

# Adbolton Hall Limited

# Adbolton Hall

## Inspection report

Adbolton Lane  
West Bridgford  
Nottingham  
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Tel: 0115 981 0055  
Website:

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### 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?

Requires Improvement 

### Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection, which meant we did not give the service any formal notice to when the visit would take place. The service was previously

inspected in September 2013 and we found the provider was not meeting the requirements of the law in relation to cleanliness and infection control, requirements relating to workers and records. Following this inspection the provider sent us an action plan to tell us the improvements they were going to make. During our inspection on 15 July 2014 we looked to see if these improvements had been made.

# Summary of findings

At this inspection we found that improvements had been made since our last inspection and the service was complying with the law in area such as infection control and requirements relating to workers.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Adbolton Hall provides accommodation and nursing care for up to 53 people who have nursing or dementia care needs. There were 43 people living there at the time of our inspection. We spoke with six people living at the home, two relatives, two nurses, two care staff, the registered manager and the area manager.

We found some staff had attended relevant training to keep people safe and meet their needs. Other staff had training dates arranged.

We found the provider made suitable arrangements to ensure people who lacked capacity received appropriate assessments. We saw mental capacity assessments had been implemented for all people living at the home.

Staff were aware of the Mental Capacity (MCA) Act 2005 including Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act (MCA) 2005. The MCA is designed to protect people who do not have the capacity to make certain important decisions for themselves, because they may lack capacity to make such decisions due to permanent or temporary problems such as mental illness, brain injury or learning disability. If people lack the capacity to make a decision for themselves, staff can make a decision about what is in their best interest once an appropriate assessment has taken place.

CQC is required by law to monitor the operation of the Mental capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find.

The registered manager told us they had recently made a referral to the DoLS team and were awaiting a response. We found the location was meeting the requirements of the Deprivation of Liberty Safeguards.

All of the people we spoke with told us they felt their privacy and dignity was respected. We saw staff interacting with people and they were caring for people in a calm and respectful manner.

We observed meaningful activities taking place at the time of our inspection. We saw volunteers from the local community mixing with people and helping them to revamp the garden area for people living in the home to enjoy.

The registered manager investigated and responded to complaints, according to the provider's complaints policy and procedure. People we spoke with told us they knew how to raise any concerns and who they should report any concerns to.

All people we spoke with told us they felt there was enough staff, who were knowledgeable about their needs and how to meet those needs. Some of the staff we spoke with and records we saw confirmed recruitment and induction practices were robust.

We saw daily handover meetings took place and two of the staff we spoke with confirm the information they received regarding people's care was given verbally by the nursing staff. One staff member told us they did not always have time to read people's care plans and relied on the nursing staff to update them each day.

Some of the records we looked at were inaccurate and not fully completed to reflect people's needs.

This was a breach of the health and Social Care Act 2008 (Regulated Activity) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People felt safe and well cared for by the staff who cared for them.

All staff had received safeguarding training, and this was reflected in the training programme. Staff knew how to recognise and respond to abuse correctly.

People received appropriated assessments. Mental Capacity Assessments and Deprivation of Liberty assessments had taken place.

People felt there was sufficient staff to meet their needs. The provider operated an effective recruitment process to ensure suitable staff were employed.

Systems were in place to reduce the risk and spread of infection. People felt the home was clean and tidy.

Good



### Is the service effective?

The service was effective.

People's rights and choices were adhered to. People had access to advocacy services and the service was being used by people living in the home.

People were protected from the risks associated with eating and drinking as staff ensured they had what they needed and kept clear records of the support they had given.

People had their day to day health needs met.

Good



### Is the service caring?

The service was caring.

People's needs were met by staff who had a good understanding of their needs. Relatives were confident that the staff were caring and respectful and responded to individuals in a timely manner.

People told us staff were available to give assistance where needed. Staff supported people and promoted independence to people who had capacity.

People received help with their personal care in a way which promoted their dignity and privacy.

