

Avery Homes (Nelson) Limited

# Adelaide Care Home

## Inspection report

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27 June 2022

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Adelaide Care Home is a residential care home registered to provide personal and nursing care for up to 76 people living with dementia, sensory impairment or a physical disability across four separate units, each of which has separate adapted facilities. There were 74 people using the service at the time of our inspection.

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

People told us they felt safe. There were safeguarding procedures in place and staff and managers had a clear understanding of these procedures. Risks to people were assessed and staff were aware of the action to take to minimise risks where they had been identified. Appropriate recruitment checks took place before staff started work and there were enough staff available to meet people's care and support needs. People's medicines were managed safely. There were procedures in place to reduce the risk of infections and COVID-19.

Assessments of people's care and support needs were carried out before they started using the service. Staff received training and support relevant to people's needs. People were supported to maintain a balanced diet. People had access to a range of healthcare services when needed.

There were effective systems in place to monitor the quality of service that people received. The provider took people's views into account through satisfaction surveys and feedback was used to improve the service. Staff said they received good support from the registered manager. The registered manager and staff worked with health and social care providers to drive improvement and to deliver an effective service.

### Rating at last inspection and update

The last rating for this service was rated requires improvement (published 24 December 2019). At that inspection we found the provider failed to work within the principles of Mental Capacity Act.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Adelaide Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found that 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. We found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led. For those key questions not inspected, we used the ratings awarded at the last

inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

### Is the service effective?

Good ●

The service was effective.

### Is the service well-led?

Good ●

The service was well-led.

# Adelaide Care 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 Health and Social Care Act 2008.

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

Two inspectors, a specialist nurse advisor and an Expert by Experience visited the service on the 27 June 2022. 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

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

#### Registered Manager

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

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, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service and two relatives about their experience of the care provided. We spoke with six care staff, the activities coordinator, four nurses, the chef, the regional manager and the registered manager. We also spoke with a visiting health care professional and asked for their views on the care provided at the home. We reviewed a range of records. This included ten people's care records and medication records. We looked at six staff files in relation to recruitment, training and supervision. We looked at a variety of records relating to the management of the service including the providers quality monitoring systems, internal audits and policies and procedures. We also 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.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. One relative told us, "I feel she is safe here, top notch carers." Another relative commented, "My loved one feels safe here, they are amongst people that care about them."
- There were safeguarding adults procedures in place. Staff had received training on safeguarding adults. Staff told us they would report any concerns about abuse to the registered manager and they were confident they would make a referral to the local authority safeguarding team.
- The registered manager understood their responsibilities in relation to safeguarding and told us they would report any concerns to the local authority and CQC.

Assessing risk, safety monitoring and management

- Risks to people had been assessed to ensure their needs were safely met. Assessments included the levels of risk for people in areas such as moving and handling, malnutrition, diabetes and choking. Risk assessments included information for staff about the actions to be taken to minimise the chance of accidents occurring.
- Staff had a good understanding of people's needs in relation to risk. We observed staff using safe moving and lifting techniques whilst supporting people to move from their beds or chairs, as well as using walking aids and hoisting equipment. Staff told how they would support a person at risk of choking including the actions they would take in an emergency.
- People had individual emergency evacuation plans (PEEPS) which highlighted the level of support they required to evacuate the building safely.
- We saw records confirming fire equipment and the alarm system was regularly tested. Training records confirmed that staff had received training in fire safety.

Staffing and recruitment

- Staff were deployed effectively to meet people's needs. We observed there were enough staff available to meet people's needs. Staff told us there were plenty of staff to meet people's care and nursing needs. One person told us, "There is plenty of staff around. If I press a button they come and see me." Another person said, "The staff are very busy. If I use the call bell, they usually come within five minutes."
- The registered manager told us staffing levels were arranged according to the needs of the people using the service and they used a dependency tool to assess people's care needs. They told us that in the week prior to our inspection staff numbers were increased because some people's care needs had increased.
- Robust recruitment procedures were in place. Recruitment records included completed application forms, employment references, health declarations, proof of identification and evidence that a Disclosure and Barring Service (DBS) check had been carried out. DBS checks provide information including details about

convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- Records relating to nursing staff were maintained and included their up to date PIN number which confirmed their professional registration with the Nursing and Midwifery Council (NMC).

