

Care + Ltd

# Adelaide House

## Inspection report

72 Thornsbeach Road, Catford,  
London, SE6 1EU

Tel: 020 8695 5656

Website: [www.carepluspartnership.com](http://www.carepluspartnership.com)

Date of inspection visit: 20 and 21 May 2015

Date of publication: 01/07/2015

### 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



### Overall summary

Adelaide House provides accommodation and personal care, including nursing care, for six people who are living with a brain injury and have complex health needs. The service was last inspected on 31 January 2014. It met all the regulations we checked at that time.

This inspection was unannounced and took place on 20 and 21 May 2015. Six people were using Adelaide House when we inspected it.

The service had a registered manager at the time of the inspection. 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's medicines were not always managed safely. A person was prescribed medicines to be taken 'as required'. Due to their communication needs the person could not ask staff for support to receive these medicines. We were told the nurse on duty made a decision about when to prescribe the person's 'as required' medicines. However, there were no written guidelines for staff and there was a risk that

# Summary of findings

the person may not have always received these medicines when they needed them. In addition, stocks of 'as required' medicines were not monitored and there was a risk they may not be available when people needed them. People's care records did not include information about how their medicines were reviewed to ensure they were still safe and appropriate for them.

Systems to monitor the quality of the service, for example in relation to the administration of medicines, were not sufficiently robust to ensure it fully complied with CQC regulations. The service was not always well-led. The registered manager had not informed CQC of Deprivation of Liberty Safeguards (DoLS) applications and their outcome.

There were breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and CQC (Registration) Regulations 2009. The action we have asked the provider to take is at the back of this report.

Risks to people were assessed and managed to ensure they were safe. There were enough experienced staff on duty to meet people's needs. Staff understood how to protect people from abuse and neglect. People received their regular medicines as prescribed.

Staff received training on meeting the needs of people living with a brain injury. They understood how to apply

this knowledge to meet people's needs. Staff supported people to eat healthily and keep their medical appointments. People were treated in accordance with the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Staff were caring and polite towards people. They knew people well and understood their dislikes and what was important to them. People's privacy and dignity were upheld by staff. Staff involved people and their relatives as much in making decisions about their care.

The registered manager had ensured the service had up to date plans in place in relation to delivering people's care and support. People had some opportunities to follow their hobbies and interests. Some relatives and professionals said that sometimes people appeared bored at the service. People were asked for their views of the service and actions were taken in response to improve the service. Relatives told us the registered manager responded to any concerns they raised with her and took action in response.

Staff told us the registered manager was open to their ideas on improving the service and was supportive. Staff said the registered manager promoted good working relationships in the staff team.

# 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 were at risk because stocks of their 'as required' medicines were not always available. People may not have received their 'as required' medicines at the appropriate times because staff did not have written guidelines about how to decide when people, who could not ask for these medicines, should receive them.

Risk assessments were carried out and plans were put into place to keep people safe from harm. Staff knew how to protect people from abuse and neglect.

Requires improvement



### Is the service effective?

The service was effective. Staff received training and support to meet people's needs effectively. Staff understood how to protect people's rights by putting into practice the key principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People received support to eat meals of their choice and keep their health appointments.

Good



### Is the service caring?

The service was caring. Staff were polite and treated people with respect.

Staff knew people well and understood their communication needs. Staff involved people and their relatives appropriately in making decisions about people's support.

Good



### Is the service responsive?

The service was responsive. People's needs were assessed and support and care was delivered as planned. Care plans were regularly reviewed to ensure people received support which met their current needs.

People were asked for their views of the service and changes were made in response to their feedback. The registered manager responded effectively to any concerns or complaints people raised.

Good



### Is the service well-led?

The service was not always well-led. The provider made checks on the quality of the service but these were not sufficiently robust to ensure the service met all the required regulations.

At the time of the inspection there was a registered manager in place. People and staff told us she asked for their views and acted on them.

Requires improvement



# Adelaide House

## Detailed findings

### Background to this inspection

We carried out this inspection of Adelaide House 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 20 and 21 May 2015 and was unannounced. It was carried out by one inspector. Before the inspection we reviewed information we had received about the service and used this to plan the inspection.

During the inspection we looked at three people's care records and medicines administration record charts. We checked arrangements for the monitoring and storage of stocks of medicines. We read records on staff supervision and training. We spoke to three people who use the service and three relatives.

After the inspection we spoke with a relative and a social worker and two clinical case managers about how people experienced the service.

We obtained people's permission for the quotes used in this report.

# Is the service safe?

## Our findings

People's medicines were not always safely managed at Adelaide House. For example, a person was prescribed two types of pain relieving medicines to be taken 'as required' when they were in pain. Additionally, they were prescribed both Lorazepam and Diazepam to be taken 'as required' for anxiety. The person's care records showed that, due to their communication needs, they were unable to ask staff for support to receive their 'as required' medicines. A nurse told us they could understand from the person's behaviour and body language whether they were in pain or anxious and used this knowledge to decide when to support the person with their 'as required' medicines. The person's care records did not include guidelines on the steps nurses should take to ensure they always made the right decision about when to support the person to receive the right type of 'as required' medicine. There was a risk people may not receive 'as required' medicines as prescribed.

