Parkfield Health Care Limited

Adel Grange Residential Home

Inspection report

Adel Grange Close
Adel
Leeds
West Yorkshire
LS16 8HX

Tel: 01132611288

Date of inspection visit:
30 November 2016

Date of publication:
09 February 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We inspected Adel Grange Home on 30 November 2016. The visit was unannounced. Our last inspection took place in March 2016 where we identified six breaches of legal requirements including person centred care, dignity and respect, need for consent, safe care and treatment, good governance and staffing. The provider sent us an action plan telling us what they were going to do to ensure they were meeting the regulations and a clear time frame in which they would complete this. On this visit we checked and found improvements had been made in all but one of the required areas, dignity and respect.

Adel Grange is a residential home for thirty people, situated in North Leeds. On the day of our inspection there were 26 people using the service. The building is listed and retains many original features. Some alterations have been made to make the home more accessible.

At the time of our inspection the service had a registered manager. 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.

People who used the service and their relatives told us the service was safe. The home was well maintained, clean and tidy, and checks were carried out to make sure the premises and equipment was safe.

There was sufficient staff with the appropriate skills and experience; several staff members told us the staffing arrangements had improved. Appropriate checks were carried out before staff were employed.

People who used the service and their relatives told us they were happy with the staff that provided care and support. Staff we spoke with said they felt well supported and understood their role as they received training that made sure they knew how to do their job well. Staff we spoke with understood their responsibilities around how they should support people with decision making. Medicines were managed safely.

People enjoyed the food, and had plenty to eat and drink. People told us they were well cared for and visiting relatives told us the service was caring. We observed staff supported people in a calm, compassionate and caring way. Staff were cheerful and friendly. When staff assisted people to move and transfer they explained what was happening and reassured them throughout. Systems were in place that ensured people accessed healthcare services when needed.

Staff responded to people's individual needs and delivered personalised care. People's care plans and other records showed their needs had been initially assessed and care was usually planned, although there was inconsistency with the level of detail within the care plans for those persons who challenged the service. Care plans contained appropriate records to show people's capacity to make different decisions had been assessed. There was a range of activities available to people within the home.

People told us they would talk to staff and management if they had any concerns and complaints had been responded to in a timely manner and in a way which resolved the issue where possible to the person's satisfaction. Several written compliments had also been received.

We received positive feedback from people about the registered manager. Resident and relative meetings and staff meetings were held. We saw from minutes of meetings that people had opportunities to discuss the service.

We reviewed a wide range of audits which had been completed at the service and were used to monitor the quality and safety of service delivery.

We identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 during this inspection. You can see what action we told the provider to take at the back of the full version of the report.

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.

People told us they felt safe receiving care and support at the service.

The service had recruitment and selection procedures in place which were robust. There was enough staff to keep people safe.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff understood how to support people with decision making and capacity assessments were completed.

A range of professionals were involved to help ensure people stayed healthy.

Staff were trained to carry out their roles and responsibilities appropriately.

Is the service caring?

Good

The service was caring.

People were listened to and enabled to exercise preferences about how they were supported.

People said staff were kind and caring, treated them with dignity and respected their choices.

We found people were receiving person centred care.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People told us they knew how to make a complaint if they were unhappy and they were confident their complaint would be

investigated by the registered manager and appropriate action taken.

Some people's care plans did not clearly outline how staff should deliver care with people who challenged the service.

Most people and their relatives told us activities had improved in the home.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The management team were open, supportive and were present and approachable within the home.

People who used the service, their relatives and staff members gave positive feedback about the registered manager.

The provider had systems in place to monitor and improve the quality of the service, however we found insufficient details in some records and a breach of regulation.

Adel Grange Residential 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 30 November 2016 and was unannounced. Two adult social care inspectors and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the service including statutory notifications, and contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider had completed a Provider Information Return (PIR) in August 2016. 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.

At the time of our inspection there were 26 people using the service. During our visit we spoke with eight people who used the service, four visiting relatives, six members of staff and the registered manager. We observed how people were being cared for, and looked around areas of the home which included some people's bedrooms and communal rooms. We spent time looking at documents and records that related to people's care and the management of the home. We looked at six people's care plans.

