The Adelaide Lodge Care Home Limited Liability Partnership

Adelaide Lodge Care Home

Inspection report

27 Kings Road
Honiton
Devon
EX14 1HW

Tel: 0140442921
Website: www.adelaidelodge.co.uk

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

This inspection took place on 16 and 17 February 2017. The first day of the inspection was unannounced.

Adelaide Lodge is registered to provide accommodation for 48 people who require personal care. Some people using the service are living with dementia and other mental and physical health issues. At the time of the inspection there were 43 living at the service.

The service last inspected on 8 and 9 December 2015 when it was rated as requires improvement overall. At that inspection we found three breaches of the regulations the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches related to staff recruitment; the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards. The provider had developed an action plan to ensure improvements were made and sustained and had kept CQC informed of the progress made. We found that improvements had been made at this inspection.

A new registered manager had been appointed since the last inspection. The registered manager is also registered as the manager of another residential service adjacent to Adelaide Lodge. They divided their time between the two services. 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 and associated Regulations about how the service is run.

People using the service, their relatives and professionals said they felt the service was safe. Comments included, "I would rather be here than at home, I feel safer here than in my own home" and "Life here is very good. I would rather be here than anywhere else."

People were protected from potential abuse and harm. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. The registered manager had responded appropriately to safeguarding concerns and the necessary alerts had been made to the local authority to ensure any concerns were dealt with. Risks relating to people's care were assessed and records showed that control measures that had been put in place to minimise risks to people. Medicines were managed and stored safely and people received their medicines as prescribed.

There were sufficient numbers of staff on duty to support people with their needs and to ensure they remained safe. Staff recruitment procedures were effective in ensuring appropriate staff were employed. However we have made a recommendation to ensure all the necessary recruitment information is obtained from recruitment agencies before prospective staff start working at the service. Staff received a thorough induction to work in the home. They received training in a wide range of areas and felt they had support for their continued professional development.

People were protected by the practice in place in relation to decision making. The registered manager and staff had an understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). DoLS applications had been appropriately made when needed.

The accommodation provided was safe and maintained to a good standard, with a variety of well furnished lounges, a dining room and seating areas. Some improvements had been made to provide an environment which was enabling and stimulating for people living with dementia. This work was on-going.

People were provided with a varied and balanced diet. Their health needs were met and they had access to external professionals as required. Visiting professionals expressed their confidence in the service and confirmed their recommendations were acted upon.

People received care and support from a staff team who treated them in a friendly, compassionate and understanding way. People and their relatives spoke highly about the staff's approach.

There was an activities programme in place and people participated in activities of their choosing. Family and friends were made welcome and people were able to receive their visitors at any time.

Care plans and risk assessments had been developed with people and/or their relative. Care plans provided detailed information to help staff deliver the care people needed, in a way they preferred.

People were able to express their views and opinions and knew how to raise a concern or complaint. They were confident their concerns would be listened to and acted upon. There were systems in place to monitor the quality of the service and action was taken where shortfalls were identified.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe.

Some aspects of staff recruitment practices were not followed to ensure staff were suitable to do their jobs.

Sufficient numbers of staff were available to meet people's individual needs but staff were not always effectively deployed and available in communal areas.

Potential risks to people's health and well-being had been assessed and plans put in place to keep risks to a minimum.

People were kept safe by staff trained to recognise and respond effectively to the risks of abuse.

People were supported to take their medicines safely.

Is the service effective?

Good

The service was effective.

Staff established people's wishes and obtained their consent before care and support was provided. The registered manager and staff understood the principles of the Mental Capacity Act 2005. Where people lacked capacity, processes were in place to ensure decisions made were in the person's best interests.

Staff were trained and supported to help them to meet people's needs effectively.

People were provided with a healthy balanced diet which met their needs and preferences.

People's health care needs were met and they had access to a variety of health and social care professionals when necessary.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind and respectful. People's independence was promoted as much as possible.

People were supported to maintain relationships with their friends and relatives.

Overall people's privacy and dignity was maintained.

People were cared for in a compassionate way by staff at the end of their lives.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs and took account of their preferences.

Opportunities were provided to enable people to take part in activities relevant to their preferences and abilities.

Guidance and information was available to staff which enabled them to provide personalised care and support.

