

Mr Salim Adam

# Aadamson House Care Home

## Inspection report

Peel Hall Street  
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Date of inspection visit:  
25 April 2023

Date of publication:  
01 June 2023

## 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

Aadamson House is a residential care home in the Preston area providing personal care to 22 people at the time of the inspection. The service can support up to 32 people. There are two floors with lift access to the first floor.

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

We found medicines were administered safely. A staff member said, "We have good systems with experienced trained staff on medicines." Risks to people were assessed and managed to ensure correct information was available for staff to deliver support for people. We found procedures for the recruitment of staff to be thorough. Staffing levels were sufficient during the 24-hour period with a mix of care, management and domestic staff. One person said, "They [staff] always come when I ask for assistance quickly." Maintenance checks were in place and up to date. Staff were seen to wear appropriate personal protective equipment (PPE) as latest guidance stated. Safeguarding training was provided, and staff spoken with confirmed this. Staff were aware of the processes to follow to enable people to be safe.

The registered manager had a training programme to support staff to improve their skills and knowledge. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. The registered manager had good systems in place to reduce the risk of malnutrition and monitor people's food and drink intake. People were complimentary about the quality of meals. One person said, "Cannot grumble with food the cook is fine and you can have a choice, always plenty."

The provider was clear about their responsibilities to notify CQC of incidents that occurred at Aadamson House. People told us they had confidence in the registered manager and management team who were open and transparent. They sought people's views in various ways. Staff spoke positively of the management team and felt supported in their role.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 25 March 2022.)

### Why we inspected

We received concerns in relation to the management of home, quality assurance systems, the environment and people's care needs. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm. Please see the safe, effective and well-led sections of this report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

#### Follow Up

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.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Aadamson House 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 Care Act 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 2 inspectors.

#### Service and service type

Aadamson House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 25 April 2023 and ended 28 April 2023.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and commissioners who work with the service. We also looked at information we had received and held on our system about the home, this included notifications sent to us by the provider and information passed to us by members of the public. The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 5 people who lived at Adamson House, 1 relative and the registered manager. In addition, we spoke with 5 members of staff including senior carers, domestic staff, catering staff and the provider. We observed staff interaction with people, also, we reviewed a range of records. These included care records of 3 people, medication records, and 3 staff files in relation to recruitment. We also reviewed records relating to the management and maintenance of the service. We had a walk around the premises and looked at infection control measures.

### After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at staff training records the provider had in place.

# 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 remains the same. This meant people's outcomes were consistently good, and people's feedback confirmed this

### Staffing and recruitment

- Staff recruitment processes were in place and found to be thorough. Pre-employment checks were completed to help ensure suitable people were employed. In addition, induction training was in place from the day a new starter commenced work at Adamson House.
- Sufficient numbers of staff were on duty to support people's care and social needs and promote their independence. People we spoke with told us they felt safe with the number of staff around to help them. A staff member said, "No issue with the staff numbers we have sufficient."

### Using medicines safely

- Records for the receipt, administration and disposal of medicines were kept. There were written protocols to guide staff on the administration of medicines prescribed 'as and when' required. We observed medication being administered at breakfast and lunch time. People received their medication safely and at the right time. One person said, "Yes definitely always get my tablets on time."
- The registered manager had good systems to manage medicines safely, also they had auditing processes to monitor medicines and identify any issues and act upon them so that people were kept safe. We confirmed this by looking at records and talking with staff.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and confident with staff that cared for them.
- There were effective safeguarding processes in place. The management team and staff had a good understanding of safeguarding people. They understood their responsibilities for keeping people safe and the processes for reporting any concerns.
- Staff told us they had received training in areas of safeguarding adults which was regularly updated.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The registered manager had processes in place to manage people's safety and reduce risks. Risks to people and the service were assessed and managed to ensure people's safety.
- The management team reviewed incidents as part of lessons learned, to ensure risks were assessed to prevent them happening again. Staff meeting minutes highlighted any action taken in relation to lessons learnt was shared with the staff team. A staff member said, "We have a system now in place to discuss any accidents or incidents and learn from them."