Good



### Is the service responsive?

The service was responsive.

Good



# Summary of findings

People, their relatives or advocates were supported to be involved in the development of the care plans and although the care plans were reviewed on an annual basis.

People took part in activities, either as a group or on an individual basis and relevant to their needs.

People knew who to contact if they needed to raise any concerns. We saw appropriate policies and procedures were in place and information was made available to give people and their family's guidance on how to raise concerns.

## Is the service well-led?

The service was not always well-led.

Not all records we looked at were accurate and up to date. There was insufficient detail on documents we looked at. Some care plan records were blank or incomplete.

People and staff members found the manager to be open and approachable.

The provider had a system to regularly assess and monitor the quality of service that people received.

The manager had a good relationship with key organisations, such as the local authority.

**Requires Improvement**



# Adbolton Hall

## Detailed findings

### Background to this inspection

The inspection team consisted of two Inspectors and an Expert by Experience. An expert by experience has personal experiences of using or caring for someone who uses this type of care service.

We visited the home on 15 July 2014. This was an unannounced Inspection.

We spoke with six people living at the home, two relatives, two nurses, two care staff, the registered manager and the area manager. We pathway tracked three people and observed interactions between all staff and people who used the service. Pathway tracking is about capturing the

experiences of a sample of people who use a service. During the visit we spent time reading documents, looking at six care records, audits undertaken by the manager, three staff files and a number of policies and procedures.

Before our inspection, we asked the provider to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed all the information we held about the care home. This included the PIR. We also reviewed notifications (a notification is information about important events which the provider is required to send us by law.) received by the Care Quality Commission and we also contacted the commissioners of the service to obtain their views on the service and how it was being run.

# Is the service safe?

## Our findings

All the people we spoke with told us they felt safe, well cared for and happy at the home. One relative said, "Mum loves it here." They told us they felt their family member was safe, well cared for and all the staff were lovely and friendly. We saw appropriate information on noticeboards around the home. This was to inform and advise people who used the service and their families; who they should report concerns relating to abuse to and how they could recognise signs of abuse. People and their relatives told us they would raise any concerns they had with the registered manager, or a member of staff. This showed people were supported and had access to appropriate information regarding abuse and how to keep them safe.

All staff we spoke with and records we saw confirmed staff had received training in safeguarding adults. We spoke with six staff that were able to tell us how they would respond to allegations of abuse and they also knew what procedures they had to follow. This ensured staff had the skills and knowledge to keep people safe.

The registered manager had reported one incident to the local authority for consideration under their safeguarding adult's procedures in the last 12 months. We saw the referral was made in accordance with the provider's policy and procedure in a timely manner. This showed the provider had suitable arrangements in place to ensure people who used the service were safeguarded against the risk of abuse.

All staff we spoke with were aware of their responsibilities under Mental Capacity Act 2005 (MCA). One staff member we spoke with described what this meant for people who used the service. Records we looked at showed that most staff had received training within the last year for MCA and DoLS. We saw dates had been arranged for all other staff to attend this training also. Three staff confirmed they had received training in this area. This showed the provider had arrangements in place for obtaining consent and act in accordance to people's wishes.

The manager was aware of new guidelines relating to the Deprivation of Liberty Safeguards (DoLS). They told us they were aware of who and when referrals should be made. Records we looked at we saw appropriate DoLS check list, if relevant were in place on people's care files. At the time of our visit the manager told us they were in the process of

acquiring advice for a person regarding a DoLS referral. We found necessary guidance had been sort from the appropriate authority should a person be deprived of their liberty under the Deprivation of Liberty Safeguards. This showed that people who used the service were protected against the risk of unlawful control or restraint because the provider had made suitable arrangements to keep people safe.

We saw policies and procedures were in place to manage risk. All staff we spoke with confirmed they followed these policies to ensure people were kept safe.

People told us they were able to make informed choices about their care and treatment. One relative said, "My relative [person's name] is quite demanding and staff are always patient. They told us staff always gave the person time to make their own decisions." This showed people were supported and respected to make informed choices and be involved in decisions about any risk they may take.

