Seaway Nursing Home Limited

The Adelaide Nursing Home

Inspection report

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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?	Good

Summary of findings

Overall summary

We carried out this unannounced inspection of The Adelaide Nursing Home on 11 April 2017. We previously carried out a comprehensive inspection at The Adelaide Nursing Home on 31 March 2015. We found areas of practice that needed improvement. This was because we identified issues in respect to the provision of meaningful activities. The service received an overall rating of 'good' from the comprehensive inspection on 31 March 2015.

We undertook this unannounced comprehensive inspection to look at all aspects of the service and to check that the provider had made the required improvements. We found improvements had been made. The overall rating for The Adelaide Nursing Home remains as 'good'.

The Adelaide Nursing Home provides personal care, accommodation and nursing care for up to 35 people. On the day of our inspection there were 33 older people at the service, some of whom were living with dementia and chronic health conditions. The service is spread over two floors with a passenger lift, communal lounge/dining room and a garden.

People enjoyed taking part in meaningful activities both in the service and the community. One person told us, "I like to do knitting, [member of staff] helps me with that. I have my TV and radio in my room. I do go downstairs. I do anything that's going on. I've done the arts and crafts and bingo, I get involved when I can".

People and relatives told us they felt the service was safe. One person told us, "I call them my adopted family, they look after me so well". Another person said, "They know what they're doing. It's no problem, I feel safe". People remained protected from the risk of abuse because staff understood how to identify and report it.

The provider continued to have arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to get their medicine safely when they needed it. People were supported to maintain good health and had access to health care services.

Staff considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. 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 provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People and their relatives felt staff were skilled to meet the needs of people and provide effective care. One person told us, "Oh yes, some are a little more skilful than others, but they'll learn in time. Some have obviously been at it a little longer so they are a little defter".

People remained encouraged to express their views and had completed surveys. Feedback received showed

people were satisfied overall, and felt staff were friendly and helpful. People and relatives also said they felt listened to and any concerns or issues they raised were addressed.

Staff supported people to eat and drink and they were given time to eat at their own pace. People's nutritional needs continued to be met and people reported that they had a good choice of food and drink. One person told us, "There's a very good choice of food. I'm asked what I like and they tell me what there is and I usually have what I ask for. I have my lunch in my room or sometimes in the garden".

Staff felt fully supported by management to undertake their roles. Staff were given training updates, supervision and development opportunities. One member of staff told us, "[Registered manager] is constantly putting us on training and improving our education. Supervision helps us to stay reminded of good practice and not get lax. Supervision is important".

The service had a relaxed and homely feel. Everyone we spoke with spoke highly of the caring and respectful attitude of a consistent staff team and this was observed throughout the inspection. One person told us, "My carer is very nice. Very caring and very good tempered".

People's individual needs were assessed and care plans were developed to identify what care and support they required. People were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

People, staff and relatives found the management team approachable and professional. One person told us, "She's [the registered manager] very caring and it's run very well".

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 remains Good

Is the service effective?

Good

The service remains Good

Is the service caring?

Good

The service remains Good

Is the service responsive?

Good

The service is now rated as Good

People were supported to take part in meaningful activities.

Care plans were in place and were personalised to reflect peoples' needs, wishes and aspirations.

Comments and compliments were monitored and complaints acted upon in a timely manner.

Is the service well-led?

Good

The service remains Good

The Adelaide Nursing Home

Detailed findings

Background to this inspection

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 April 2017 and was unannounced. The inspection team consisted of one inspector and an 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. The expert-by-experience for this inspection was an expert in care for older people.

We previously carried out a comprehensive inspection at The Adelaide Nursing Home on 31 March 2015. We found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in relation to the provision of meaningful activities. After this inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to these breaches.

The provider had completed 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 looked at other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about.

During the inspection we observed the support that people received in the communal lounge/ dining room. We spoke with seven people, two visitors, three care staff, the chef and the registered manager. We spent time observing how people were cared for and their interactions with staff and visitors in order to understand their experience. We also took time to observe how people and staff interacted at lunch time.

