

Methodist Homes

# Adlington House - Portishead

## Inspection report

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Date of inspection visit:  
07 May 2021

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01 June 2021

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Adlington House is a domiciliary care agency that provides personal care to people living in their own homes. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection there were 12 people receiving support with their personal care.

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

People received their medicines when required and from staff who had received medicines training. Staff knew people well and people received support from regular carer staff. People felt safe and staff were familiar with the different types of abuse and who to raise concerns with should they suspect abuse had occurred. Care plans contained important information relating to people's risks and staff had clear guidance on how to support people with those risks.

People were happy with the support they received from the care staff and felt able to discuss anything with the management. Staff had received Covid-19 and infection control training and people confirmed staff wore their personal protective equipment (PPE) as required. Audits were in place to check medicines records and incidents and accidents and the provider also monitored the service and made improvements where required. People and staff views were sought, and various positive compliments had been received about the care and support people received.

### Rating at last inspection:

The last rating for this service was requires improvement (published 8 November 2019).

### Why we inspected

We carried out a comprehensive inspection of this service on 26 September 2019. Three breaches of legal requirements were found in safe and well led. The provider completed an action plan after the last inspection to show what they would do to improve the safe administration of medicines, staffing numbers and quality assurance checks.

We undertook this focused announced inspection on 7 and 11 May 2021. This was to check they had followed their action plan and to confirm they had met legal requirements in safe and well led. This report only covers our findings in relation to the Key Questions Safe, which contain those requirements and Well-led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Adlington House – Portishead [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Adlington House - Portishead

## **Detailed findings**

### Background to this inspection

#### The inspection

This was a targeted inspection looking at Safe and Well-led. We also checked whether the provider had met the requirements of the breach in relation to Regulation 18 (Staffing), Regulation 17 (Good governance), Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

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

#### Inspection team

The inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats within the building of Adlington House.

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 announced. We gave a short period notice of the inspection so that we could ensure we managed the risks related to Covid-19 and ensure the registered manager would be in the office to support the inspection.

Inspection activity started on 7 May 2021 and ended on 11 May 2021. We visited the office location on 7 May 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. 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 relatives about their experience of the care provided. We spoke with three members of staff including the registered manager. We reviewed a range of records including people's medications records, incidents and accidents, training records, recruitment records, audits and policies and procedures.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found and quality assurance records which we have used to support our judgements in the report.

# 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 Requires improvement.

At this inspection this key question has now improved to Good.

This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to ensure the service had adequate staffing. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found people were not receiving their medicines safely. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of Regulation 18 and 12.

### Staffing and recruitment

- At our last inspection people were not always supported by permanently employed staff. At this inspection following successful recruitment people were receiving care from permanent staff who knew people well. Two people confirmed they had regular carers. One relative told us, "We have regular carers and we get to know them".
- People were supported by staff who had checks completed prior to starting their employment. Checks included a completed Disclosure and Barring Service check (DBS) in place, references and identification checks.

### Using medicines safely

- At our last inspection people were not always receiving their medicines safely and when required. Medicines management had now improved, and care plans provided guidance for staff to follow including what medication people took and when. Body maps were in place confirming where topical creams should be applied and medicines administration charts (MARs) confirmed people received their medicines when required.
- Staff had training in the safe administration of medicines and their competency was reviewed yearly.

### Preventing and controlling infection

- People received their care in line with infection control procedures.
- Staff and people had received the Covid-19 vaccine.
- All staff were part of regular testing and people were tested monthly.
- Staff had received infection control training and COVID-19 training in response to the pandemic.
- People confirmed staff wore personal protective equipment (PPE). One person told us, "The carers wear aprons, gloves and mask". Another person told us, "They wear all their PPE". Staff confirmed there was

plenty of PPE available. One member of staff said, "We've got plenty of PPE, Yes".

- Staff had access to plenty of PPE and they knew how to safely use their PPE. One member of staff told us, "I always wear a mask which is changed regularly. I also wear gloves and aprons for personal care. I'm also washing my hands regularly before personal care and afterwards".
- The provider had an infection prevention and control policy in place.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who were familiar with the different types of abuse and who they should raise concerns with. One member of staff told us, "Abuse is financial, sexual, verbal and physical. I would raise concerns with the (manager's name) and (senior's name)". They also confirmed they would contact the local authority and CQC.
- Staff had received training in safeguarding adults.
- People and relatives felt the service was safe. One person told us, "I feel safe because they know what they are doing". One relative told us, "My relative receives safe care".

Assessing risk, safety monitoring and management

- People's care plans contained risk assessments these were reviewed regularly. Risk assessments contained individual risks and guidance for staff to follow including, their environment, moving and handling and risk of falls.
- At the time of the inspection three people were using the communal dining area. Although the registered manager confirmed people were social distancing, risk assessments were not in place. The registered manager took immediate action following the inspection and implemented a risk assessment.

Learning lessons when things go wrong

- There was a system in place to monitor and review all incidents and accidents. The registered manager monitored these for any trends and patterns so actions could be taken to prevent similar situations from occurring.



# 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 Requires improvement.

At this inspection this key question has now improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to ensure quality assurance checks identified shortfalls prior to our inspection. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of Regulation 17.

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

- At our last inspection the providers quality assurance system had failed to identify shortfalls relating to there being enough staff employed by the service and people receiving their medicines when required and there being guidance in place for staff relating to people's medicines management. At this inspection we found improvements had been made. New staff had been recruited to the existing staff team which meant people were supported by regular staff they knew well. Improvements had also been made to the recording of medicines including people's medicines administration chart (MARs) and the recording of topical creams such as body maps.
- Staff were clear about their roles and responsibilities. Staff and people spoke positively about the service and management. One member of staff told us, "It's really good here now". Comments from people included, "The manager is approachable and listens" and "The management and service are very good".
- The registered manager undertook regular checks on the quality of the service. These included incidents and accidents, staff training and supervisions.

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

- People were supported by staff who reflected the organisations values of, 'respect every person, treating them with dignity' and 'nurture, mind, body and spirit and inspire the best in each other'. One person told us, "They are a great help and excellent at caring, absolute top for kindness". Another person told us, "You could not get better carers, they are very very kind, helpful and caring". One relative told us, "I recommend the company because of the efficiency and friendliness". Another relative told us, "They are a really nice group of carers who stop and chat; my relative knows them well, just like a family, she likes them all".

- The service kept a record of all compliments received. One compliment included, "The staff at Adlington House have been brilliant in dealing with my mother's care and support over the last two years". There had been no concerns or complaints raised in the last three months.
- Staff felt supported and happy. One member of staff told us, "It's such a good organisation, easy going with a good team of staff. The atmosphere is good and it's a nice place to work with support".
- People and relatives felt the management were approachable. One person told us, "The manager is always there and very approachable". One relative told us, "I mainly speak with the (name of person) who is very approachable".

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff's views were sought through a yearly questionnaire. Positive feedback had been received where people felt safe and well supported by staff. One person told us, "We have a questionnaire every year and a newsletter every month".
- People and staff felt able to contact the office at any time should they need support. One person told us, "Office staff are approachable and listen". Another person told us, "The manager is always there and very approachable". One member of staff told us, "It's really supportive". Another member of staff said, "We have a good team, (senior carer) they're brilliant".

Working in partnership with others

- People felt supported by staff who liaised with GP's, district nurses and emergency services when required. One relative told us, "When my relative fell, the carers called for an ambulance". Staff confirmed they liaised with GP's as required.
- The registered manager liaised with health professionals, pharmacist teams, community groups and the local church minister.