We saw generic risk assessments for the home that had been reviewed on a yearly basis. There were also general risk assessments in respect of specific areas of the home, such as access to hazardous areas, fire safety and equipment. These had also recently been reviewed by the manager. This showed there was an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

At the inspection in September 2013, we were concerned about the recruitment and selection process. We asked the provider to send us an action plan outlining how they would make improvements. At this inspection we found improvements had been made and the service was complying with the law.

People and their relatives told us they felt there was enough staff to meet people's needs. During our visit we observed sufficient staff on each shift. All staff we spoke with told us they felt there was sufficient staff on each shift. The records we looked at confirmed this.

We saw that a robust recruitment process had been followed. All staff we spoke with told us and records we looked at confirmed the process was robust and safe recruitments had taken place. The provider was obtaining information to determine if people were suitable to work with older people prior to the start of their employment.

## Is the service safe?

At the inspection in September 2013, we found a breach in the regulation regarding infection control. We were concerned about the cleanliness and hygiene of the home. We asked the provider to send us an action plan outlining how they would make improvements. At this inspection we looked to see that these improvements had been made. We saw cleaning schedules were in place and a named member of staff responsible for ensuring the home was clean. We saw the home was clean and tidy on the day of our visit. Some of the people and their relatives told us they felt the home was clean. We found improvements had been made and the service was complying with the law.

Appropriate hand gels were available around the home and we saw staff wearing personal protective equipment (PPE) when they provided support and care for people living in the home. One person told us they had observed staff use this equipment, when they had lunch or staff helped them shower. We saw the provider had suitable arrangements to ensure people were protected from the risk of cross infection.

# Is the service effective?

## Our findings

People we spoke with told us how they felt their care and treatment had been effective and that their health had improved since they had been in the home. One person said, "I have become more mobile since my admission to the home." Another person told us their health had improved since their admission.

One relative we spoke with told us they were happy with the care provided by staff. They told us they felt the staff were well trained and knew what they were doing. Another relative told us their mother had improved and the staff had, "Done wonders with their family member." This showed people were supported to have a good quality of life as they received effective care that met their needs.

All the people we spoke with told us they felt their needs were met by well trained staff. One relative we spoke with told us they thought there were some well trained staff, who knew what they were doing when they cared for people at the home.

We spoke with a newly recruited member of staff who told us they had received an induction when they started work at the home. They were able to describe the induction process and the different policies and procedures they had to look at and read. The member of staff said, "It gave me the skills and knowledge I required to support people and meet their needs." The provider had systems in place to ensure staff used best practice and were skilled to carry out their role.

We found all staff training; appraisals and supervisions were up to date. All staff we spoke with confirmed they had received regular supervision. They said that they found them beneficial to help develop their knowledge and understanding, so they could meet people's needs.

We saw the staff training programme identified that staff had undertaken training in areas such as dementia, safeguarding, fire safety and infection control to help support them within their role. Two staff we spoke with confirmed the training they received was sufficient to meet their needs and helped them to provide the care and treatment for people living at the home.

We observed staff caring for people and offering them drinks and snacks throughout the day. One person said, "I get plenty to drink and on the whole the food is good." Two

other people told us they were content with the food that was on offer and they could ask for different choices if they wanted. All the people we spoke with commented they liked the food. We saw some people eating breakfast during our visit. One person said, "We can come down stairs when we want." We saw people had enough to eat and drink and the meal times were flexible to meet their needs. One person [having breakfast] said, "I like to eat a good breakfast." During lunch we observed the meal time to be pleasurable and an unrushed experience for people. We saw there was a choice of meals with alternatives offered. The food was well balance and promoted healthy eating and it looked nice to eat.

The manager told us meal times were protected. This was to ensure people could enjoy their food without interruptions to keep staff focused on the nutritional welfare of people living in the home. However, relatives were encouraged to share a meal with their family member if they wished. This would be accommodated accordingly, for example, in the person's own bedroom, or other areas of the home. This was to ensure there was little disruption to meal times for other people living in the home.