People and their relatives were confident any concerns or complaints raised would be dealt with promptly.

Is the service well-led?

Good

The service was well led.

The registered manager and deputy manager had worked to develop a positive and open culture. This meant people, relatives and staff felt able to raise concerns or make suggestions for improvements to the service.

There were systems in place to assess and monitor the quality and safety of the service. People and their relatives were consulted on the quality of all aspects of the service they received.

Staff understood their roles and responsibilities and felt supported by the registered manager and deputy.

Adelaide Lodge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.'

The inspection took place on 16 and 17 February 2017. The first day of the inspection was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has experience of using, or caring for someone using, this type of service.

Before our inspection we reviewed the information we held about the service, which included the Provider Information Return (PIR) submitted to us on 1 February 2017. This is a form in which we ask the provider to give us some key information about the service, what the service does well and any improvements they plan to make. We also reviewed other information we held about the service including safeguarding alerts and statutory notifications which related to the service about deaths, accidents and incidents. Statutory notifications include information about important events which the provider is required to send us by law.

Some people using the service were unable to provide detailed feedback about their experience of life at the home. During the inspection we used different methods to give us an insight into people's experiences. These methods included both formal and informal observation throughout the inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not comment directly on their experiences. Our observations enabled us to see how staff interacted with people and see how care was provided.

We spoke with 17 people using the service and five relatives of people using the service. We also spoke with 16 members of staff including the senior management team (the provider partner; the registered manager and deputy manager) and care staff and ancillary staff. We spoke with three health and social care professionals to obtain their views of the service.

We reviewed the care records of seven people, four fully and three partially to look at specific aspects of care. We looked at a range of other documents, including medication records, three staff recruitment files and staff training records, and records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in December 2015 we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to recruitment. We also made a recommendation in relation to the management of prescribed creams. The provider sent us an action plan detailing the actions they would take to ensure improvements were made. At this inspection we found improvements had been made.

Two of the three staff recruitment files we looked at contained the necessary information to ensure potential staff were suitable to work at the service. Information on file included a completed application form; full employment history; two satisfactory references and a satisfactory Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have and helps employers make safer recruiting decisions to ensure people were not exposed to staff barred from working with vulnerable adults. Records confirmed staff members were entitled to work in the UK.

A third member of staff had been recruited via a specialist recruitment company. Their personnel file did not contain proof of satisfactory previous employment or a DBS check. We discussed this with the registered manager, who took immediate action to request the outstanding information from the recruitment company. Following the inspection the registered manager sent us proof of satisfactory references and a current and clear DBS check for this person. The registered manager assured us they would monitor any future recruitment from specialist agencies to ensure all the necessary recruitment information was obtained before staff commenced working at the service.

We recommend the service ensures all the necessary recruitment information is obtained from recruitment agencies before prospective staff start working at the service.

Peoples' medicines were managed and administered safely. Improvements had been made to ensure prescribed creams were used effectively. Where people were prescribed topical creams, records showed these had been used as prescribed. Records detailed when the creams should be used and where to apply them. Creams which had a limited shelf-life once opened had been dated to ensure they were not used past their 'best before date'.

Medicines were securely stored and the temperature of the medicines storage area was monitored and recorded to ensure it remained within the safe recommended range. Suitable storage was available for medicines which required refrigeration and records showed temperatures had been maintained within the recommended range. Secure storage was available for medicines which required additional security. We checked the stock of medicines requiring additional security and found records and quantities tallied exactly; demonstrating good controls were in place.

There had been two medicine errors since the last inspection; neither caused harm to people. These had been investigation by the registered manager and where necessary staff had been supported with additional training and supervision.

Since the last inspection the service had introduced an electronic medicines system and staff had been trained to use the system by the local pharmacist. Electronic medicine administration records immediately alerted staff if a medicine had not been given as prescribed. The system prevented staff from moving from one person to another unless the records had been completed to say the medicine had been given or if not, why. The registered manager was able to monitor the system remotely on a daily basis and felt confident the system would reduce potential errors.

Staff responsible for the management and administration of medicines had been trained and their practice monitored. During the inspection we saw staff's approach was calm and unrushed, ensuring people received the support and explanations they required.