#### Using medicines safely

- Medicines were administered safely and people received support to take their medicines safely. One person told us, "The staff help me with my medicines, it's better that way because I wouldn't be sure if I am taking the right things." Another person said, "I would not be able to take my own medicines, so the staff make sure I get mine every day."
- There were protocols in place for 'as required' (PRN) for example, medicines for pain relief. Anticipatory medicines were in place for people reaching end of life care. These were reviewed by a GP on a regular basis.
- The home used an electronic medicines administration recording system (eMAR). We saw regular audits were completed to ensure people received their medicines on time.
- Medicines were stored safely. Medicines trolleys and controlled drugs were kept in locked medical rooms on each floor. Monthly audits of controlled drugs balances took place.
- Staff responsible for administering medicines had completed appropriate training and their competency to administer medicines had been assessed by senior staff.
- A local pharmacy provided support and advice to the home when needed. A community pharmacist had completed an annual audit of medicines in November 2021 confirming that medicines were being managed safely.

#### Preventing and controlling infection

- People were protected from the risk of infection. Staff were regularly tested for COVID-19. We observed staff wearing personal protective equipment (PPE) appropriate to the tasks they were completing. For example, staff wore face masks, gloves and aprons whilst providing people with personal care. We observed staff wearing face masks and following social distancing rules throughout the day.
- We observed that the home was clean and hygienic throughout. One person told us, "The care is good, and the place is always clean."
- The provider had appropriate procedures in place for admitting people safely to the service.
- There were no restrictions on visitors to the home. Visitors temperatures were taken, they were required to sanitise their hands and wear face masks whilst visiting people at the home.

#### Learning lessons when things go wrong

- The registered manager learned lessons and acted when things went wrong. The provider used an electronic system for of reporting, recording and monitoring accidents and incidents. They used the system to analyse information, learn lessons and take appropriate actions.
- For example, we saw an accidents and incidents action plan relating to falls and lessons learned. The analysis identified that falls were occurring early in the morning as some people wanted to get out of bed for a drink. Action included supporting people to have a hot drink or given early breakfast to minimise further incidences happening. The registered manager told us falls had decreased since they commenced supporting people who woke up early with early breakfast and hot fluids.



# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection of this service (24 December 2019), we found the provider failed to work within the principles of Mental Capacity Act. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where people lacked the capacity to make important decisions about their care needs the provider had involved them, their relatives, advocates and professionals.
- We saw decision specific capacity assessments, best interest records and DoLS applications and authorisations retained in people's care files. Records confirmed that conditions relating to authorisations were being followed. For example, we saw a person's authorisation was being reviewed on a regular three-monthly basis.
- The registered manager told us when DoLS authorisations were received, people's care plans were updated to reflect any changes and staff were informed. We saw a log detailing the dates of individual DoLS authorisations, new applications and follow ups with the local authority DoLS team.

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

- People's care and support needs were assessed before they started using the service. Initial assessments were carried out to consider if the service could meet people's needs safely. The assessments covered aspects of their care and support needs such as medicines, moving and handling, oral health, important relationships and wellbeing. The information gained from the assessment was used to draw-up care plans and risk assessments.
- People using the service, relatives and health and social care professionals contributed to these assessments to ensure the person's individual needs were considered and addressed. We saw that people's care plans and risk assessments were kept under regular review.

#### Staff support: induction, training, skills and experience

- Staff had the knowledge and skills required to meet people's needs. The registered manager told us that all new staff completed an induction in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme
- Records confirmed that staff had completed training the provider considered mandatory. This included training in areas such as food hygiene, oral health awareness, infection control, dementia awareness, moving and handling, fire safety, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).
- Nursing staff had completed clinical training, for example on wound care, syringe driver, catheterisation, tissue viability and venepuncture.
- Staff told us they received regular formal supervision with managers to ensure they had the right knowledge and skills to carry out their roles. We saw records confirming staff received regular supervision and support from either the clinical lead nurse or the registered manager and deputy manager.

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

- People received support to maintain a balanced diet. Where people needed support with their dietary needs, we saw this was recorded in their care plans. For example, some people had modified textured diets where they were at risk of choking. Some people had fluid thickener added to their drinks. A staff member explained to us how they thickened drinks to the correct consistency people required.
- One person said, "The food is adequate, I usually finish everything they give me." Another person said, "I am a very fussy eater, but the food is okay for what I have."
- The home's chef told us the provider ensured that people had the meals they preferred and provided us with an example where a person had a diet appropriate for their culture.
- We observed how people were supported at lunch time. The atmosphere in the dining areas was calm and pleasant and staff were very attentive to people's needs. Where required people used appropriate plate guards and they were offered a choice of drinks, hot meals and deserts. Where staff supported people to eat and drink, this was undertaken respectfully and with dignity.