People's needs were not always safely met as there was a risk stocks of their 'as required' medicines could run out. Records were not kept of the amount of each type of a person's 'as required' medicines which were in stock at the service. Although a monthly audit of the storage of medicines took place, this was not comprehensive and only checked the stock of a random sample of five medicines. A person's care records, showed that a nurse would have on one occasion supported them to have one type of 'as required' painkiller, but stocks of this medicine had run out. Instead, the nurse had supported the person to receive another type of prescribed 'as required' painkiller. This may not have fully met the person's needs in terms of pain relief.

People had complex medical conditions and were prescribed a number of different medicines. Staff told us the provider's psychiatrist, hospital specialists and people's GP were involved in the review of people's medicines but we could not see evidence of this on people's care records. There was a risk people were not receiving appropriate medicines to safely meet their needs. There was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The action we have asked the provider to take is listed at the back of this report.

Staff had completed medicines administration record (MAR) charts appropriately in relation to the regular and 'as required' medicines people had received. Medicines were kept securely and stored at the right temperature.

Staff knew how to take action to protect people from harm. They were able to describe to us how they would recognise and report any concerns about abuse and neglect. They understood how to 'whistle blow' to external agencies if their managers failed to keep people safe.

Staffing levels at the service were safe. When we arrived at the service an agency rehabilitation assistant and a nurse who was a permanent staff member were on duty. A chef and housekeeper prepared meals and undertook domestic work at the service. The nurse carried out people's support with the assistance of the agency worker who had not worked at the service previously. We observed that the nurse closely supervised the agency worker and explained how people should receive their support. In addition, the agency worker had been given brief information about each person's needs and preferences. A relative told us there were a core of regular experienced staff at the service and they felt staffing levels were appropriate. A member of staff who had been recruited to the service two years previously told us they had not started work at the service until background checks had been completed. We were unable to view any recruitment records as they were kept elsewhere.

The registered manager ensured people's safety by effectively managing risks to their health and welfare. For example, a person's care records included a risk assessment which stated, due to their medical condition, they were at risk of developing pressure ulcers. Their care records included plans which explained how nurses should monitor their health in relation to this risk and the actions nurses should take to support the person to keep as healthy as possible. Records showed staff had delivered this support as planned. In addition, the registered manager had referred the person to the tissue viability nurse (TVN) and had ensured the TVN's advice had been included in the person's risk management plan. Records confirmed the TVN's advice had been followed.

# Is the service effective?

## Our findings

A relative told us that, from their observation, staff provided care and support which met people's needs and promoted a good quality of life. Staff told us they had training and support in relation to their work. A member of staff said, "I attended a course on supporting people when they have seizures yesterday. We get a lot of training to help us with our work." Records confirmed that staff had a skills development programme which included 'refresher' training. For example, staff had attended courses on the Mental Capacity Act 2005, equality and diversity and safeguarding adults from abuse. In addition staff had obtained nationally recognised qualifications in health and social care.

Staff told us they had regular one to one supervision with the registered manager to discuss the delivery of people's support. Records confirmed this. The registered manager had completed an annual performance review for each member of staff. This detailed the member of staff's competence to undertake various aspects of their work role and included plans for their future development and training. For example, a member of staff's performance in relation to communicating with people and their relatives was documented.

Staff we spoke with demonstrated a good knowledge of each person's brain injury and health needs and how this had impacted their capacity to make decisions. Staff understood and put into practice the key principles of the Mental Capacity Act 2005. People were appropriately supported to make decisions. Care records showed that people's mental capacity to make decisions about their care and support had been assessed. Relatives told us they were appropriately involved in making 'best interests' decisions in relation to people's care and support. For example, a person's relatives said they were involved in planning with staff how the person should be supported to

improve their independence in relation to preparing their own meals and drinks. Staff were able to explain to us how they supported people to make their own day to day decisions about what clothes to they wear and how to spend their time.

Care records showed the registered manager had used the Deprivation of Liberty Safeguards (DoLS) to ensure people's rights were protected and they were not subject to any illegal deprivation of their liberty. She had appropriately applied to the local authority for DoLS authorisations. Staff were clear about the conditions which applied to the DoLS authorisations which were in place.

People were supported to eat a healthy balanced diet. We observed that people were asked what they would like to have for their lunch. For example, a person requested 'scampi' and the chef arranged for them to have this. Care records showed staff had liaised with people's GP and a dietician to obtain advice about supporting people to improve their health by gaining and maintaining a healthy body weight. For example, a person's records showed health professionals had identified there were risks to their health because they were overweight. Staff had developed a diet plan, in liaison with the person's GP, and had supported the person to make healthy eating choices and lose weight.

Care records showed people had access to the healthcare they needed. For example, a person had complex health needs and was supported by staff to attend hospital for appointments and tests. Another person went regularly to a chiropodist. A relative told us, "The staff have helped (my relative) a lot with their health. They have a lot of health problems and need to go to a lot of appointments; they have helped to sort everything out for them." A person's case manager told us staff had worked constructively with health professionals. They said, "The staff have really worked to improve (person's name)'s health. They seem much happier and have a better quality of life as a result."