People said they felt safe living at the service. Comments included, "I would rather be here than at home, I feel safer here than in my own home"; "Safe? Oh yes. I was falling at home. I fell here last night but was only on the floor for a few minutes. There is always somebody to call. I had no-one at home. That is reassuring…" and "Life here is very good. I would rather be here than anywhere else."

Relatives and professionals were also confident people were safe at the service. A relative said, "I know that 24/7 she's safe…" Another commented "(The service) has always been good. (Staff member) does a good job…" A third relative explained, "Mum is very happy here…she is well looked after…" A health professional said, "We have no concerns. They treat (people) beautifully…they ensure people are as safe as they can be…" A social care professional said, "They do a very good job under difficult circumstances. I have never seen practice that concerns me…they are managing risks well…"

There were sufficient staff to meet people's care needs. The provider used a tool to measure the dependency of people according to their care needs, which informed them of the numbers of staff hours needed to meet those needs. This was used regularly to determine staffing levels. On the first day of the inspection one member of staff had called in sick.

Staff were not always deployed in a way that ensured their presence in communal areas at all times. On the first day of the inspection, on two occasions mid-morning there were no staff present in the lounge/conservatory area for 10 and 15 minutes. One person was calling out for attention during this time and another needed to use the toilet. They told us, "I am dying to go now…" We alerted staff to the person's request and they assisted them immediately. We discussed this with the registered manager. Minutes from a senior staff meeting in July 2016 showed this had been an issue picked up by the registered manager and discussed at the meeting. Senior care staff were reminded to ensure that one member of staff was present in the communal areas at all times. The registered manager said she would review this again and discuss with all staff to ensure they understood. On the second day of the inspection staff were present in the communal areas to respond to people's requests and needs immediately.

One person felt staff did not respond quickly when they rang their bell. They said, "If you ring the bell in hospital they come running, if you ring the bell here they come in their own time". However they confirmed they had not waited more than five or 10 minutes for attention.

Overall people using the service; their relatives; professionals and staff said there were enough staff on duty. Comments included, "I never wait for long when I need them. I understand they also have other people to see to…": "Staff are around all the time. There is always someone to help me" and "The staff are marvellous. So attentive…" A health professional said there were staff available to assist them during their visits. They added, "They were short staffed on Monday (due to unplanned sickness) but they did it. The manager and deputy were out working with us and on the floor giving a hand." The registered manager explained it was difficult to cover short notice absence so they and the deputy would assist with the provision of care in these situations. Staff confirmed if they were short staffed due to absence they worked together to ensure people's needs were met. One said, "Sometimes we could do with more (staff) but we manage well when sickness happens. I am never concerned about safety. We work as a team." They confirmed the registered manager and deputy were always willing to help "on the floor". Where there was planned absence, for example holiday, existing staff covered the shifts. A staff member said, "Things run well when all the staff are here…" The registered manager confirmed they were recruiting for two staff vacancies.

Sufficient numbers of ancillary staff were also employed, such as housekeeping and kitchen staff, and maintenance staff to undertake cleaning, laundry and the preparation of meals.

The provider had policies and procedures in place to safeguard people from abuse. New staff were given information about safeguarding policies and procedures when they started their employment. Most staff had received further training about recognising and reporting abuse. The registered manager confirmed remaining staff were booked on training in the near future. Safeguarding training was part of the on-going annual training programme within the service and was offered bi-monthly. Staff had a good knowledge of safeguarding procedures and knew who to speak with if they witnessed abuse or poor practice, or if an allegation of abuse was reported to them. The registered manager had informed the local authority safeguarding team and the Care Quality Commission (CQC) about potential safeguarding concerns. Where safeguarding investigations had been undertaken by the local authority the registered manager and provider had worked in partnership with them to resolve issues.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. For example, where people were at risk of developing pressure damage, equipment such as pressure relieving mattress and cushions were in place. Mattresses were set to the appropriate setting for each individual to ensure they were effective. A community nurse said the service manage the risk of pressure damage well and there was no-one with serious pressure damage living at the service. They added, "The provider gets mattresses without hesitation. Staff know how to use the equipment…" Other risks, such as falls, had been assessed and steps had been taken to minimise these risks. Some people had pressure mats in their bedrooms to alert staff that the person may need some assistance to reduce any risk. Where people displayed behaviour which might pose a risk to themselves or others, information was provided to staff about how to support and monitor the person and respond to any potential incidents.

