

Mr Salim Adam

Aadamson House Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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

Aadamson House is a residential care home providing personal care to 9 people at the time of the inspection. The service can support up to 19 people.

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

People were not consistently supported to have maximum choice and control of their lives and staff did not consistently evidence that they supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not fully support this practice.

The management of accidents and incidents had improved. However, the provider failed to notify us when people had sustained an injury. People told us they felt safe and protected from the risk of abuse and or neglect. Safeguarding processes were followed.

Medicines management processes had significantly improved. Staff received training in the safe administration of medicines and checked for competency. Staff recruitment processes were safe. Staff consistently told us they did not always understand their role and responsibilities and felt at night time staffing levels were insufficient. The provider assured us they would gain feedback from staff and support them to be clear about their role and responsibilities.

People were protected from the risk of transmission of Covid-19 and other infectious diseases. The environment was clean and well maintained.

Staff told us they were supported by the interim managers. Staff received training in subjects to help keep people safe for example; moving and handling, medicines management, safeguarding and fire awareness. Staff were supported and observed by senior managers to ensure their practices when supporting people at the service were in line with best practice standards and person-centred.

Record keeping in relation to people's needs and preferences had significantly improved. Risk assessments were accurately completed and support plans guided staff to support people in a person-centred and safe way. Since the last inspection there had been improvements around liaison with external health care professionals and keeping professionals and relatives involved in people's care and treatment informed of changes in their health and wellbeing.

People told us staff supported them in a kind, dignified and respectful way. We saw staff engaged with people in a person-centred way and had built trusting relationships. People were encouraged to maintain their independence. People's care plans showed planned goals and aspirations. During the Covid-19 pandemic people had been supported to maintain contact with their friends and relatives by use of IT devices, window visits and phone calls. People and their representatives told us they were satisfied with the efforts made by staff to keep them connected.

There had been a significant improvement in governance and quality assurance systems. After the last inspection the provider engaged a consultancy team to take over the interim management of the service. We found the provider had listened and taken direction from the consultants and this had allowed improvements which now need to be sustained. We received very positive feedback about the interim manager from people, relatives and external professionals.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 18 November 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made however, the provider was still in breach of regulations.

This service has been in Special Measures since the last inspection. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to consent to care and treatment and failure to notify us of serious incidents at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe however improvements needed time to be sustained.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was well-led however improvements needed time to be sustained.

Requires Improvement ●

Aadamson House Care Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team comprised of one inspectors and one medicines specialist on site and one inspector who supported the inspection remotely.

Service and service type

Aadamson House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There was an interim manager. The provider told us they were in the process of recruiting a registered manager with support of the consultants.

Notice of inspection

Day one of the inspection was unannounced. We told the provider when we would return for the second day

of the inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from the local authority and professionals who worked with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and six relatives about their experience of the care provided. We spoke with ten members of staff including the provider, interim manager, consultant trainer, senior care workers, care workers and the chef.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three professionals who regularly engage with 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant we were assured the service was safe however, we needed more time to be assured the improvements made could be sustained.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to consistently safeguard people from abuse, harm and improper treatment. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Staff understood what constituted to abuse, neglect and improper treatment. The interim manager had developed safeguarding systems and staff understood how to report safeguarding concerns to the Local Safeguarding Authority.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained basic explanations of the control measures for staff to follow to keep people safe.
- Staff had received training in key subjects to keep people safe including; moving and handling, first aid and fire awareness.
- People told us they were protected from harm and felt safe. Comments included; "I feel safe and happy, I know someone is there should I fall" and "Everything is good here, lovely people who care for me."
- Accident and incident analysis had improved. The manager ensured people were risk assessed following an incident and risk mitigation strategies were evidenced in people's care records with clear information about lessons learnt.