# Is the service caring?

## Our findings

People told us staff treated them well. We observed that staff spoke to people in a friendly and polite way and involved people in making decisions. For example, a member of staff greeted a person who had just come downstairs by saying, “Hello, (person’s name) did you sleep well? What do you want for breakfast?” The person was then supported to have a breakfast of their choice.

Relatives told us they were always made welcome at the service. They said staff telephoned them regularly about people’s wellbeing and progress. Relatives told us that from their observation staff were kind and attentive and treated people with respect. We observed that staff knocked on people’s doors and asked for permission before entering their bedrooms. Staff were discreet when they asked people if they wanted any support with their personal care.

Staff knew people well and understood what was important to each person. A member of staff told us about

a person’s background and personal interests and hobbies. They told us how they supported the person with these. Staff knew about each person’s individual communication needs. For example, a member of staff explained how they worked with a person in a way that met their communication needs. The person was supported to make decisions and choices by using non-verbal communication such as pointing.

A person’s care records showed that staff had used their knowledge of the way a person communicated to support them effectively and meet their needs. The person’s wellbeing had improved as a result. Their relative told us, “(Person’s name) seems to be comfortable and happy at Adelaide House, which is mainly because the staff have got to know him I think.” Another person’s social worker told us, “(Person’s name) has used a lot of different services and their wellbeing has improved a lot at Adelaide House. They get individual attention from staff to meet their needs.”

# Is the service responsive?

## Our findings

People's needs were assessed before they started to use the service. People's needs had been regularly reviewed and there were up to date care plans in place. These set out how people's needs were met in relation to their health, their social life and interests and their daily routine. For example a person's care plan detailed the personal care support they required after they were supported to have a shower. Another person's records included information about how they should be supported to shave and the checks that staff made on them at night. Daily records were kept which showed people received care and support as planned.

People and their relatives told us they had input into planning people's care and support. A relative told us, "We are fully involved in planning what happens and there have been a lot of meetings." Care records showed that people received support to attend activities of their choice. For example, a person was supported to attend their church and go to cafes and restaurants of their choice.

Care plans explained the support and equipment people needed to move from place to place. Care records showed the service had taken action to obtain advice from occupational therapists in relation to people's mobility. People who had physical disabilities were supported to be as independent as possible.

During the inspection we observed that some people went out of the service to leisure activities of their choice. Other people spent time in their rooms watching television or reading. On both days of the inspection, some people spent time downstairs in the living room sleeping or watching television. We asked staff why people were sleepy and were told that this was related to their health conditions. On the second day of the inspection, we observed staff asking people whether they wanted to play games and some people joined in. One person told us they were bored and would like to go out more. Staff told us this person went out of the service three or four times each week with a member of staff. We informed the person's case manager about what the person had told us.

People were asked for their views of the service. People had been supported by staff to complete questionnaires about aspects of the support they received. People said the service responded to their feedback about the meals they wanted and trips they wanted to make. Relatives told us they raised any concerns they had about people's care with the registered manager who responded appropriately. They said they had not needed to use the formal complaints procedure. No formal complaints had been received by the service.



# Is the service well-led?

## Our findings

At the time of the inspection, the service had a registered manager. Relatives told us they thought the registered manager was effective in ensuring staff carried out their work responsibilities. However, some aspects of the leadership of the service required improvement. For example, in relation to policies and procedures, the current medicines procedures at the service do not comply with the March 2014 NICE guidance on 'Managing Medicines in Care Homes'. In addition, the registered manager had not ensured registration requirements were fully met because statutory notifications in relation to DoLS had not been submitted to CQC.

There were arrangements in place to check the quality of the service. We saw audit reports in relation to medicines and the operation of the service. These audits had not identified the issues noted in this report in relation to 'as

required medicines' and DoLS notifications. The quality assurance system required development in order to make it sufficiently robust to ensure the service is fully compliant with CQC registration requirements.

There were breaches of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good governance and Regulation 18 CQC (Registration) regulations 2009 Notification of other incidents.

Staff told us the registered manager was open and approachable. Staff told us they were clear about what was expected from them in relation to how they treated people and worked with each other. A member of staff said, "We are clear that the people who use the service come first, we have to support them and give them choice. We all follow that and teamwork here is very good." The member of staff told us the registered manager gave them constructive feedback about their work, and said staff meetings were held from time to time to look at how staff provided people's support.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met: Systems had not been established and operated which effectively enabled the registered person to assess, monitor and improve the quality and safety of the service.</p> <p>Regulation 17 (1) (a)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents</p> <p>How the regulation was not being met: the registered person had not notified CQC of the dates of applications and outcomes of requests to the local authority for a Deprivation of Liberty Safeguards (DoLS) authorisation.</p> <p>Regulation 18 (4A) and (4B)</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met: Care and treatment was not provided in a safe way by ensuring there are sufficient quantities of medicines and the proper and safe management of medicines. Regulation 12 (f) (g).

### The enforcement action we took:

A warning notice was issued.