Good

Is the service safe?

Our findings

Most people and their relatives with whom we spoke said they felt safe and well cared for. One person said, "I'm well looked after." Another person said, "There are people around me and the staff ensure I'm safe. They always check on me."

In the PIR the provider said 'All staff are aware of safeguarding and the company's policies and procedures on how to report incidents.'

The provider had policies and procedures for safeguarding vulnerable adults which were available and accessible to members of staff. We saw the safeguarding contact numbers were on display in the registered manager's office and these were accessible to staff. Staff knew the provider's whistleblowing policy and said if needed they would report any concerns to external agencies. This meant staff had the necessary knowledge and information to help them make sure people were protected from abuse.

Our observation and discussions with people who used the service as well as staff rotas looked at showed there were sufficient staff members on duty to meet people's needs and keep them safe. We spoke with the registered manager who told us staffing levels were determined by the number of people and their care and support needs. Staff told us they felt there were enough staff to ensure the service was safe. One member of staff we spoke with told us, "Generally we have enough staff but on occasion we can be very busy." Another staff member said, "We are busy but have enough staff." One person who used the service said, "They've taken a lot of staff on, you used to have to wait, but not now."

The provider was using a local staff agency that was familiar with the service. Records and checks of the agency staff were located in a file which included their up to date training and induction into the home. The registered manager told us they had recruited some staff and were also recruiting again so they would not have to rely on the agency.

We checked the systems in place regarding the management of medicines within the home for people. We found records were all accurate. This meant all people in the home had received all of their medicines as prescribed.

Medication was given out in a timely way. The process was explained to people and they were appropriately encouraged to take it; this was done in a calm, sensitive and caring way. People spoke of getting their medication on time.

We looked at four random medication administration records (MAR) sheets. These were checked and administration was found to be accurate in terms of stock held. Each MARs had a photograph of the person for identification purposes and allergies were noted. Any incidents of non-administration or refusals were noted on the MAR sheets.

As and when required (PRN) drugs were in place at the home. There were protocol sheets with the MAR

records indicating the rationale as to when they could be given and why. This meant there was guidance in place for staff to follow.

Topical medication administration records (TMAR) were used to record the administration of creams and ointment. These had information about how often a cream was to be applied and to which parts of the body by using a body map.

We looked at medication storage and saw the medication room was well-lit and spacious and all medicines were stored securely. Daily temperature records confirmed that medicines were stored within the recommended temperature ranges to ensure their safety and effectiveness. The storage and recording of controlled drugs which require extra security was managed safely.

We looked at all six staff medication competencies which were in place and up to date. This showed all staff who were able to complete medicines management had been assessed as competent to do so.

Medicines for return to the pharmacy were returned each month. This medication was recorded in a specific book for this purpose. Any remaining medication and clinical waste was collected and signed for by a specialist contractor.

We looked at the recruitment records of four staff members. We found recruitment practices were safe. Relevant checks had been completed before staff worked unsupervised at the home which included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

We looked around the home, which included some bedrooms, bathrooms and communal living spaces. Although the home was not purpose built we found it to be well maintained, clean and tidy. We saw maintenance records which showed a range of checks and services were carried out, for example, gas safety, passenger lift, fire safety equipment and electrical installation. We saw a daily environment check was completed which included making sure equipment and people's room were tidy and clean. This meant the premises and equipment was safe

We saw people had personal emergency evacuation plans, which identified individual moving and handling needs, should the need arise for the building to be evacuated in an emergency.

Good

Is the service effective?

Our findings

Throughout our inspection we saw people in the home were able to express their views and make decisions about their care and support. We saw staff seeking consent to help people with their needs. When people were not able to verbally communicate effectively we saw staff accurately interpreting body language to ensure people's best interests were being met. Our discussions with staff, people in the home and observed documentation showed consent was sought and was appropriately used to deliver care. People told us they received good support delivered by caring staff. One person said, "Its lovely here I never feel pressured into doing something I don't want to do."

