

Elysium Neurological Services (Adderley) Limited

Adderley Green Care Centre

Inspection report

Dividy Road
Stoke-on-trent
ST2 0TN

Tel: 01782337500
Website: www.elysiumhealthcare.co.uk

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Adderley Green is a care home providing personal and nursing care for up to 110 people aged 18 years and over. At the time of the inspection 107 people were living in the home. The home is split across two buildings with each site having separate units and separate adapted facilities. One building supports older people who have dementia and the other building specialises in providing care and support to people with complex neurological care and rehabilitation needs.

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

Medicines were managed and administered in a safe way, although systems in place for recording the location on the body for pain relieving skin patches were not robust enough to clearly demonstrate full body rotation. The registered manager has implemented a new monitoring system to ensure clear skin patch rotation recording. This will help to ensure people continue to receive their medicines, including pain relief, as prescribed.

Medication fridge temperatures had occasionally exceeded the safe temperature limit, the registered manager responded straight away and purchased new fridges with enhanced temperature monitoring systems.

Incident and accident forms were completed in detail by staff members and submitted for management review. These had not always been reviewed in a timely manner. The registered manager took immediate action to address this by implementing a new process to ensure a timely review of accidents and incidents.

Relatives and staff members felt involved in the care provided within the home and there was a culture of transparency and learning from mistakes. Apologies were made following any mistakes or complaints.

Safeguarding and whistle-blowing policies were available to staff and they told us where they were located.

Staff received safeguarding training, they knew how to safeguard people and felt confident to report any concerns.

Visiting professionals told us staff were aware of the importance of regularly assessing people's needs and how the registered manager worked closely with them when assessing and reviewing care needs.

Staff were recruited safely, the registered manager ensured all relevant staffing checks were conducted prior to employment.

People told us they felt safe living at the home and with the staff who supported them. Relatives told us they felt the care was safe and staff provided respectful and dignified care.

There were enough staff on duty to provide safe care and support to people. Rotas were adapted to take into account people's changing support requirements.

Regular health and safety checks were carried out on the environment and contingency plans were in place to keep people safe.

Staff, relatives and people told us the registered manager was approachable and they had confidence in their abilities.

There was a culture of improving care, the registered manager had clear plans in place to drive improvements within the home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was good (published 13 December 2019).

Why we inspected

We received concerns in relation to the management of medicines and nursing practices. These concerns were raised by an Ombudsman investigation review. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe sections of this full report.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Adderley Green Care Centre on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Adderley Green Care Centre

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of three inspectors, including one with medicines specialism. There was also one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Adderley Green Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Adderley Green Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and 12 relatives about their experience of the care provided. We spoke with 12 members of staff including nurses, therapists, senior care staff and care staff. In addition we spoke with the registered manager, the quality assurance manager and a clinical lead. We received feedback on the service from two visiting professionals. We reviewed a range of records. This included five people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were managed safely by suitably trained staff. People got their medicines at the right time and medicines were reviewed regularly.
- The system in place for recording where on the body pain relieving skin patches were being applied was not robust enough to clearly demonstrate full body rotation in accordance with the manufacturer's guidance. Rotation is important because manufacturers of these patches set out how often a patch can be applied to one part of the body to reduce the risk of side effects. The registered manager acted straight away and has implemented a new system to ensure patch rotation was consistently undertaken and recorded appropriately.
- Fridge temperatures were being taken to ensure medicines were stored at the correct temperature, although there had been occasions where these had exceeded safe levels. The registered manager responded straight away and has purchased new fridges, with an enhanced temperature monitoring system in place.
- An observation of medication administration showed people received their medication in a safe and dignified way.
- People were offered pain relief medication, in accordance with their preferences and health professional guidance.
- Medication Administration Records (MAR) matched the correct quantities of medicines and we saw medicine was stored securely.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and relatives were positive about the way their family member's safety was managed. One person said, "I feel very safe here. The staff are doing a splendid job." One family member said, "I speak to [my family member] every day. They are safe in the home."
- Local area safeguarding policies and internal policies were accessible to staff members. Staff told us where they were located. One staff member said, "They are on the system and can be accessed at any time."
- Staff understood what was meant by abuse and they were confident about how to report safeguarding concerns. One staff member said, "I've done my safeguarding training, I would report any poor practice straight away to the manager. It's our duty to ensure people are safe."

Assessing risk, safety monitoring and management

- Relatives told us risks were effectively managed. One relative told us, "[My family member] is considered at high risk of falls, so they have one-to-one support. Staff are with them all day and at night. There have been no incidents at all."