We found appropriate risk assessments had been completed for all people living in the home. We saw one person had received a skin integrity assessment and it was identified that they required a change of position at four hourly intervals. We spoke with this person and they confirmed they were repositioned accordingly. We saw people had use of pressure relief equipment to ensure the risk to their skin integrity was minimised. There was appropriate information written in the relevant care files to ensure the equipment was well maintained. We saw daily checks had been completed to make sure the correct level of inflation was kept for items such as, air flow mattresses. We also saw relevant equipment was in place in people's bedrooms.

Most of the staff we spoke with told us what they should do if a person was to have a Hypo or hyperglycaemic incident and were knowledgeable of what action they should take. However, there was no information or guidance for other staff to follow if the person should experience a hypo or hyperglycaemic episode. Hypoglycaemia is when the blood sugar is too low. Hyperglycaemia is when the blood sugar is too high. There was a risk the person may not receive appropriate treatment in a timely manner. The manager told us they would address this immediately.



## Is the service effective?

Another person we spoke with told us they felt well looked after and the staff were very good. They told us their mobility had improved and they no longer required the use of the hoist or sling to support them as part of their mobility needs. We looked at their care plan and it stated in the mobility section of the plan that the person required a hoist and sling to mobilise as they could not weight bear. We spoke with a member of staff and they told us the person did not require the hoist anymore, because their health had improved. This identified to us even though the care plan was not up to date the care and treatment the person received was effective.

Before our inspection we contacted the local authority and two health care professionals. The health care professionals told us they had a good working relationship with the care home manager and they had always found the staff helpful and knowledgeable. They said that the residents and relatives they had seen at the home had always given positive feedback about the care and treatment they [the person] and their relative had received. The local authority also told us they had a good working relationship with the home and had no concerns with the care people received.

# Is the service caring?

## Our findings

All the people we spoke with told us they were happy living in the home they said that staff were always caring and kind to them. We observed some people living in the home and noted the way staff interacted with them in a positive way. We saw people looked happy and relaxed when approached by staff. Both people and staff communicated well with each other. We observed these interactions to be warm and compassionate. Staff had a good understanding of people's individual needs and the best ways of communicating with them. All of the people we spoke with told us the staff was nice or lovely. We saw staff asking some people if they were warm enough and offering them a blanket, if they were cold. We also heard some staff asking people if they were all right in general. This showed people's needs were respected and that they were given choices to make decisions for themselves.

The provider told us there was a dignity champion in the home and all the people living in the home had access to an Advocacy Service, if they wished to use it. This ensured people were supported to express their views. All the people we spoke with told us they were treated with respect and kindness by the staff that cares for them. One member of staff described how they made sure people were treated as individuals when providing personal care, or supporting them. Another staff member said, "I always introduce myself and say hello when I meet people." We saw policies and procedures were in place to help staff ensure people's rights were respected.

One person we spoke with was able to recall having discussions about their care and support. They told us they had been involved when they had received a review of their care needs. Another person remembered a review had taken place when a member of staff prompted them about

a meeting they had attended to review their plan of care. We looked at six care plans and saw reviews of care had taken place. We found people were given the opportunity to be involved in aspects relevant to their care and support they required.

All the staff we spoke with described how they treated people with dignity and respect. They told us they had attended recent training on dignity and diversity. This ensured staff had the knowledge and skills to meet people's diverse needs.

We observed staff chatting to people about their interests and we heard one person having a discussion with a member of staff about football, it was very clear the subject was of interest to the person. This showed that staff were aware of people's preferences and interests and that they listened to what people had to say.

We spoke with two relatives and the overall impression was they liked the staff and were confident they were caring and respectful. One relative said, "They [the staff] respond to my relative as an individual taking care to accommodate their needs and wishes."