Staffing and recruitment

At our last inspection the provider had failed to ensure staff recruitment and deployment was consistently safe. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The interim manager had improved the recruitment and selection process, they had created an exemplary recruitment file for the provider and administrator to follow and this was in line with guidance around ensuring staff were of good character and had the right to work.
- We received varied feedback from staff in relation to staffing levels. Staff told us daytime staffing levels were sufficient however they felt at night time more staff were needed.
- The provider assessed people's dependency needs and reviewed them on a regular basis. A member of staff was deployed at night time as a waking watch, this was in excess of the calculated dependency needs within the service. People told us staff were responsive to their request for support day and night.
- Staff told us they were not always sure about the providers expectations of them and some staff told us they had been asked to undertake non-care based duties when employed as a support worker which included domestic and decorating duties. We discussed this with the provider and manager who assured us they would gain staff feedback and support them in understanding employment expectations.

Using medicines safely

At our last inspection the provider had failed to ensure safe medicines administration practices. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had received recent training around medicines management. There were safe processes in place to support people to maintain their independence around the administration of their own medicines. Since the last inspection all people who lived at the service had received a review of their medicines by a medical professional.

Preventing and controlling infection

At our last inspection the provider had failed to consistently protect people, staff and visitors from catching and spreading infections including Covid-19. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to effectively support people in line with principles of the Mental Capacity Act (MCA) and associated Deprivation of Liberty Safeguards (DoLS). This was a breach of regulation 11 (Consent to care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 11.

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 observed people be offered choice and control by staff who supported them throughout the inspection and people confirmed they felt in control of their lives. However, the provider failed to ensure people were assessed in line with the MCA before asking them to provide written consent to various decisions around their care and treatment.
- People who lived with an impairment of the mind or brain had not been assessed for any potential restrictions to their liberties in line with DoLS. We could not be sure the interim manager and senior staff had enough understanding of the MCA to ensure the principles of the Act were met in a person-centred way.

We found no evidence that people had been affected however, systems were either not in place or robust enough to demonstrate compliance with principles of the MCA and DoLS. This placed people at risk of improper treatment. This was a continued breach of regulation 11 (Consent to care and treatment) of the

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager responded immediately during and after the inspection. They confirmed a review of the current MCA systems had been undertaken and obvious DoLS applications were made and training had been sought for all staff.

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

At our last inspection the provider had failed to ensure people's needs and choices were assessed. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Staff ensured people's physical, mental and social needs were holistically assessed, and their care, treatment and support was delivered in line with legislation, standards and evidence-based guidance, including NICE and other expert professional bodies, to achieve effective outcomes.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure that all staff had received appropriate support and training to enable them to carry out their duties. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The interim managers ensured staff were suitably trained and checked for competency and understanding. Staff told us the training they received enabled them to support people in a safe way and undertake their role and responsibilities.
- New staff received a comprehensive induction programme.
- Staff consistently told us they felt supported by the interim manager comments included, "I have monthly supervision which I find useful" and "The manager is responsive and listens."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- We looked at new menus which had been developed with feedback from people around their preferences. The new menu offered plenty of choice.
- We received positive feedback from people about their experience of meal times, "We all like to sit together it's a sociable time of day" and "I can't grumble, the food is lovely."
- Staff assessed people's nutritional risk and referred them to external health care professionals when needed including the dietician and speech and language team. Staff understood people's nutritional needs and preferences.
- We received positive feedback from external health care professionals about the way staff sought advice and guidance in a timely way and carried out their recommendations. Staff clearly recorded treatment plans in people's care records.

Adapting service, design, decoration to meet people's needs

- The environment was designed to meet the needs of people it supported. Some people lived with mild cognitive impairment and this had been acknowledged by the interim manager, improved signage had been implemented to help people orientate to their environment.

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 requires improvement. At this inspection this key question has improved to good. 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; Respecting and promoting people's privacy, dignity and independence

- People told us they were supported by staff in a kind and respectful way. Comments included, "Staff are truly lovely" and "I am more than happy here, staff are great." Relatives told us, "Staff are very caring and they look after [name] well" and "They [service users] are fabulously looked after. They [staff] are brilliant with [name]."
- We observed staff supported people in a person-centred way. Staff had formed trusting relationships with people and their relatives.
- Staff supported people to maintain their individuality and cultural beliefs. People's care plans described their beliefs and wishes. A relative told us, "They respect [name's] culture and religion."

