

Adamstan Limited

Adamstan House Nursing Home

Inspection report

187 Mill Lane
St Helens
Merseyside
WA9 4HG

Tel: 01744819815

Date of inspection visit:
27 November 2019

Date of publication:
27 December 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

About the service

Adamstan House Nursing Home is registered to provide accommodation and personal care for up to 34 people. At the time of the inspection 33 people were using the service.

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

People were protected from the risk of abuse and harm. Risks to people's health and safety were identified and safely managed. People were supported by the right amount of suitably skilled and experienced staff. Safe recruitment procedures were followed. Medicines were safely managed. There were systems in place for reporting accidents and incidents and learning from them.

An assessment of people's needs, and choices was completed and a care plan on how to effectively meet their needs was developed. Staff received the training and support they needed for their role. People's dietary and healthcare needs were understood and met.

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.

People were treated well, and their privacy, dignity and independence was promoted and respected. Staff had formed trusting and positive relationships with people and their family members. People and family members were given opportunities to openly express their views and opinions and they felt listened to.

Care plans included people's expressed wishes and preferences about how their care and support was to be provided. People told us they received the right care and support to meet their needs. People and family members knew how to complain, and they were confident about complaining if they needed to. Complaints were used to improve the service.

The registered manager was clear about their role and responsibilities and they promoted a positive and person-centred culture. Staff worked well together as a team, and there was good partnership working with others to meet people's needs. Staff morale was good, and staff felt well supported. There were effective systems in place for checking on the quality and safety of the service and making improvements where this was needed.

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 03 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Adamstan House Nursing 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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Adamstan House is a care home. People in care homes receive accommodation and nursing or personal care as 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 had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and seven family members about their experience of the care provided. We spoke with eight members of staff including the registered manager, nurses, care workers, kitchen assistant and chef.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

Systems and processes to safeguard people from the risk of abuse

- There were effective systems in place to safeguard people from the risk of abuse.
- Staff had completed safeguarding training and were confident in recognising and reporting abuse.
- People and family members understood what was meant by abuse and they were confident about telling someone if they had any concerns. Their comments included; "I'd tell someone right away" and "I would not tolerate abuse of any kind."

Assessing risk, safety monitoring and management

- Risks to people's health and safety were identified and well managed.
- The service had contingency plans in place to manage unforeseen emergencies and each person had an up to date personal emergency evacuation plan (PEEP).
- Regular safety checks were carried out on the environment, equipment and utilities.

Using medicines safely

- Medicines were safely stored and medication administration records (MARs) were well maintained. People received their medicines at the right time.
- Staff responsible for managing medication had completed the relevant training and underwent regular competency checks.
- Regular checks were carried out on medication and records and where improvements were identified they were actioned straight away.

Staffing and recruitment

- There were enough suitably, skilled and experienced staff on duty to safely meet people's needs. People and family members told us; "Oh yes there is always enough staff here, there's always someone about if I need them" and "I have a lot of confidence in their [staff] ability."
- Before being offered a job, applicants underwent a series of pre-employment checks to check their suitability for the job.

Learning lessons when things go wrong

- A system was in place to monitor any incidents or accidents which occurred.
- When something went wrong learning was shared across the team.

Preventing and controlling infection

- The environment was clean and hygienic throughout.

- Staff had completed training and followed good practice guidance to minimise the risk of the spread of infection.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed, and a care plan was developed with clear instructions for staff on how best to meet them. Care plans included advice and guidance from other professionals.
- People and relevant others such as family members were involved in completing assessments and care plans.
- Monitoring charts were in place and used effectively to monitor and evaluate aspects of people's care.

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

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.

- Staff had completed training around the MCA and they understood the principles of the act and associated DoLS.
- Staff knew which people had a DoLS in place and what it meant for the person. DoLS authorisations for people were being effectively monitored.
- Staff obtained people's consent before providing any care and support.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access the healthcare services they needed. People told us they received good healthcare, their comments included, "I get to see my doctor when I need to" and "I have all the checks I need."
- Staff obtained advice and guidance from other healthcare professionals where this was needed.
- Staff were appointed as 'champions' in specific areas of people's healthcare needs. Champions kept up to

date with best practice and shared their learning and knowledge across the team.

Staff support: induction, training, skills and experience

- Staff received the support they needed for their job through regular one to one supervisions and team meetings. Staff told us they felt well supported.
- New staff completed an induction which consisted of training in key areas and shadowing more experienced staff. All staff were provided with ongoing training relevant to their role and people's needs.
- People and family members told us they thought the staff were well trained and good at their job. Their comments included; "They [staff] all seem to know what they are doing" and "They all do a good job."