One person we spoke with said, "The staff are always helpful." Another person told us they wished to attend a church service and had requested information regarding this. They told us a member of staff had researched and provided them with the relevant information. They told us this helped them to make a decision if they should attend the service or not. This showed the provider supported people and encouraged them to make their views known.

We found visiting times were reported as being very flexible without undue restrictions. Some of the people we spoke with told us their relatives were able to visit them at any time. We observed visits taking place during our inspection.

# Is the service responsive?

## Our findings

All people we spoke with told us they were confident their care was individualised. One person said, “Staff know about me.” Another person told us the staff supported them when they need it. They said, “I need support when I am walking around the home and staff have assisted me with this.” This ensured people received care, treatment and support personalised to them.

Some people we spoke with confirmed they had participated in assessments of their care and treatment. We saw pre-assessments had taken place for all people living in the home. This told us people were assessed and also ensured their needs could be met by the service. The provider told us, after the pre assessment and once a person had arrived at the home they reviewed the support the person required and updated the individual care plans regularly. We saw on most of the records there had been clear input from people and that they had been involved in the process.

One person told us they were a vegetarian and that they received a vegetarian option at meal times. We saw all the care plans we looked at contained information about people’s preferences, like and dislikes. Where appropriate we saw special needs and requirements had been identified. For example, on the person’s care plan it stated they were a vegetarian. This showed us people’s personal choices were respected.

Two staff we spoke with described how people received person centred care. One staff member said, “I always ask people what they want. We had mixed feedback from staff about the importance of reading of people’s care plans. One staff member said, “I read the care plan before I provide any care, especially if it is someone new.” However, another staff member told us if they had time they would read the care plan, but relied on the handover from the nursing staff or senior carer to convey the person’s needs. We saw records of the handover that took place at the end of each shift and staff were able to refer to the notes during the shift. This showed us the provider had processes in place to share information to ensure people received care personalised to them.

People were complimentary about the staff and how they looked after them. One person commented they were well looked after and said, “The staff are very good. They also

told us how they like a member of staff to walk with them for support in case I fall.” We asked a member of staff what this person’s mobility needs were. They described how the person needed assistance to reassure them when they walk about the home.

We made some observations in the lounge area where we saw people received care and support when they needed it. We also found when people were in their bedrooms they had access to a buzzer to use when they required assistance. When we heard the calls for assistance these were answered accordingly. This showed us staff responded to people’s needs in a timely manner.

We were told by some people living in the home that staff helped people to maintain contact with friends and relatives and where appropriate offered help to send letters and respond to cards the person had received. The provider told us they encourage people to continue relationships they forged before admission. The provider helped and supported people to maintain relationships that were important to them and ensured they could communicate outside the home environment.

We saw some of the people participating in activities that were available on the day of our visit. One member of staff was playing passing the balloon as part of the activity to a group of people. The member of staff told us this was an activity used to help people’s coordination and stimulated them to be more active.

We saw a time table of activities posted on the notice board and people we spoke with told us there was plenty to do. We also saw staff engaging with people and encouraged them to complete general tasks such as participating in activities and baking cakes. The activities coordinator told us they also participated in one to one activities for people who didn’t want to join in the group activity. We observed them chatting and interacting with people on a one to one basis.

During our visit we saw volunteers attended the home from the surrounding community, they had offered to help maintain the garden area. One of the volunteers we spoke with told us they loved coming to the home and making a difference to people living there. One person we spoke with told us they liked going out in the garden. This helped the provider keep people from isolation through encouraging the outside community to be involved with the home.

## Is the service responsive?

None of the people we spoke with raised any concerns or had any complaints about the service they received. All the people we spoke with said they would speak with the manager if they did have any concerns. Staff knew how to respond to complaints and understood the complaints procedure. We found the provider had received one complaint since November 2013. We saw the complaint

had been investigated by the manager as per the provider's policies and procedures and appropriate action had been taken. We saw information displayed in the home to guide people how to make a complaint and this was available in other formats if required. One person we spoke with said, "If I had a problem I would speak to my son and he would sort it out."