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

- Staff worked in partnership with GP's and other health and social care professionals to plan and deliver an effective service. We saw the contact details for external healthcare professionals such as dietitians, speech and language and occupational therapists in people's care records.
- A GP visited the home weekly or when required to review people's health needs. One person told us, "If I needed a doctor, I'd ask for one and the staff would get one for me." A relative told us, "Recently my loved one needed a course of antibiotics and the nurse was onto it and it was all sorted with the GP."
- A visiting health care professional told us the staff were actively involved with people using the service,

they are knowledgeable, in fact the home was already doing what they would have advised them to do to support the person they were visiting. They said staff at the home didn't seem overworked and they could always chat with the key worker of the person they had come and see.

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

- The design of the premises was meeting people's needs. People's rooms were decorated and personalised to their needs. The home had adapted bathrooms, dining rooms, quiet lounges with suitable furniture to support people with limited mobility where required. We observed people moving freely about the home.
- There was an easy to access garden with a covered fishpond with comfortable furniture for people to use in warm weather,
- The registered manager told us the home was taking part in a pilot to further improve dementia care provision. For example, people's rooms would be redesigned according to their needs. Dementia friendly signage, pictures and sensory areas will be located on the home's dementia units.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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 of this service (24 December 2019), we found improvements were needed in relation to monitoring some aspects of the best interest decision making process. The provider had not identified some issues that we found at that inspection. Following that inspection, the registered manager took action to act on the issues we found.

### Continuous learning and improving care

- The provider recognised the importance of regularly monitoring the quality of the service. The provider used an electronic system for monitoring the service. Regular audits were carried out on areas such as, medicines management, care records, health and safety, infection control, incidents and accidents and complaints.
- The regional manager regularly visited the home to monitor the service and the care being provided. We saw a report from their care quality review in June 2022. They met with the registered manager and reviewed areas such as maintenance and equipment, staffing and training, care planning, safeguarding and customer experience. The report recorded good progress was being made with staff training and staff supervisions and appraisals were well managed.
- We saw a report from the local authority commissioning team following their visit to the home in April 2022. The registered manager was required to provide commissioners with some additional information. The report concluded, "Overall a good visit."
- Monthly safety checks were also being carried out on portable appliances, gas and water safety. Equipment such as hoists, wheelchairs, lifts and the call bell system were serviced and checked regularly to ensure they were safe for use.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: 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 home had a registered manager in post. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2014. They were aware of the types of significant events which they were required to notify CQC about and records showed the service had submitted notifications to CQC where needed.
- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service. The registered manager demonstrated good knowledge of people's needs and the needs of the staffing team.
- Staff were positive about how the service was run and the support they received from the registered

manager. A staff member told us, "I like working here, the registered manager is firm but she's good." Another staff member said, "The registered manager runs a tight ship, what needs to be done gets done, I respect her, and she has an open-door policy." A third staff member commented, "The registered manager is tough but fair. We all work together for improvements, we help each other and listen to the residents and their families, because they know them best."

- The registered manager demonstrated a clear understanding of their responsibility under the duty of candour. They told us they were always open and transparent with family members and professionals and took responsibility when things went wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Throughout the inspection we observed examples of people being included and empowered to make decisions about their care. For example, we saw staff listened to people and showed genuine interest in what they spoke about. Staff knew people's personal histories and backgrounds. We also saw staff encouraging people to be independent for example, encouraging those who could walk to do so safely.
- The provider sought people and their relatives' views about the home through surveys and residents and relatives' meetings. We saw an action plan following the last satisfaction survey. Actions included meeting with head of activities and the residents committee to obtain feedback and agree outings and an activities planner as well as including a copy of the complaint's procedure in the new welcome book.
- People spoke positively about the service. One person told us, "If I had a concern and raised it, they would do something about it." Another person said, "There's nothing bad about this place. It's much better than I thought it was going to be." A relative commented, "The manager is very approachable, and I can speak to her when I need to."
- Regular meetings were held with staff to discuss the running of the service and to reinforce areas of good practice. A member of staff told us, "Staff can raise items at team meetings and there is always an answer provided." Another staff member said, "The managers always let us know at the daily 10 at 10 meetings what's going on and if there are any changes to people's needs."

Working in partnership with others

- The registered manager and staff worked in partnership with other agencies, including the local authority and health and social care professionals to ensure people received safe and effective care.
- The registered manager regularly attended provider forums run by the local authority where they learned about and shared good practice. They told us the forums had facilitated sessions, for example on end of life care and the most current COVID-19 guidelines. They found the forums helpful and had used their learning to improve the service.
- An officer from the local authority told us there were no current concerns about the home and the registered manager had been proactive and responsive with any recommendations they had made. They told us they received feedback from a family who lost a loved one in April, they couldn't praise the staff enough for the care and treatment received and said they would highly recommend the home.