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider had processes to admit people safely to the service.
  - We were assured that the provider was meeting shielding and social distancing rules.
  - We were assured that the provider was using PPE effectively and safely.
  - We were assured that the provider was accessing testing for people using the service and staff.
  - We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. One relative replied in a recent survey, 'The cleaning staff are so friendly and do a brilliant job.'
- The provider was making sure infection outbreaks can be effectively prevented or managed.

#### Visiting in care homes

The provider was facilitating safe visiting in line with government guidance. This meant people could visit their relatives all days of the week in line with government guidance.



# 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 remains the same. This meant people's outcomes were consistently good, and people's feedback confirmed this

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

- As part of staff training schedules, training was provided so that staff understood the relevant requirements of the MCA. People were asked for consent before providing support, staff explained the reasons behind this and gave people enough time to think about their decision before taking action.
- People's capacity to make decisions was considered as part of the assessment process. Written evidence was found in individual care records.
- The registered manager was aware of the process to submit applications for DoLS authorisations, as appropriate and to notify CQC.

Staff support: induction, training, skills and experience

- Staff were competent and informed us they had access to training courses at Adamson House where senior management were qualified to provide in house training. One staff member said, "It has improved, and the manager always supports me to learn and attend relevant training courses." Staff received supervision and support to carry out their role effectively. Supervisions allowed staff to discuss performance and training needs with a more experienced member of staff.
- A formal induction process was in place when staff commenced work. Staff told us it had provided a good first understanding in care, familiarisation with processes at Adamson House.

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

- People's needs and choices were assessed to ensure their care, treatment and support was delivered in line with current legislation, standards and evidence-based practice to achieve effective outcomes.

Assessments from health and social care professionals were also used to plan effective care.

- People's care records reflected their current care and support requirements, and they were regularly reviewed.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported with their healthcare needs. Staff had developed relationships with other agencies and professionals to provide a flexible and effective service.
- People were provided with regular meals and snacks with choices. Comments from people were positive and included, "Cannot grumble with food the cook is fine and you can have a choice," Also, "Plenty of food can have a drink or snack at any time."
- The registered manager had systems to reduce the risk of malnutrition and manage people's food intake. They continued to focus on helping people to improve their nutrition in ways that offered choice and maximised their independence.

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

- Accommodation was accessible, safe and homely. Bathrooms could accommodate people who required support with moving and transferring to the bath.
- A plan of refurbishment for the premises was currently being undertaken. One person said, "They are always decorating, and I do like my room."
- People were able to bring their own items into their rooms and to personalise their rooms as they wanted to.

# 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 remains the same. This meant people's outcomes were consistently good, and people's feedback confirmed this

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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 management team had a number of auditing systems to maintain ongoing oversight and continued development of Aadamson House. They had systems in place to address any issues or shortfalls to improve the home.
- We received positive comments from staff, people who lived at Aadamson House and relatives. For instance, one person said, "[Manager] is a lovely person, always willing to sit and chat." Staff told us they felt supported by the management team. One staff member said, "Yes I feel the management are supportive."
- The registered manager encouraged candour through openness. The registered manager and staff were clear about their roles, and understanding of quality performance, risks and regulatory requirements. It was evident if any complaints were made, they would be listened to, and their concerns and worries would be investigated through their complaints process.
- The registered manager was open and honest with the inspection team and took immediate action when minor issues were highlighted during the inspection visit.

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

- There was a positive culture at Aadamson House and comments we received confirmed this. For example, one person said, "We all get a long like a family."
- People told us the home was relaxed and a peaceful atmosphere. A relative said, "When we come it seems nice and relaxed with people roaming around at their leisure."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team encouraged people and professional visitors to provide their views and about how the home was supporting people and performing. For example, recent surveys completed by health professionals and relatives were positive, and one received praised the staff for their 'caring and supportive attitude.'
- The management team hold 'resident' and staff meetings for the exchanging of views and ideas of which some were implemented in the day to day running of Aadamson House.

Working in partnership with others

- Records highlighted advice and guidance was sought from health and social care professionals when required.
- The management team worked with other agencies and relatives to share good practice and enhance care delivery.