- Risk assessments were in place to meet people's health and care needs. These included moving and handling, nutritional and falls risk assessments.
- Each person had a personal evacuation plan to show the support they would need should they require to be evacuated. These plans are important to ensure people would be moved safely if there was an emergency, such as a fire.
- A visiting health and social care professional told us staff were aware of the importance of assessing people's needs. They said, " Staff are knowledgeable, helpful and we have seen a growth in their understanding of our assessment process and our requirements during the time we have been working with them."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- People told us there were enough staff on duty to keep people safe. One person said, "It is okay here. There are staff here to help me when I need them."
- Relatives told us there were enough staff on duty to support their family members. One relative said, "There is always someone with my family member. I see staff around all the time. The staff are wonderful with [family member] and treat all of us with the greatest of respect."
- We reviewed staffing rotas which indicated the service had enough staff, including for one-to-one support and for people to take part in activities. One staff member told us, "The provider gives us [staff] more time to spend getting to know the residents and time to enjoy activities together."
- Staff were recruited safely. Recruitment files showed all pre-employment checks had been made to ensure only staff who were suitable to work with people were employed.

Preventing and controlling infection

- 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. One relative told us, "This home is spotless". Another relative commented, "The home is definitely clean all the time."
- 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.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- There was a culture of openness when things went wrong. Following on from an ombudsman investigation, we saw apologies had been made in a transparent way.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately.
- We saw the provider responded openly to complaints and comments made by relatives. One family member told us they had commented on accidental damage to the décor of their relatives bedroom. They told us it was redecorated in a timely fashion.

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 our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Governance processes were effective. The registered manager carried out robust checks and audits in order to monitor quality and safety.
- Incident and accident records were completed in detail by staff and submitted for management review. We saw these had not always been reviewed in a timely manner. The registered manager responded straight away by improving processes to ensure a timely review and audit of incidents.
- The registered manager notified us of all significant events which had occurred in the home in accordance with their legal responsibilities.
- Managers and staff understood their roles, and were clear about quality performance, risks and regulatory requirements. Staff told us they received robust training and how this helped them feel confident and competent within their roles.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. Staff told us about people's specific goals, such as increasing their mobility, and could explain how they were intending to support people to meet their goals.
- Relatives had confidence in the registered manager's ability to manage the home effectively. One family member said, "The registered manager is fantastic. I honestly think they are a credit to their profession." Another relative told us, "I do know the manager well and they do not over-promise anything. The registered manager is always ready and willing to speak with me and deal with issues."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- Staff felt respected, supported and valued by senior staff, which supported a positive and improvement-driven culture. One staff member told us, "We can talk to the management team. We can bring any issues to them; they are open and encourage us to bring our concerns."
- Relatives felt able to raise concerns with managers without fear of what might happen as a result. One family member said, "I know the managers and clinical leads well and I'm confident to speak to them if there are issues. Staff always respond to problems."

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

- Families told us the provider maintained their open approach throughout the pandemic. One relative said, "They [the provider] were fabulous during the pandemic, they kept us informed all times and made sure we knew what was happening and when it was happening."
- The registered manager was clear about their duty of candour. The service apologised to people, and those important to them, when things went wrong.
- Relatives told us the service always notified them following any incidents. One family member said, "Communication is very good; we get regular updates and are informed of any incident while it's happening and receive updates throughout."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, and those important to them, worked with managers and staff to develop and improve the service. One relative said, "I do get a questionnaire once per year, where I've been able to express my views. I was also invited to a relatives meeting."
- Staff felt able to contribute to the running of the service. One staff member told us about the suggestion they had made to improve the therapy provided to people. They explained they had presented this idea to the registered manager and how it was being implemented.
- Relatives felt able to contribute to the care provided. One family member told us, "When [My family member] first arrived, I mentioned a product which the hospital had recommended and asked them if they would use it for them, which they did."
- There were formal listening events for family and friends to share their views and discuss issues with staff and comments were actioned by the provider. We reviewed minutes of relatives meeting. These showed how family members were encouraged to share their views and make recommendations to the care provided, which were acted upon.

Continuous learning and improving care

- People felt able to suggest improvements to the care practices. One person said they had contributed to the home by making a suggestion about creating additional activities. This had been implemented by the service.
- Relatives felt involved in any improvements or changes to the care their family member received. One relative told us, "We have Multi-Disciplinary Meetings every three months where we can all discuss [my family member] care and identify any changes which are needed."
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

Working in partnership with others

- The provider worked closely with several community health and social care professionals to ensure people maintained their health and wellbeing. One visiting professional told us, "We feel we have a strong relationship with the team at Adderley. They regularly take part in multi-disciplinary meetings."
- A visiting health professional told us they had been working with the home to improve communications. They said, "We have forged excellent working relationships with the team there and have always found them to be extremely professional in their conduct. We have worked together very well to offer excellent care to the people within the home, putting systems in place to communicate effectively between ourselves."
- Records reviewed confirmed collaboration with health and social care professionals and showed the registered manager welcomed their views and advice.