People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. Accidents and incidents were recorded and action taken to prevent reoccurrence. For example, investigations were undertaken to see if there was an underlying health cause, such as a urinary tract infection. If a person had three falls in the space of a month, the service referred people to the local physiotherapist or falls nurse for advice.

There were effective systems in place to ensure equipment at the service was safe and in good working order For example, fire safety equipment was checked and serviced regularly. Hoists were serviced regularly, as was the passenger lift. Gas and electrical checks were carried out at the required intervals. Personal Emergency Evacuation Plans (PEEP's) were in place. These informed staff and the emergency services about the level of support each person needed in the event of an emergency evacuation of the building.

Good

Is the service effective?

Our findings

At the last inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We also recommended the service seek advice and guidance on environmental adaptations for people living with dementia. The provider sent us an action plan detailing the actions they would take to ensure improvements were made. At this inspection we found improvements had been made.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During the inspection staff gained people's consent and cooperation before care or support was given. For example, when staff assisted with personal care or administered medicines. People were offered choices about their day to day decision making, such as what time to get up, what to wear, and how they wished to spend their day.

When people were assessed as not having the capacity to make a decision, a best interest decision was made involving people who know the person well and other professionals, where relevant. Best-interest decisions were clearly recorded. For example pressure mats and door alarms were in place at night to alert staff should people need attention. Records showed the use of this equipment had been discussed with family members and senior staff and their use was deemed to be in the person's best interest.

Some people using the service were not free to leave and were under constant supervision. For example, one person had made attempts to leave the service but it was unsafe for them to do so as they lacked capacity and may not recognise dangers. As a result, Deprivation of Liberty Safeguards applications had been made to the local authority in relation to several people and they were awaiting a decision. This meant the service was acting to protect people's legal rights.

The registered manager and staff had an understanding of the MCA 2005 and DoLS and how to ensure people's legal rights were protected. The majority of staff had received training relating to the MCA and DoLS. The training programme showed this training was a regular feature (usually offered bi-monthly). Sessions were planned for March 2017 and May 2017 to ensure all new staff attended, including those who needed refresher training.

Some improvements had been made to provide an environment which was enabling and stimulating for people living with dementia. Although, communal areas, corridors and doors remained white and magnolia throughout. A themed corridor had been created with large prints of old movie stars and famous celebrities which could be used by staff as reference points to help people find their way around. Additional attractive lighting displays had been placed in communal areas to provide points of interest. Some signage had been fitted to help people identify communal areas; the registered manager said they were trying source more, for toilets and bathrooms. Visual activities boards displayed the activities planned in a picture format. There were other visual boards that displayed the menu daily and a calendar board that also displayed the weather forecast.

The communal areas had been reconfigured to create a larger dining room and smaller communal lounges. This appeared to work well. Some of this work had been undertaken as a result of feedback from relatives obtained in October 2016. Some had described the environment as 'dull, uninspiring and cramped'. They felt there was a lack of colour and interest. Other pictures of interest had been purchased and the registered manager explained these were to be hung in communal areas and corridors. The registered manager said the environment was a 'work in progress'. They explained they planned to use the Dementia Care Matters 50 point checklist as guidance for further improvement to the overall experience of people living with dementia.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. People using the service, their relatives and health and social professionals expressed confidence in the staff team. Comments included, "They look after you so well…" and "I feel safe…the staff are very reassuring…" One person said, "There does seem to be a lack of training…" but they did not give specific examples of why they thought this. Professional's comments included, "Staff have a good understanding of people's needs…staff are interested and want to know what's going on for people…" and "The staff appear to be well trained. They think about what's right for the individual…"

The provider employed a qualified training co-ordinator who designed and delivered much of the comprehensive training programme throughout the year. Staff had undertaken core training in areas such as health and safety, moving and handling; infection control, fire safety, first aid, medicines management and safeguarding adults. Some staff had completed more specialised training in order to meet the specific needs of the people using the service. For example, dealing with challenging behaviour; person centre care; dementia awareness; diabetes care; end of life care; and pressure area care. Staff were supported to obtained care qualifications and 34 per cent of staff had obtained a nationally recognised qualification in health and social care. Staff said they had received training and support to be able to competently carry out their roles. Comments from staff included, "The training is great. There is always something planned…"; "This is a good place to work. Good training and support here…" and "I feel well supported and have lots of training."