We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including four people's care records, four staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit

documentation. We also 'pathway tracked' the care for some people living at the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

People and relatives told us they felt the service was safe. One person told us, "I call them my adopted family, they look after me so well". Another person said, "They know what they're doing. It's no problem, I feel safe".

People remained protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no hesitation in reporting abuse and were confident that management would act on their concerns.

Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff have a criminal record or are barred from working with children or vulnerable people. Staff had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form.

People and relatives felt there was enough staff to meet their needs. One person told us, "I believe there is [enough staff]". Staff rotas showed staffing levels were consistent over time and that consistency was being maintained by permanent staff. We saw there was enough skilled and experienced staff to ensure people were safe and cared for. A member of staff added, "I think we have enough staff, we always get cover".

Staff continued to take appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff handover meetings. The manager analysed this information for any trends.

People continued to receive their medicines safely. Nursing staff were trained in the administration of medicines. A member of staff described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed. We observed a member of staff administering medicines sensitively and appropriately. We saw that they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely. Nobody we spoke with expressed any concerns around their medicines. One person told us, "I get my medications from the nurses twice a day". Another person said, "The nurses give me my medication and I'm quite happy with the way it's given". Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.

Robust risk assessments remained in place for people which considered the identified risks and the measures required to minimise any harm whilst empowering the person to undertake the activity. We were given examples of people having risk assessments in place to mobilise around the service, access the community, manage their own medicine inhalers and make choices that placed them at risk. Risks associated with the safety of the environment and equipment were identified and managed appropriately. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal evacuation plan.

Good

Is the service effective?

Our findings

People and their relatives felt staff were skilled to meet their needs and continued to provide effective care. One person told us, "Oh yes, some are a little more skilful than others, but they'll learn in time. Some have obviously been at it a little longer so they are a little defter". A relative said, "When [my relative] came in, she was really poorly and weak, but she's got a lot stronger since and that's because of this place and prayer. She used to use a hoist, but now she's got stronger on her legs and they're able to lift her up with the Zimmer frame. She can feed herself now, when she first came in she had to have pureed and now she can have solid food. They have been helping her best they can, they have looked after her".

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 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. We checked whether the provider was still working within the principles of the MCA. Staff continued to have a good understanding of the MCA and the importance of enabling people to make decisions. Staff had knowledge and understanding of the Mental Capacity Act (MCA) and had received training in this area.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Applications had been sent to the local authority and notifications to the Care Quality Commission when required. We found the manager understood when an application should be made and the process of submitting one. Care plans clearly reflected people who were under a DoLS with information and guidance for staff to follow. DoLS applications and updates were also discussed at staff meetings to ensure staff were up to date with current information.

People continued to receive consistent support from specialised healthcare professionals when required, such as GP's and social workers. Access was also provided to more specialist services, such as chiropodists and dieticians if required. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals. A relative told us, "I can't really fault the care so far. Recently we had to come in during the night as they called us in about her breathing. They called us immediately which was very good, they obviously realised that there was potentially an issue. They then rang up the doctors and found out it was on her records that she has sleep apnoea".

When new staff commenced employment they underwent an induction and shadowed more experienced staff until they felt confident to carry out tasks unsupervised. The training plan and training files we examined demonstrated that all staff attended essential training and regular updates. Training included moving and handling, food hygiene, infection control and health and safety. Where training was due or overdue, the registered manager took action to ensure the training was completed. Staff we spoke with all

confirmed that they received regular supervision and said they felt very well supported by the management team. Staff had regular supervision meetings throughout the year with their manager and a planned annual appraisal. One member of staff told us, "[Registered manager] is constantly putting us on training and improving our education. Supervision helps us to stay reminded of good practice and not get lax. Supervision is important".