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 so that they can 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 saw care plans contained information about making decisions. People's capacity around consenting to live at Adel Grange had been checked by external assessors as a part of the DoLS authorisation process, and capacity assessments identified which decision was being considered. For example, it was stated on one person's DoLS assessment that the person lacked capacity in relation to specific decisions and we saw this was referred to throughout their care plan. This meant people were supported to make decisions in the appropriate way.

Seven people had an approved DoLS in place. The provider had recognised when an application was required and made applications in a timely way. Records we looked at showed some DoLS had additional conditions and the provider had put measures in place to ensure these were met.

Care plans contained records which showed how consent for areas of people's support such as administration of medicines and sharing of information had been obtained. People who had capacity had signed documents in their care plans and records of best interests decisions had been made for people who lacked capacity.

Staff we spoke with said they had received training about the MCA and the training record we reviewed confirmed this. Staff had good knowledge around when they should support people with decision making and when people had the right to make decisions even though these might be unwise. One staff member said, "You should assume that the person has the capacity to be able to make their own decisions if they wish."

In the PIR the provider stated they have 'an evidence Training matrix, detailing ongoing mandatory & additional training.' They have evidence to demonstrate that staff undergone relevant training, the

induction programme, supervision and appraisals.'

The provider had effective systems for monitoring that staff received training which helped ensure they were equipped to do their job well. We saw from training records staff had completed manual handling, understanding the Mental Capacity Act and DoLS, safeguarding, food safety in care, infection control, emergency procedures and understanding equality and diversity.

Staff said they received a good induction which had prepared them well for their role. We saw the provider had introduced the Care Certificate for new staff. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. There was also a comprehensive induction programme in place which gave staff plenty of opportunity to discuss their role and receive feedback on their performance.

Staff spoken with told us training was discussed during their one to one supervision meetings. The training matrix showed most staff was up to date with their required training. If updates were needed they had been identified and booked to ensure staff's practice remained up to date.

Staff told us they felt very well supported by the registered manager and other members of the management team. Staff confirmed they received supervision on a regular basis. They also said they had an annual appraisal. Records we looked at confirmed this.

We observed lunch and found there was a high level of responsiveness and personalisation at lunch time; with staff taking care and time to talk through options from the menu and assist those who needed it. Full explanations were given around choice, use of aprons and the process was well organised and timely. We observed some staff proactively going to people between meals, talking with them, and asking if they needed any support. Mealtime was relaxed and staff gave people time and checked they had enough to eat. We saw staff encouraged people to eat and ensured they were happy with the food provided.

People we spoke with were generally happy with the meals provided. Comments included, "If I want anything I will ask. They are very good.", "I have no problem with the food, I enjoy the food" and "The food is good, not bad at all". Throughout the day, we saw refreshments such as tea, coffee, juice and biscuits were offered to people in the communal areas and in their bedrooms.

We looked at the menus and saw people had a choice of meal at breakfast, lunch and teatime. The main meal was served at lunch. One person said, "If there's nothing I like on the menu, I can ask for something else and I'll get it." Staff we spoke with, including the cook, had a good understanding around people's specific dietary requirements, for example, different textured meals. One relative told us they thought the presentation of food was good. Another said, "I think the food is good. My mum seems to enjoy it."

Visits by health and social care professionals were recorded in people's care plans, together with notes relating to advice or instructions given. We saw people had access to a range of visiting professionals including GPs, opticians, psychiatric services, memory teams, safeguarding teams and dieticians.

Good

Is the service caring?

Our findings

People told us they were well cared for. Comments included, "It's nice here, I get on with the people alright and the food's alright." "The staff are fine, they can't be more helpful." "I am happy here, the food's OK, they're not bad at all, quite good I think. No complaints at all, honestly, that's a fact." "The staff are brilliant. They do lovely parties and regular activities; going out for walks, to the supermarket, Tropical World, chiropodist, reflexology and someone in to do exercises." "The staff are alright they do the same for everybody. The food is alright. I have two budgies in my room, which is lovely."