New staff were supported with induction training, which followed the 'care certificate' (a nationally recognised tool for staff induction). New staff also 'shadowed' experienced staff to help them become familiar with people's needs and help them to work safely with people.

People were supported by staff who had regular supervision with their line manager (one to one meetings) and appraisals. Staff explained supervision enabled them to discuss training needs or any concerns they might have.

People had access to health and social care professionals to meet their needs, for example GPs visited weekly to hold a 'surgery' as well as visiting as requested and as needed. The community nurses also visited regularly. Other visiting professionals included the community psychiatric nurse; speech and language therapist (SALT) and chiropodist. Staff were knowledgeable about people's care needs and how best to support them. People's health care needs were recorded in their care plans along with instructions for staff to monitor and meet individual needs. For example, one person lived with diabetes. There were clear instructions for staff about what the person's preferred range of blood glucose levels should be and what to do should levels fall outside of the preferred range. A community nurse said the service managed long term conditions well, such as diabetes. They confirmed staff monitored people's blood glucose levels and alerted them to any concerns.

Two relatives told us how their family member's health had improved since their admission to the service. One said, "He looks a lot better now; he's put on some weight." Another said, "Mum is healthier now, eating well and well looked after." Health and social care professionals described good communication with the service. They confirmed they always received timely referrals and the service acted on their advice. One said, "We have a good relationship with the service"; another said,"Recent reviews have shown people and their families are generally very happy with the care."

People said they largely enjoyed the food at the service. Comments included, "Mostly…"; "It's a little iffy at times but generally I must say it is acceptable"; "The food is very good…" and "The food is lovely. All home cooked I think. No complaints from me…" A relative said, "The food always looks and smells appetising…" A visiting professional said, "I am told they feast like kings. It's good quality nutrition and hydration…"

People's dietary needs and preferences were recorded and known to the chef and staff. The chef kept a record of people's needs, allergies, likes and dislikes. A menu was displayed in the dining room, but it was showing the wrong main meal. One person appeared a little disappointed; they said "…their ham is absolutely gorgeous". Several people were unaware of the daily meal choices although staff did discuss menu choices during the morning with people.

The lunchtime meal on the first day of the inspection was not well managed; people waited for up to 30 minutes for their meal to be delivered. Some people had fallen asleep at the table. When asked if they were looking forward to lunch, one person said, "We sit, and wait and hope." In the dining room one person was not assisted in a timely way with their meal. They had fallen asleep with their food in front of them and it was getting cold. We alerted staff to this and they immediately assisted the person and they enjoyed their meal. A dessert trolley was brought into the dining room. This pleased many people because the desserts were all home-made and looked very tasty. They included rice pudding, jam sponge, and custard. Some people ate in the lounge or conservatory area. Where people required assistance, staff's approach was respectful and unhurried. We discussed the lunchtime with the registered manager. They had recognised there had been some problems and delays. They had considered staggering mealtimes and they will monitor the situation. On the second day of the inspection the lunchtime was well organised, with people receiving their meals in a timely way and each table served at the same time. A member of the activities staff had assisted on the second day.

Snacks and drinks were served throughout the day. Fruit juices and a wide range of fresh fruits were offered to people mid-afternoon; and tea and home-made cakes later in the afternoon. One person said, "All I seem to do is eat! I like the fruit every day and the cakes…"

Recommendations made by the SALT were being followed by staff where people had been identified as being at risk of choking. For example, the recommended texture of food was served and people were assisted in an unhurried way. One relative said, "Mum used to choke but they are very on ball and she has milkshakes now… she's even eating veg now."

Good

Is the service caring?

Our findings

People using the service; their relatives and professionals were positive about the care and support provided by the staff team. Comments included, "I have been here a few weeks. I was lonely at home. I am very happy here. It is lovely; staff are so very nice. It was a good move for me"; "Life here is very good. I would rather be here than anywhere else…" and "Staff are gentle and kind…you couldn't get better…" Another person told us how much they had enjoyed their stay, "My stay here has been lovely. Everyone is so nice. It is so nice to have things done for you!"

A relative explained the support their family member had received when they first moved to the service; "The staff couldn't have been nicer. It was very reassuring for us…" A social care professional told us about how the service had managed a particularly difficult admission. They said, "They (staff) managed the situation with total compassion…" They described how staff had worked "sensitivity and tirelessly" to accommodate the person's individual's needs.