From examining food records and menus we saw that in line with people's needs and preferences, a variety of nutritious food and drink continued to be provided and people could have snacks at any time. We observed lunch and saw that it was an enjoyable and sociable occasion. People enjoyed their meals and snacks throughout the inspection. One person told us, "They give you a choice of food, and you can select what you want the day before, you can always change your mind on the day". Another person said, "There's a very good choice of food. I'm asked what I like and they tell me what there is and I usually have what I ask for. I have my lunch in my room or sometimes in the garden".

Good

Is the service caring?

Our findings

People and relatives felt staff were consistently kind and caring. One person told us, "They're excellent [staff]". Another person said, "My carer is very nice. Very caring and very good tempered". A relative added, "[My relative] wasn't talking very much when she first came in here, but now she's got to know the nurses quite well so she's familiar with them".

The service continued to have a relaxed and homely feel. Everyone we spoke with spoke highly of the caring and respectful attitude of a consistent staff team which was observed throughout the inspection. One person told us, "I like them all [staff], which is a great thing". Another person said, "I've made many friends here too, staff and residents alike". Throughout the inspection, people were observed freely moving around the service and spending time in the communal areas or in their rooms. People's rooms were personalised with their belongings and memorabilia. One member of staff told us, "I like the achievement of making people live well and looking after and respecting them".

Peoples' differences were respected and staff adapted their approach to meet peoples' needs and preferences. People were able to maintain their identity; they wore clothes of their choice and could choose how they spent their time. One person told us, "They do, they ask me what I'd like to wear in the morning and things like that". Another person said, "I am free to do what I want, I don't feel restricted". Diversity was respected with regard to peoples' religion and both care plans and activity records, for people staying at the service, showed that people were able to maintain their religion if they wanted to. A relative said, "They do services here".

People told us they remained involved in decisions that affected their lives. Observations and records confirmed that people were able to express their needs and preferences. Staff recognised that people might need additional support to be involved in their care, they had involved peoples' relatives when appropriate and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Peoples' privacy continued to be respected and consistently maintained. Information held about people was kept confidential, records were stored in locked cupboards and offices. People confirmed that they felt that staff respected their privacy and dignity. One person told us, "As far as I know I've never been treated without dignity". Observations of staff within the service showed that staff assisted people in a sensitive and discreet way. Staff were observed knocking on peoples' doors before entering, to maintain peoples' privacy and dignity and people were able to spend time alone and enjoy their personal space. One person told us, "I have my meals in my room because I like the privacy, they let me do as I please".

People were consistently encouraged to be independent. Staff had a good understanding of the importance of promoting independence and maintaining people's skills. One member of staff told us, "I encourage people to stand if they can and wash their hands and face, or brush their hair". People told us that their independence and choices were promoted, that staff were there if they needed assistance, but that they

were encouraged and able to continue to do things for themselves. One person said, "They do, they ask me what I'd like to wear in the morning and things like that". Another person told us, "I make my bed up and change the sheets once a week. Records and our own observations supported this.

Good

Is the service responsive?

Our findings

At the last inspection on 31 March 2015, the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in relation the provision of meaningful activities. After the inspection, the provider wrote to us to say what they would do to meet legal requirements. Improvements had been made and the provider was now meeting the legal requirements of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection, we found the provision of meaningful activities for people were not consistently based on their assessed need and personalised to them. We saw at this inspection, that improvements had been made. The registered manager told us, "We have upped the ante on activities and have engaged with the Dementia In-reach Team, who have brought people here from other homes to learn from us. [The activity co-ordinator] discusses activities with people and we have set up individual folders to record the activities that people enjoy. We organise realistic activities that people can enjoy". Additionally, the activities co-ordinator at the service had recently won a national award for their activities programme.