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

- Aids and adaptations were in place to assist people with their personal care and to enable them to move around independently.
- Parts of the service had recently been redecorated. There was an ongoing programme of decoration across the service to ensure it was well maintained and suitable for people's needs.
- There was a variety of communal areas on the ground floor for people to use.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were assessed and planned for using a nationally recognised tool.
- People received the support they needed to eat and drink in a pleasant and relaxed environment.
- People told us they got plenty to eat and drink and that the meals were varied and enjoyable. Their comments included; "I'll never go hungry here, I eat very well" and "There's a good choice of nice food."

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 good. At this inspection this key question has remained the same. 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

- People and their family members told us staff were supportive and caring. Their comments included, "They [staff] are very caring, I couldn't ask for better," "They [staff] always have time for you" and "They [staff] cheer me up."
- Staff spent time chatting with people and the conversations showed staff knew people well. Staff provided comfort and reassurance to people when this was needed, and people responded positively to this support.
- Visitors were welcomed at the service and offered refreshments. People had a choice of where they spent their time with visitors. A family member told us; "They [staff] are always very welcoming" and another told us; "I'm always made to feel at home here."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. People's comments included; "They never come in my room without knocking first" and "I like to spend time on my own and they [staff] respect that."
- Staff greeted people on entering rooms and checked on their comfort and wellbeing and people told us this was usual.
- Staff promoted people's independence. People told us staff encouraged them to be as independent as possible. One person said; "Having some independence is important to me and I do whatever I can for myself."
- Personal information about people was kept confidential. Discussions with and about people took place in private.

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

- People were involved in their care along with relevant others such as family members. They told us they felt listened to and that their opinions mattered.
- People and family members were supported to express their views during regular care reviews and resident's and relatives' meetings.
- People were provided with Information about services they could access if they needed independent advice and support.

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 good. At this inspection this key question has remained the same. 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

- Care plans were person centred and based on people's individual needs and choices. Staff knew people's likes, dislikes and preferences and used this knowledge to care and support people in the way they preferred.
- People told us staff knew them well and provided them with the right care and support. Their comments included; "They [staff] know just how I like things done" and "They [staff] make sure things are right for me."
- Care plans were kept under review and updated to reflect any changes in people's needs or at their request.

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

- People's communication needs were assessed and made clear in their care plans.
- Information was provided in different formats for people who needed it.
- Staff ensured people who needed them had access to their hearing aids and glasses.

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

- Staff supported people to follow their interests and take part in activities to meet their needs.
- People were given the opportunity to take part in seasonal events and celebrations along with their family and friends.
- People were supported to follow their beliefs and maintain relationships with those who were important to them.

Improving care quality in response to complaints or concerns

- People and others were provided with information about how to complain.
- Complaints were responded to appropriately and were used to improve the quality of the service.

End of life care and support

- People were given the opportunity to discuss and plan their end of life wishes and others such as family members were involved where this was appropriate. The appropriate documentation was in place for

people where they had expressed a wish to not be resuscitated.

- Staff worked closely with health professionals to ensure that people experienced a comfortable, dignified and pain free death.
- A family member of a person receiving end of life care praised the staff for the compassionate care given to their relative and the support given to the family.

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 good. At this inspection this key question 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.

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

- The registered manager promoted a positive and open culture which was person centred and inclusive.
- There was good morale amongst the staff, they worked well together to achieve good outcomes for people.
- People and family were complimentary about how the service was managed. Their comments included; "Manages this place very well," "Listens and gets things done" and "Really approachable and very supportive."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager engaged and involved people, family members and staff through regular meetings, discussions and questionnaires.
- Regular staff meetings were held which enabled staff to meet as a group and share any learning and development and receive any updates about the service.
- There was good partnership working with others including external health and social care professionals, commissioners of the service and safeguarding teams.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were effective systems in place for checking on the quality and safety of the service and for making improvements.
- The registered manager had a clear understanding of their role, responsibilities and regulatory requirements. They had notified CQC in a timely way about incidents and events which occurred at the service.
- Staff performance, learning and development was monitored through observations of their practice and regular discussions with the registered manager.
- The registered manager understood their responsibilities to act in an open and transparent way by being open and honest with people when things went wrong.
- The registered manager and staff completed training and kept up to date with the law and current good practice guidance to update their knowledge and learning.

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

- The provider met the regulatory requirements to be open and transparent with people using the service when things went wrong.
- The ratings from the last inspection were clearly displayed at the service.