One person said they found it difficult to understand and communicate with staff whose first language wasn't English. They said some staff were not as gentle as others; however no specific examples of this were given by the person. We discussed this feedback with the registered manager; they said they would speak with the person in order to address any concerns. Two people and two relatives praised staff, one member of staff in particular. A relative said, "(Staff member's name) is really caring and kind. Always smiling and happy and always helpful…"

Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. For example, one person was feeling unwell. Staff were kind and caring in their approach and spent time reassuring the person that the GP was visiting. Staff were attentive to people's personal care needs. Two people had dropped food and drink on their clothes and staff were quick to notice and encourage and assist people to change. This showed people's dignity was respected by staff. One person said, "The staff are caring and polite, all of them who have dealt with me are lovely. Really super…"

Staff took time to engage with people. Some people became agitated or upset at times. Staff were able to diffuse situations calmly and reassure the person with a positive effect. When one person was coughing after eating a piece of fruit a member of staff stayed with them until they had stopped coughing.

From our conversations and observations it was evident staff had developed good relationships with the people. This was apparent as people looked happy and relaxed with staff. We observed consistently friendly interactions between them and staff. For example, we saw people laughing and sharing a joke with staff. Staff knew people well and knew their likes and dislikes and preferred routines. Their approach was warm and responsive. One person said, "I get on well with the girls." Another commented, "All staff that have dealt with me are caring and polite…" A staff member told us, "We want people to be happy here; this is their home…"

People's privacy was maintained by staff in most cases. For example, personal care was delivered in private and when staff assisted people with personal care needs, like going to the toilet, they were discreet. People were able to see visiting health professionals in private. However, on one occasion we saw that a member of staff did not fully promote people's privacy as they did not ensure the door was closed when people visited the toilet. We discussed this with the registered manager, who said they would speak with staff about best practice in relation to privacy.

People's independence was promoted and supported by staff. A family member described the improvements to their relative's mobility. They said, "Mum was walking with a frame. She was unsteady but now her mobility has improved and she is moving well using a stick. Staff have helped with her independence and confidence." Another person had been seen by a physiotherapist and exercises had been recommended. We saw staff supporting the person to do the exercises and to walk with their frame. They were unhurried and gave the person encouragement and praise.

Visitors were given a warm welcome. We observed when a family arrived they were offered a tray of drinks and biscuits by the staff. Staff greeted another relative with a hug. One relative said, "It's a pleasure to visit Mum…there are no restrictions on us…staff are marvellous…" Another said, "It's like being in a hotel and no there are no concerns."

People's wishes regarding their end of their life care had been discussed with them and recorded where people felt able to talk about this sensitive subject. Treatment Escalation Plans (TEP) were in place, which recorded important decisions about how individuals wanted to be treated if their health deteriorated. This meant people's preferences were known in advance so they were not subjected to unwanted interventions or admission to hospital at the end of their life, unless this was their choice.

One person was receiving end of life care at the time of the inspection. We observed that their condition was monitored regularly by staff. Medicines were given as prescribed to reduce any unwanted symptoms, such as pain. Staff visited the person frequently, providing company, comfort, repositioning and food and fluids. A visiting health professional described end of life care at the service as "amazing". They talked about the "good care" that meant the person was free from pressure damage and how staff ensured they were as comfortable as possible.

Good

Is the service responsive?

Our findings

At the last inspection we recommended the service seek advice and guidance on developing activities for people living with dementia. At this inspection we found improvements had been made and more were evolving.

The service employed a part time activities co-ordinator and since the last inspection two additional part time posts had been created; referred to as 'social well-being' staff. Two staff had been allocated 12 and 21 hours per week to enhance people's social engagement and social well-being. People were generally happy with the level and variety of activities on offer and some were able to confirm that they had been asked about the activities they might like to do. Comments included, "…yesterday, we had some music and a really good time…"; "Yes (activities person) does the activities, quizzes, yes it's good" and "We do enjoy the activities. (Activities person) is usually here doing something…" However, the activities person was on leave during the inspection. The 'social well-being' staff were also off duty on the first day of the inspection. This meant there were no organised activities or one to one time. This left some people disengaged and dozing for periods of times. Other people were engaged by reading their daily newspaper or chatting with other people, visitors and relatives. Low nostalgic music was playing in communal areas and we saw that some people reacted very positively to this by singing along or tapping their feet. One relative felt that people would benefit from "more entertainment". They explained, they "believe in music". They added, "The girls (staff) seem to fit some activities in, they are smashing staff…" Another relative said, "They (staff) do try to do alternative activities for Mum and encourage her to do things, but if she says no that's fine."