One relative said, "Mum gets individual attention when she needs it. I feel my mum is safe and well cared for and they have the patience of saints."

Staff told us they worked to ensure positive relationships were developed between them and the people they supported. They explained that it was important for them to get to know people's histories and background. They said this enabled them to provide care and support in a person centred way.

In the PIR the provider told us 'People are involved in planning their care and making decisions about their care and review meetings are held with residents.'

Staff spoke of the way they involved people who used the service in the development of their own care plans. They said they had care plan reviews with people to ensure the care that was planned was what people wanted. Staff told us they made sure people were at the centre of all the decisions about their care and support.

Care plans had information relating to aspects of people's lives including their likes, dislikes, hobbies and interests. This information helped staff form relationships with the people they supported, and promoted person centred care.

Staff treated people with dignity and respect. They had a good understanding of equality and diversity and we saw support was tailored to meet people's individual needs. Staff gave examples of how they maintained people's dignity. We saw staff knocking on bedroom doors and asking permission before entering bedrooms. Throughout the inspection staff demonstrated to us they knew people well and were aware of their likes and dislikes. One person told us staff knocked on their bedroom door before entering. One relative told us, "They treat everyone the same, with respect."

Relatives were able to visit throughout the day without restriction. People we spoke with told us visitors were welcome at any time. People had personalised their bedrooms with photographs and ornaments giving a homely feel.

Requires Improvement

Is the service responsive?

Our findings

The people and relatives with whom we spoke with all expressed good levels of satisfaction with the care received. They were happy with the care received and relatives with the way they were involved in the planning and receiving of information about progress or other issues. They told us incidents were quickly reported and appropriate actions taken.

Before people moved into the home an assessment of people's care and support needs was carried out. This meant the provider had checked to make sure they could meet people's needs. From this assessment risk was assessed, and a series of care plans were written.

We were told by people and their relatives of incidents involving several people having other people who used the service going into their rooms at night, when they were asleep and using their carpets and wardrobes as toilets. These incidents took place at night and staff had not picked up on these incidents until the following morning; and only when alerted by the occupants of the rooms. We raised these concerns with the registered manager. The registered manager's response was to encourage people to lock their bedroom doors, rather than to address the behaviour and risks posed by those who had entered their rooms. One person and their family were happy with this option and chose to accept it. The other person did not wish to be locked in their room. The registered manager told us they were looking into alternative ways to minimise such risks, whilst still ensuring the individual's freedom and choices were not adversely affected.

One person's relative said, "Mum has her door locked to stop someone going in. Some of her clothes had been taken out of her room, but not now it's locked.

This was a breach of the Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although everyone had a care plan we saw there was inconsistency with the level of detail. Some people had care plans that clearly outlined how staff should deliver care, but others were less specific. For example, we saw one person displayed behaviours which meant staff and people who used the service could be at risk. This section of their care plan highlighted the risk but there was insufficient guidance for staff to follow when faced with persons whose behaviours challenged the service.

Care plans were reviewed monthly, with notes to explain what if anything had changed or why the care plan should remain unchanged; there was information to show how people had been involved in this process. An annual review was carried out with people, their families or representatives and details were recorded of any concerns raised and changes to the care plan.

We received the following comments from visiting relatives, "We were involved with our family members care plan. If they have any concerns they contact us immediately", "Anything major the home will let us know." We saw care planning and care recording had been discussed at staff meetings. The service needs to be more proactive in addressing the behaviour of those persons who challenge the service.

We spoke with the activities co-ordinator who had started recently and found they were responsive to the needs of people in the home. The registered manager told us the person was undertaking training which would help them be better equipped to meet their role as the skills learnt in relation to reminiscence and how to work effectively through both individual and group sessions will further enhance the activities programme. Activities arranged included: bingo, games, quizzes, singing, dancing and one to one interaction. The co-ordinator tried to engage with everyone and encouraged participation.

People told us they were happy with the activities that took place. However one person said, "I don't see any activities happening, I think they do that in the other room, I like to sleep and nod off. I like dominoes but it's not very often anyone offers to play with me."

