staff supported people with their health appointments. People were given a choice of where they received their optical, dental and chiropody care and this could be provided at the service. People were referred to health care professionals based on individual needs. Staff were vigilant in checking people's wellbeing and

whether there was an emerging health related need. People's weights were taken on a regular basis and any weight loss was alerted to senior staff. People at risk of falls, pressure ulcers were assessed and procedures and equipment implemented to reduce the risk of harm occurring. Room checks ensured that people's air mattresses were kept at the correct setting, crash mats and alarm mats were in use for people at risk of falls or who may wander at night. One relative said, "It gives me peace of mind to know that people are regularly checked on."

Good

Is the service caring?

Our findings

Everyone we spoke with was consistently positive about the caring attitude of staff. Staff were clearly able to tell us about people's life history, likes, preferences and needs. This enabled staff to provide care and support that related to the person as an individual. People's care plans took into account of what was important to people, what gave them a sense of security and comfort as well as a sense of belonging. The relationships between staff and people receiving support consistently demonstrated dignity and respect at all times. Staff showed they had a good rapport with people and we saw many examples of spontaneous affectionate interaction from staff towards people. People told us, "The staff are very nice and never rush me." and, "I am very happy here." Another said "I get all the help I need." A relative said, "It's quite simply brilliant, I cannot praise it enough, mum has flourished here."

Staff were kind and helpful responding quickly to people's requests for support or expressed need, for example we observed a person request a cup of tea from a member of staff. This this was quickly provided and the staff member stayed with the person and chatted until the person wanted to return to their room. Staff supported people with their personal care by discussing it discreetly with people whilst in communal areas.

People using the service chose where to spend their time either in their own rooms or in communal areas. We saw there was a daily programme of activities provided and many people chose to take part. Activities included quizzes, games and group discussions. We saw that in a quadrangle area the home kept a pet rabbit. We saw two people went to see the rabbit and spend some time outside. They told us, "I like animals so I go to see the rabbit every day."

Bedrooms were of various sizes, colours and decoration. A programme of upgrading works provided people with rooms that were decorated and furnished to a high standard. People were encouraged with family or staff support to personalise their bedrooms and many we saw had personal effects such as photographs, pictures, flowers, small personal possessions, and books. Some people had also brought in items of their own furniture.

Health and social care professionals were complimentary about the care people received. We spoke with a visiting chiropodist, community psychiatric nurse and a continuing healthcare nurse. They felt they had a good rapport with the management team and that the staff and management provided a good service to people. They told us, "Staff know our patients well." "People are always well groomed and well dressed whenever I come."

Relatives said they were always made to feel welcome whenever they visited. We observed staff taking care of relatives by offering them refreshment and asking if they
wanted to stay to lunch. One relative said, "I can come at anytime and I am always made welcome, it really is a lovely place."

Good

Is the service responsive?

Our findings

People knew about the activities on offer and chose what they wanted to do; one person told us, "I know what activities there are as they are advertised and the staff tell me." Another person told us, "I prefer the exercise activities, it's nice to pick and choose."

A weekly activity planner had been developed and was displayed on the main information board so people could see what events were happening each week, these included: arts and crafts, bingo, board games and exercises. An activities organiser worked regularly to facilitate activities with and for people.

A complaints procedure was displayed for people to view. Individually people were provided with copies of a 'service user guide' which they could keep and also contained a copy of the complaints procedure for their information. Relatives said they felt confident of raising concerns with the registered manager or other staff if they had any and said they found staff approachable and open. A complaints log was maintained by the registered manager for recording of formal complaints received. We saw that any complaints received had been resolved in line with the providers policy and required timescales.

People were also provided with opportunities through resident meetings to express any matters of concern which would be reported to the registered manager. A review of some of these meetings showed no particular issues of concern arising.

Everybody who used the service had a care plan detailing their care and support needs. People had their individual needs assessed, recorded and reviewed. We saw that care reviews were held regularly involving the person, relatives where relevant and other professionals. Where people's needs had changed staff and management made appropriate referrals to other health and social care professionals for advice and support for example, speech and language therapists. The professionals we spoke with confirmed that the registered manager was very proactive in recognising any change in people's physical or mental health condition and making appropriate referrals.

Change in people's care plans were communicated to staff at a handover between each shift. The registered manager told us they would also ensure any change was communicated immediately to the relevant staff member and the care plan updated. We found occasions where this was not the case for example, the continence section of two separate care plans showed that the continence risk for the person had moved from medium to high. However the monthly review stated that there had been no change to the persons needs. This meant that the person may not receive the level of care required to meet their needs. The registered manager said that this would be addressed immediately by changing the care plans and informing staff at a staff meeting.

Good

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a deputy manager. People and staff told us that the management had a strong presence in the home.
Staff, people and their relatives spoke highly of the management team. People told us the managers were thorough and would go above and beyond for the people who use the service. People felt the management team was approachable with an open door policy. Staff felt they could raise concerns with the registered manager and were confident any issues would be addressed appropriately and confidentially. Staff told us they felt well supported in their role. One staff member told us, "I know the manager is always there, they are very approachable and supportive." Staff felt supported through regular supervision and appraisals. There were also regular team meetings.

Feedback from relatives suggested that communication was good and they were kept informed of their relative's wellbeing by staff. One relative told us, "Communication is great, I always know exactly what is going on with mum." A staff member said, "Registered, deputy or area, there is always a manager present which is reassuring. They will tell us about policy and procedure changes, and we are able to discuss any issues with them."

Comments cards were available for people and relatives to use and quality assurance questionnaires were sent out & collated every six months; these sought people's views about service quality and those viewed were positive in all areas. There was also an electronic system available in reception where all visitors and staff could leave feedback anonymously. A newsletter was circulated every month bringing people up to date with happenings in the service.

There were effective systems in place to regularly monitor the quality of the service that was provided on daily, weekly and monthly intervals. Each audit focussed on aspects of care such as medicines, accidents and incidents, health and safety, care plans, catering, cleaning, and finances. Additional formal quality monitoring visits by the area manager were undertaken at regular intervals and three were recorded in the last 12 months.

Staff were supported to question the practice of other staff members. Staff had access to the company's Whistleblowing policy and procedure. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. All the staff confirmed they understood how they could share concerns about the care people received. Staff knew and understood what was expected of their roles and responsibilities.

A notice board in the main corridor of the home displayed information titled; "We asked, you said, we did." This showed the latest collated responses from anonymous feedback and organised meetings with relatives and people who used the service. The notice board also identified the staff leads for areas of care such as; nutrition, safeguarding and dementia, the nominated staff were to receive enhanced training and provide specialist support to the rest of the staff team in regard to any issues that arose in these areas including staff knowledge and practice. The registered manager told us that an infection control lead was to be appointed

in the near future.

The registered manager ensured that the Care Quality Commission was notified appropriately and in a timely manner as and when notifiable events occurred. Accidents and incidents were monitored and recorded, for example when a person had a fall staff would complete a 24hr monitoring chart and review the care plan.