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

- People told us they felt in control of their lives and supported by staff to make decisions about their care. Through our observations we saw staff encouraged people to make their own decisions and to maintain their independence.

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 requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to ensure people consistently received person-centred care. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People received person-centred care that was responsive to their needs.
- People's care plans showed they had been involved in the care planning processes and encouraged to be in control of their lives. We found consent to care and treatment had not always been sought in line with the MCA however, people told us they were encouraged to make their own choices and decisions.

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.

- Staff strived to ensure effective communication with people they supported. For example, one person's ability to communicate was significantly impaired because of a medical condition. Staff understood the person's non-verbal communication and worked closely with external health care professionals to promote their independence and ability to be heard. The care planning around this person's communication abilities and how best to support them was also very person-centred.
- Staff went the extra mile to ensure another person who had limited English language was effectively supported and to ensure they understood their cultural preferences. The provider ensured this person was regularly engaged with by staff who could speak their native language.

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; Improving care quality in response to complaints or concerns

- People and their representatives told us the provider, interim manager and staff supported them to stay in touch and connected by use of IT devices during the Covid-19 pandemic. Comments included; "I use this

iPad every day and I speak with my wife on the telephone several times a day" and "The new manager is fantastic. Communication is better, as there is now a microphone installed for window visits, which have been re-introduced. [Name] has an iPad too, which the staff help her with."

- Staff supported people to engage in meaningful activities. People told us they continued to safely access the community if this was their decision to do so. We observed staff support people to carry out life skills and to maintain their independence.
- Staff went the extra mile to celebrate people's birthdays during lockdown. A relative told us, "When it was [Name's] birthday during lockdown they made [Name] a beautiful party. They all had such a wonderful time. I was sent the photographs of that too."
- We received very positive feedback about the interim manager. People and relatives told us they felt confident to express their concerns and understood how to raise a complaint. Comments included, "I really hope [the manager] stays. She is marvellous and really cares about the residents" and "If I had a complaint I would just ring to speak with the manager."

End of life care and support

- The interim manager had started to engage people in discussions about their preferred end of life care and support. Some people had emergency care plans which indicated their priorities for care should their health suddenly deteriorate.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership had improved however needed time to be sustained.

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

- During the inspection we identified a number of incidents which should have been notified to CQC but were not. We have dealt with this outside of the inspection process.

At our last inspection the provider had failed to assess, monitor and improve the quality, safety and welfare of service users and others who may be at risk. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The interim manager supported staff to report their concerns and risk mitigation had significantly improved. The provider told us they had learnt from the consultants and felt their awareness of regulatory requirements had improved.
- Quality performance checks were in place across all areas of service provision and action plans showed progress was made when shortfalls had been identified.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The interim manager asked people for their feedback about the service provided and acted on suggestions for change and improvement. People told us they felt involved in the running of the service and consulted on proposed changes.
- The provider understood the importance of and acted on their duty of candour responsibilities.
- Relatives told us they felt engaged and included. Comments included, "Staff keep in touch with me and keep me up to date with what is going on and any changes" and "It is an inclusive environment and [Name] is part of this."
- Throughout the Covid-19 pandemic the provider and interim manager had maintained good communication and involvement with external agencies and professionals by increased use of technology. For example, regular video calls with relatives, GP and external health professional video call assessments and monthly meetings with commissioners to keep them up to date with improvements.

Continuous learning and improving care; Working in partnership with others

- The interim managers had improved quality assurance processes and made vast progress to ensure people were protected from the risk of avoidable harm.
- There was an open culture and staff felt supported.
- The interim manager worked closely with the Local Authority and accepted support to ensure improvements were quickly made after our previous inspection.
- We received positive feedback from stakeholders about the way the provider and consultants had worked in partnership with them.

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 11 HSCA RA Regulations 2014 Need for consent The provider failed to ensure people were consistently supported in line with principles of the Mental Capacity Act 2005.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider failed to notify the Care Quality Commission about serious injuries.

The enforcement action we took:

X