We saw evidence of people taking part in activities, which included arts and crafts, films, bingo and themed events, such as parties at the service and visits from entertainers. People were given the choice to join in activities, or alternatively not take part should they not want to. The service also supported people to maintain their hobbies and interests and achieve specific goals. For example, one person used to be in the RAF and staff had purchased them models of Spitfire planes to make. A member of staff told us, "We do a lot of activities, we make it a fun home for people". We were shown photos of activities and people's artwork was displayed around the service. One person told us, "I like to do knitting, [member of staff] helps me with that. I have my TV and radio in my room. I do go downstairs. I do anything that's going on. I've done the arts and crafts and bingo, I get involved when I can". A relative said, "I come up every day because I live close by. They do bingo on a Wednesday which is quite good and they have someone come in and do karaoke. She likes the church service on the Monday". On the day of the inspection, we saw activities taking place for people. We saw people, their relatives and staff taking part in a cheese and wine party. People were clearly enjoying the activity and often engaged with other people in the room. We saw that activity logs were kept which detailed who attended the activity and what they thought of it, which enabled staff to provide activities that were meaningful and relevant to people.

People and their relatives told us that staff remained responsive to their needs and aware of their preferences. One person told us, "They know me and we have got to know each other". Another person said, "They still are getting to know me I haven't been here too long, but they are making me feel very welcome". A further person added, "They know me alright, they know I like watching TV".

We saw the staff undertook an assessment of people's care and support needs before they began using the service. This meant that they could be certain that their needs could be met. The pre-assessments were used to develop a more detailed care plan for each person which detailed the person's needs, and included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. Paperwork confirmed people or their relatives were involved where possible in the formation of an

initial care plan and were subsequently asked if they would like to be involved in any care plan reviews. The care plans were detailed and gave descriptions of people's needs and the support staff should give to meet these. Each section of the care plan was relevant to the person and their needs. Care plans were reviewed regularly and updated as and when required. People and relatives told us they were involved in the initial care plan and on-going involvement with the plans. One person told us, "Yes I was [involved in writing my care plan], think it has been reviewed". A relative added, "It's all documented, I check that. Her actual care folder I was very impressed with. It was all very good on that score".

People told us they were routinely listened to and the service responded to their needs and concerns. Satisfaction surveys were carried out and people were also aware of how to make a complaint and all felt they would have no problem raising any issues. One person told us, "I speak to [registered manager], I haven't had any qualms. I've got no complaints". Another person said, "If there were any problems I could certainly talk to whoever is in charge". The complaints procedure and policy were accessible and displayed around the service. Complaints made were recorded and addressed in line with the policy with a detailed response.

Good

Is the service well-led?

Our findings

People, visitors and staff all told us that they were happy with the way service was managed and stated that the management team remained approachable and professional. One person told us, "She's [the registered manager] very caring, and it's run very well". Another person said, "She's [the registered manager] very efficient, very caring". A relative added, "All I can say is when my [relative] came in, she was very weak like a bag of bones, they've really done a good job with her being there. They do care for her and she is getting stronger".

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People looked happy and relaxed throughout our time in the service. People and staff said that they thought the culture of the service was one of a homely, relaxed and caring environment. One person told us, "It's comfortable and a pleasure to be in [the service]". Another person said, "They [staff] do have a team spirit, it's usually a caring and kind atmosphere". A further person added, "It's a nice mix of people here, the carers and the residents". When asked why the service continued to be well led, one member of staff told us, "I can approach the manager, she's quite understanding and try's to sort things out. Communication is what it's all about and we work well together". Another member of staff said, "We're a good team, we get on well. We're like a family".

The manager continued to show passion and knowledge of the people who lived at the service. They told us, "Everyone has something special about them. We try to keep people happy, smiling and laughing. We always keep trying and this is a homely home". A member of staff said, "This home helps people achieve happiness and find comfort in their final days. We are there, being a friend".

Quality assurance audits were embedded to ensure a good level of quality was maintained. We saw audit activity which included medication, care planning and infection control. The results of which were analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered.

Staff continually looked to improve and had worked effectively with the local authority and clinical commissioning group (CCG) in order to develop systems and best practice in relation to people's care. The staff had participated in work to improve the provision of meaningful activities for people, and this work was shared with other services in the area to drive up standards.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The manager

was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.