HC-One Oval Limited

Adelaide House Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Adelaide House provides care and accommodation for up to 30 older people; some have nursing and physical needs and some people are living with dementia. On the day of our inspection 18 people were living at the service.

People's experience of using this service and what we found
There were sufficient staff at the service to support people with their needs. Staff were aware of the risks associated with people's care and ensured that people were provided with the most appropriate care. People received their medicines when needed and the management of medicines was safe.

People felt safe with staff and staff knew what to do if they suspected abuse. Incidents and accidents were reviewed, and actions taken to reduce further occurrences.

There was a robust system in place to assess the quality of care provided. People, relatives and staff thought the leadership of the service was good and felt supported by them. Notifications were sent to the CQC where it was appropriate to do so.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was Requires Improvement (published 20 October 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection sufficient improvement had been made and the provider was no longer in breach of regulations.

Why we inspected
We carried out an unannounced targeted inspection of this service on 4 September 2020 and breaches of legal requirements were found.

We undertook this focused inspection to check they had followed their action plan and to confirm they were now meeting legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well Led which contain those requirements.

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 coronavirus and other infection outbreaks effectively.

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.

Adelaide 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
Our inspection was completed by two inspectors.

Service and service type
Adelaide 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.

The service had a manager who had submitted an application to register with the Care Quality Commission. At the time of the inspection the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and health care professionals that work with the service. We used this information to plan our 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

During the inspection
We spoke with five people who used the service about their experience of the care provided. We spoke with seven members of staff including the manager and the deputy manager. We reviewed a range of records including five people's care records and multiple medication records.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at policies and quality assurance records.

Good

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.

Staffing and recruitment

At our last inspection of the service, we found the provider had not ensured there were sufficient staff deployed at the service to provide safe care to people. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

● People told us that staffing levels had improved and that they received support when they needed it. One person told us, "When I use my call bell, they come quickly." Another said, "They've always got time to chat, there's always someone walking around to help if you need it."
● Since the last inspection, the manager had recruited a deputy manager who was also the clinical lead. They were able to provide additional support to the nurses who were then able to concentrate more fully on people's clinical needs. We observed that staff had time to sit and talk to people including those who were being cared for in their rooms.
● Staff fed back that the staffing levels had improved, and people's needs were being considered in relation to the staffing levels. One member of staff said, "Staffing is good, the levels have increased so we can actually sit and talk to people. "
●The provider operated effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the Disclosure and Barring Service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people who use care and support services.

Using medicines safely

At the last inspection we found the management of medicines was not always safe. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had not been made at this inspection and the provider was no longer in breach of regulation 12.

● People were supported to take their medicines as prescribed and medicines were managed appropriately. One person told us, "I had a small problem and the nurse reviewed my medicine." Another person said, "I was in pain, I told the nurse and she increased my pain relief."
● Medicines were labelled with directions for use and contained both the expiry date and the date of opening. Medicines were safely stored in locked cupboards or lockable fridges if required.
● There were methods and protocols for assessing and managing pain in people who could not verbally

express their needs. There were protocols in place for staff for when they needed to offer people medicines prescribed 'as and when required'.
● Competency checks were undertaken with staff as part of the training process and informally after that to ensure they were administering medicines safely.

Assessing risk, safety monitoring and management;
● People told us they felt the risks associated with their care were managed well by staff. One told us, "They understand what I need. I struggle with my walking and the carers are always there with me." Another said, "I get very sore skin, but staff make sure my legs are creamed well and my skin is much better." A third said, "A carer comes in and is very good at making sure I do my exercises."
● Assessments were undertaken to identify risks to people and protect them from harm. These included risks associated with mobility, safe evacuation, dehydration, malnutrition and choking. For example, one person was at risk of falls. The person had a sensor mat and crash mat in their room. They had a walking aid and staff supported the person when using this. One member of staff said, "We are always doing risk assessments in our heads all day, every day when we support each other. We raise an issue and then a senior would complete the risk assessment if it's something new."
● Where clinical risks were identified, appropriate management plans were developed to reduce the likelihood of them occurring, including around wound care, diabetes care and other health care concerns. Where wounds had been identified, regular photographs were taken of the wound to track the progress. We identified that pressure sores were healing as a result of the intervention from the staff.

Learning lessons when things go wrong
● Incidents and accidents were recorded with action taken to reduce further occurrences. The manager told us they used a falls safety tracker to identify people that were at risk and whether there were any themes or trends to prevent any further occurrences.
● We reviewed the incident and accident reports and found that steps had been taken to reduce the risks. For example, where people when people had falls, they were referred to the appropriate health care professionals and monitored for a period of time.
● Staff knew what to do in the event of an accident or incident. One told us, "I'm confident everything gets reported like this and then the manager looks into it and whether any changes need to be made. For example, if someone is having more falls, then what can we all do to prevent it."