A weekly activities programme had been developed, which included, a regular exercise session; music sessions from external musicians and singers; quizzes; bingo; board games; cooking and arts and crafts. Some sessions, for example arts and crafts were provided by an external person. A programme of planned outings for the year had been developed. People said how much they had enjoyed a visit from the 'birds of prey; regular visits had been organised for 'pets as therapy' (PAT). The activities co-ordinator explained the outings to places of interest had been shaped by people's suggestions. Trips were planned to an Air Museum; Paignton Zoo; botanical gardens; and two pub lunches. The bus could hold up to 15 people and the activities co-ordinator explained they were mindful to ensure everyone had an opportunity to enjoy the outings over the coming months. Special occasions were celebrated throughout the year, for example birthdays; anniversaries; Valentine's Day; Easter and Christmas.

The activities co-ordinator demonstrated a good understanding of people's past and present interests and described how they supported people to continue to enjoy these. For example, two people were particularly fond of sport. Their radios were tuned to stations that predominantly broadcast sporting events and news. The co-ordinator had also downloaded some sporting events for people to enjoy, for example, football matches and horse races. Another person had requested help with their family tree. The activities co-ordinator was in the process of researching information with the aim of developing a visual family tree for the person.

At the last inspection we found people who did not want to participate with or who were unable to take part in group activities had infrequent and brief one to one time with the activity co-ordinator. At this inspection we found this had improved. Records showed people had visits several times a week and were engaged in conversation; listening to or watching sport or reading the paper. The 'social well-being' workers focused their time and attention on providing one to one activities for people who were living with advanced dementia. For example providing sensory activities, such as hand and foot massage. On the second day of the inspection we observed a 'social well-being' worker supporting people to walk in the garden and they supported four people to take part in a baking session; which people enjoyed.

Before people moved to the service an assessment was undertaken of their needs and preferences, to ensure they could be met by the service. Visiting professionals said a "thorough assessment" was undertaken. One added, "They ask the appropriate questions to ensure they can meet people's needs…they think about what's right for the individual." One person explained, "My friends helped me choose Adelaide Lodge and they couldn't have chosen better…"

People received personalised care and support. Their care and support was planned with them and the people who mattered to them where possible. Each person had a care plan, which descried their health needs; mental capacity; and preferences about how they wished to receive their care. Staff were knowledgeable about people's health needs and preferences; they said they had the necessary guidance they needed to meet people's specific needs.

The service had introduced new electronic records, which were being developed and personalised further. For example, the activities co-ordinator was helping people to complete their life history. The new system enabled relatives to access certain parts of the care plan and they were encouraged to add relevant information about their loved one. A health professional said, "The new system of records is really helpful…" Staff used hand held devices to access the care records and to record the care and support provided. Staff said although it had taken some getting used to, they found it very useful to have easily accessible information about each person. Care plans were reviewed regularly people when appropriate and/or relatives. A social care professional said feedback from relatives at recent care reviews had been positive.

The provider had a complaints procedure in place and people said they knew how to make a complaint if necessary. People said they would speak with the registered manager or a member of staff should they have any concerns. All felt sure any concerns would be listened to and resolved. One person said, "Complaints? I have none…" Another said, "I have no concerns and no complaints…" One relative said they "never had any complaints"; another told us, "If I had any concerns I would speak with the manager but I have nothing to complain about." Heath and social care professional confirmed they had not received concerns or complaints about the service. One told us family members reported that "the home responds well" should they raise any issues. The PIR showed that no complaints had been received by the service since the last inspection. The registered manager confirmed this during the inspection.

The PIR showed that 12 compliments had been received from relatives thanking all staff for their care and support of loved ones. Comments included, "Thank you so much for the fantastic care…we know (the person) was happy and felt safe and cared for…this meant a lot to us…"

Good

Is the service well-led?