We observed some care staff proactively going to people talking with them, asking what they would like to do. One played cards and dominoes with a couple of people; another quietly spoke with people, checking they were all right and comfortable.

All the staff we spoke with said they thought people who used the service had enough to do and enjoyed the activities on offer. They also said they respected the wishes of those who preferred not to join in group activities. One staff member said, "Some people like to just sit and relax, we offer nail painting to help people relax."

A relative said, "Within three weeks of mum being here, she was a different person. The staff were absolutely marvellous and it's difficult to fault them. They get people up and doing activities. However, another relative said, "I don't think much goes on in relation to activities most people are asleep most of the time. I think more could be done."

In the PIR the provider told us 'complaints are encouraged, explored and responded to in good time. People know how to complain and complaints procedures are clearly visible on the notice board.'

The provider had systems in place to deal with complaints and compliments, which provided people with information about the complaints process and the complaints policy. Staff confirmed they were aware of any complaints or concerns of people in the home and this was discussed with them in staff meetings in order to prevent re-occurrence of issues. The home had also received many thank you letters and cards. Examples of these were 'thank you to all the staff for all your support'. Another example was 'Many thanks for supporting [name of person] can't thank you and the staff enough.'

One relative spoken with said, "We are comfortable raising issues, you can discuss anything with the manager and deputy, they are very approachable." Another relative said, "This home has really changed for the better, more caring, more responsive to queries, complaints all handled well. We had issues early on, but I am comfortable raising issues and they respond quickly and positively. They sort things there and then."

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection visit. People who used the service and families we spoke with during the inspection spoke highly of the registered manager. They told us they thought the service was well-led. Relatives and most of the people knew the registered manager by their first name and felt they could approach them at any time. One person said, "You can go and talk to the manager at any time." Another said, "She always listens."

One relative said, "Me and mum know the manager and deputy, they are very approachable and quickly respond to issues. The manager puts you at ease; you can discuss anything with her and feel comfortable raising things."

Another relative said, "There have been a few incidents when mum's fallen and they tell me straight away; nothing's hidden."

We received positive feedback from staff about the registered manager. One member of staff said, "She's good I can speak to her about anything." Another member of staff said, "It's well managed. [Name of registered manager] is hands on."

Staff we spoke with said communication and support within the service was good. We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home. Staff said the registered manager and management team maintained a visible presence in the home and often spent time with staff and people who used the service. One staff member said, "[Name of registered manager] is out and about all the time everyone knows her."

The registered manager told us they monitored the quality of the service by quality audits, resident and relatives' meetings and talking with people and relatives. We saw there were a number of audits; including health and safety, medication and care plans. The audits were detailed and we saw evidence which showed any actions resulting from the audits were completed.

Records showed the registered manager had systems in place to monitor incidents to minimise the risk of re-occurrence. We saw the date, nature of the incident and outcomes were recorded. These were signed by the registered manager and any themes or trends were identified. However at our inspection we identified in consistencies in care plans and people entering other people's bedrooms. We found a breach of regulation.

Maintenance checks were in place as well as monthly fire drills undertaken with all staff.

In the returned PIR the provider told us 'Safeguarding alerts are made to CQC Notification and staff are aware of what is expected from them and that there are transparent processes for staff to be able to account for their actions and decisions.' We have received notifications as required .

We looked at the last staff survey in June 2016. Only three members of staff had completed this. All three

staff stated the training they received helped them stay up to date with their job.

We looked at the last service user questionnaire which was completed in June 2016. Only three people had completed this. In all returned questionnaire there was a good degree of satisfaction. Everyone said they could have friends and family to visit at any time of the day. Everyone also said they knew how to complain and they were happy with the care and support they received.

We saw there were regular 'relatives' and 'residents' meetings where people were encouraged to contribute and discuss matters. Topics included food choices, menus and activities within the home.

Staff told us they regularly attended team meetings, and minutes we reviewed confirmed this. We saw they had recently discussed medication, healthcare, recording and communicating risk assessments.

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	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The provider did not ensure the privacy of people who used the service by permitting others to enter their bedrooms.