# Is the service well-led?

## Our findings

At the inspection in September 2013, we were concerned about the accuracy of the records. We asked the provider to send us an action plan outlining how they would make improvements. At this visit we found there were some improvements in some areas.

We looked at records for professional visits and found some of the records were blank, although one person told us they had recently had an eye examination this had not been recorded. We saw on three care files we looked at there was no photograph of the person or consent forms completed to say the person had given their consent to have their photo taken. We found other documents had not been dated or signed by the assessor who completed them. We could not tell when the documents were completed or who it was completed by. This showed effective systems were not in place to identify the areas for improvement in record keeping.

We found a mental capacity assessment had taken place for one person and the assessment stated the person 'does not have the capacity'. However when we checked the person's care plan we found conflicting information with the original assessment, which indicated the person had the capacity to tell staff instructions. We also found information that stated "[the person name] due to her limited communication is unable to verbally express any discomfort she may be in." The evaluation record dated 11 July 2014 stated the person did have the ability to inform the staff of their needs and wishes. We could not tell if the person had capacity or not, because the records were not accurate.

On another care plan it was recorded that catheter care is to be performed at least twice weekly. Supplementary records showed that the person had been recorded as wet/dry/damp, which would indicate that the catheter was not in place. We spoke with the manager and they told us the catheter was not in place. We also checked with the person and there was no catheter in place. This meant the record was incorrect.

We spoke with the manager and area manager about the concerns we found. They told us they had work in progress to update the care plans and were implementing a care plan meeting, which entailed taking one care plan per

fortnight to case conference with care planners and care providers alongside the person centred care plan. However we could not evidence this was taking place at the time of our visit.

This was a breach of regulation 20 Health and Social Care Act 2008 (Regulation Activities) Regulations 2010.

All the people we spoke with new the management team well. They told us they often saw them and felt comfortable in speaking with them. Staff told us the manager was approachable and could ask them anything. All staff we spoke with told us they had a good relationship with the manager and felt they would be supported to raise any concerns. The manager told us they supported staff by being hands on and working alongside them out on the floor. They said they had an open door policy for people living in the home, their relatives and staff members to discuss any concerns or issues. This was to ensure they promoted a supportive, transparent and open cultural environment.

One person we spoke with, when prompted, was able to recall a residents meeting where people were encouraged to raise any issues and this had resulted in a change to the way they received one aspect of their care. We saw people received individual meetings and copies were saved on their care files. This showed people were actively involved in developing the service.

All staff we spoke with said they were confident to raise any concerns if they needed to. One staff member said, "I can ask my manager anything." Another member of staff told us they would speak to the manager and were aware how they could access the whistle blowing policy if needed.

Information from the provider information return told us the home had an open and transparent policy, which they encourage staff to report any concerns, or question practice if the need arose. We saw appropriate policies were in place and up to date.

The provider had systems in place to monitor the quality of the service. This included monthly audits for medication, bedrails safety, mattress pressure checks and medical alerts. The registered manager told us they also completed visual checks of the home and addressed areas of concern as and when required. The area manager informed us they

## Is the service well-led?

were also implementing an environmental audit to be completed on a monthly basis. This showed the provider acted in a proactive way to ensure quality monitoring was in place.

The provider told us the manager had a good relationship with key organisations, such as the local authority. We spoke with the local authority and they confirmed the manager worked with them well. We received positive

comments from them about the care people received and the staff providing the care. They told us they had no concerns regarding the care the home provided. One healthcare professional commented that they communicated well with the staff and the manager of the home. They said that staff were aware of people's needs and how they should meet those needs.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers</p> <p>Regulation 20 (1) (a) health and Social Care Act 2008 (Regulated Activities) Regulation 2010.</p> <p>The registered person did not ensure service users were protected against the risk of unsafe or inappropriate care and treatment, because information about them was not accurate or up to date.</p> <p>Regulation 20 (1) (a)</p>