Systems and processes to safeguard people from the risk of abuse
● People looked relaxed and comfortable in the presence of staff. People told us they felt safe with staff. One person said, "It's very safe here, the staff make me feel safe" and, "The staff are nice and approachable and kind. They keep us safe."
● Staff understood what they needed to do to protect people from the risk of abuse. One told us, "I don't have concerns about abuse here. The reporting for this is very clear. Everyone knows how to raise a concern and I wouldn't hesitate." Another told us, "Sometimes it may not be obvious, just a minor change in behaviour and I think we all watch out for this well."
● We observed that staff were vigilant when people showed anxiety and stepped in to ensure people's anxiety was not directed towards other people that were around them.
● Staff received safeguarding training and there was a whistleblowing policy that staff could access.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was using Personal Protective Equipment 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.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Good

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 had 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.

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

At the last inspection we found that there was a lack of leadership and systems and processes were not established and operated effectively. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection there had been sufficient improvement made and the provider was no longer in breach of regulation 17.

- At the previous inspection we identified that the auditing and governance was not robust which meant that the quality of care was not reviewed appropriately. Since the last inspection a new manager and deputy manager had been recruited.
- People fed back the management at the service had improved. One person told us, "The manager seems very nice. She keeps an eye on things". Other comments from people included, "(The manager) is very, very nice, very pleasant. She is lovely, says hello every day" and, "The new manager is very good. She comes and talks to us and the assistant manager is very good" and, "The gaffer, she's top notch. She's very lovely and always makes time to stop and chat."
- The manager wanted to create a culture of openness and support within the service. This was evident in the feedback we received from staff. One member of staff said, "Here it is much, much better, from top to bottom. The management make such a difference. They work on the floor; they are supportive and connective." Staff said they were happier coming in to work now. Another member of staff told us, "It just runs a lot better now, it's a nicer place to work, less stressed. It's a better run home and the staff are a lot happier because of this."
- The manager and the senior management team led by example, which influenced staff's attitude to work in a positive way. Throughout the inspection the management team took time to speak and engage with people.

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

- People were given opportunities to talk about things they would like at the service through regular residents' meetings and surveys. One person said, "I know what's going on, staff keep me updated of any changes." Another said, "They're always checking I'm happy and if I want something different, they will change it immediately."
- Staff attended meetings and were invited to contribute to the running of the service. One member of staff

said, "There is really good communication here and I feel listened to, supported and valued. They care about you here and want you to progress." Another told us, "I feel valued. I'm not used to getting thanked so much, it makes me feel good." A third said, "Anyone can join the flash meetings if they want to raise something, or to listen in."

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

● The provider and the management team undertook audits to review the quality of care being provided. These included audits of people's skin integrity, falls, infection control, medicine and health and safety. Actions plans were recorded and followed up on.

● It was identified in a provider audit in January 2021 that wound care management needed to be discussed at the daily flash meetings and the manager ensured this was taking place. It was noted that people's fluid intake needed to be increased. As a result, people who did not meet their fluid target for more than three days were referred to their doctor.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

● Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The manager had informed the CQC of events including significant incidents and safeguarding concerns.

● There was a clear staffing structure in the home. Staff knew who to report to and where to get advice at any time. One member of staff told us, "I tell the nurse if they have missed something in the paperwork." They told us they would not hesitate to raise things with nurse who would take their feedback on board.

Continuous learning and improving care; Working in partnership with others

● The manager and staff took steps to drive improvements at the service. Each day the heads of each department attended a flash meeting where they discussed people's needs and any changes that might be needed. One member of staff told us, "It's a good opportunity to make improvements. We talk through how to improve people's mobility and people's nutritional intake." Another told us, "We're always checking each other and pulling each other up, which works well for all of us."

● In addition to discussing people's needs, they talked through what staff could do differently to improve care. For example, a member of staff told us they looked at the lunch breaks for staff. They felt the gap between breaks was too small meaning there was a risk that appropriate numbers of staff may not be on the floor during lunch. They agreed to have larger gaps between the breaks to reduce this risk.

● Health care professionals were complimentary about the joint working they undertook with the service. One told us, "During the last three or four months we have noted some change in the management team which is quite cooperative. On the whole we think there is a level of improvement at the home." A social care professional fed back they had noted improvements at the service particularly with their communication.