Our findings

At the last inspection we made a recommendation that quality assurance systems should be reviewed. This was because the quality assurance system was not always effective. Issues identified at the time of our last inspection had not been recognised during the auditing and monitoring process. The provider sent us an action plan which set out their plans for improvement along with timescales. The registered manager reviewed the action plan several times throughout the year, which they sent to us to show what had been achieved. At this inspection we found improvements.

A new registered manager had been appointed since the last inspection. People, their relatives, staff and professionals expressed confidence in the registered manager. People knew the registered manager as they were visible and spent time 'working on the floor'. The registered manager was accessible; during the inspection people and relatives freely approached them. One person said, "I know the manager. She is very nice. She comes to say hello, makes sure we are alright…" A relative said, "I think the home is well managed. I can speak with the manager or deputy if I need to. I am well informed of any changes to (person). We are very happy…I can't fault the place." A professional told us, "We have a good relationship with the service… an open and honest relationship. It is well led and well managed…" Another said, "Any issues raised are responded to…"

One staff member said, "Things have really improved since (registered manager) came. Communication is good and the atmosphere is much better…" Another said, "The home runs well…we give our feedback and (the registered manager) listens…" Staff said they felt supported by the registered manager and deputy manager.

The service was supported by the management structures in place. The registered manager was supported by an experienced deputy manager. Professionals, staff and relatives spoke highly of the deputy. One professional explained, "(The deputy) is always comfortable to address any issues. As soon as you raise it, they are on it…" They added, "The managers are astute and switched on…" A relative commented, "(The deputy) does a good job…" There was always a senior member of staff on duty and a senior member of the management team on call should additional support be required out of hours.

The service promoted a positive culture. People described an ethos within the service where they could confidently make suggestions or request different things. Health and social care professionals described an openness and willingness from the service to work with them and carry out their recommendations.

The registered manager ensured staff were aware of their responsibilities and accountability through regular supervision and meetings. For example, when first appointed the registered manager requested staff read the last Care Quality Commission (CQC) report so they were aware of the areas for improvement.

There were systems in place to monitor the quality and safety of the service. These included a mixture of daily, monthly and quarterly audits and checks in all areas of service provision, including health and safety; infection control; and care plans. Where deficits had been found, for example, with minor maintenance issues, these were addressed promptly. Regular monthly medicines audits were undertaken by a member of staff from another service within the provider group. The provider visited the service regularly and completed regular audits. We noted the audits covered a variety of topics, including health and safety; employment and management issues. However they had not included any feedback they had received from people using the service. The provider's representative confirmed they would make a record of any future feedback in their audits.

People who used the service and their relatives were asked for their views about the care and support provided. Satisfaction questionnaires had been sent to those using the service in February 2017 and the registered manager was just receiving these back; they were to be analysed for themes and then discussed at the next 'residents meeting'. Questionnaires had been sent to 35 relatives or friends in October 2016. 17 had been returned. Results showed people were happy with the service with most areas scoring good or excellent. Comments included, "…what I have seen I liked…"; "…we are always impressed how the staff know all the patients likes and dislikes and are always positive" and " …always feels like a safe and caring environment…"

Six relatives had rated the environment as 'average' and one as 'poor'. As a result the registered manager organised a 'resident's and families' meeting to discuss the outcome of the survey. An action plan was created to share with people the improvements planned; including refurbishment and redecoration. We found these improvements were on-going during this inspection.

Recent responses to surveys from professionals were positive. Comments included, "Always made welcome…excellent response to advice given…" and "It is always a pleasure to visit…"

People; their relatives and staff were encouraged to contribute to improve the service. Regular meetings were held to enable people to share their experience, thoughts and ideas. For example improvements had been made within the environment and to the variety of activities on offer as a result of feedback.

People were protected against hazards such as falls, slips and trips. A monthly overview of all falls, accidents and incidents was kept and reviewed by the registered manager and provider's representative. This enabled the management team to identify trends and for staff to take action to identify when people required aids or intervention to prevent a further incident.

The most recent CQC report and rating were prominently displayed in the hallway area of the home. The rating was also displayed on the provider's website.

The registered manager had notified CQC about certain events, such as deaths, serious injuries or allegations of abuse. This enables CQC to monitor the rates of these incidents at the service and how these incidents were being dealt with.