

Malhotra Care Homes Limited

Addison Court

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Addison Court is a residential care home providing personal and nursing care to up to 70 people. The service provides support to people aged 65 and over, some of whom are living with a dementia. At the time of our inspection there were 56 people using the service.

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

People were happy with the support they were provided by staff. Relatives were complimentary about the staff team at the home. We observed many kind and caring interactions between staff and people throughout the inspection. Relatives and visitors were welcomed into the home and people were supported to take part in activities that were meaningful to them.

Medicines were generally safely managed but we found that further worked was needed around the records relating to 'as required' medicines and topical medicines. We have made a recommendation about this.

Risks people may face were clearly recorded and steps in place for staff to follow to keep people safe. Care records were detailed and provided guidance for staff to follow to meet people's needs. People and relatives were involved in reviews of people's care needs as well as other health care professionals.

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.

The home was clean, and staff were wearing appropriate PPE whilst supporting people. Staff followed government guidance in relation to COVID-19. There was enough staff to safely support people.

There was an effective quality and assurance system in place which allowed for oversight and identify areas of improvement of the care and support provided. People, relatives and staff were asked for their feedback about the service and this feedback was used to improve the quality of care provided. The registered manager investigated all incidents and complaints, and used the lessons learned to improve the service.

Rating at last inspection

The last rating for this service was good (published 16 September 2020).

Why we inspected

We received concerns in relation to medicines management, people's care needs not being met, staffing and leadership at the home. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

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 not changed and remains good based on the findings of this inspection.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Addison Court on our website at www.cqc.org.uk.

Recommendations

We have made a recommendation that the provider ensures that records relating to 'as required' medicines and topical medicines are fully reviewed.

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 responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Addison Court

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

The inspection was completed by 2 inspectors and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Addison Court 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. Addison Court is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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 also reviewed the information we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law.

We sought feedback from the local authority contracts monitoring and safeguarding adults' teams and reviewed the information they provided. We used all of this information to plan our inspection.

During the inspection

We inspected the safety of the premises and carried out observations in communal areas. We spoke with 2 people who used the service, 24 relatives, and 8 members of staff including the registered manager, 2 senior managers, 1 registered nurse and 4 care staff. We received written feedback from 10 care staff after our site visit. We reviewed the care records for 13 people, medicine records for 23 people and the recruitment records for 3 members of staff.

We looked at a range of other records. This included staffing rotas, meeting minutes, policies and procedures, environmental safety and information relating to the governance of the service.

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were managed safely. People received their medicines safely and at the correct time. One relative told us, "I know that whatever medication [Person] is now on, they're a whole lot better than they were before. I have no concerns at all about their medication. [Person] is in a really good place at the moment."
- 'As required' medicines were administered safely but records relating to the steps for staff to follow to administer these required review.
- Some people had topical medicines prescribed, for example creams and ointments, but records did not always show when these medicines had been applied. People and staff told us that topical medicines were applied regularly.
- Staff had received regular checks of their competencies to administer medicines. There were regular checks by the registered manager and provider to make sure people were receiving their medicines safely and in line with best practice.

We recommend the provider fully reviews all 'as required' and topical medicine records to ensure they are accurate and follow best practice guidance.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Policies and procedures were in place for staff to follow to keep people safe.
- Staff told us what action they would take if they identified any form of abuse. Staff had received training around identifying abuse.
- Relatives told us that people were safe at the home. One relative said, "When I am there, there are always different nurses going into their room to see how they are or bringing them a cup of tea. They may come in and have a chat with them, so I have no concerns about their safety."

Assessing risk, safety monitoring and management

- Risks were safely managed and assessments in place to keep people safe. People had personalised risk assessments which detailed the steps staff had to follow to mitigate any risk. A relative commented, "[Person] is not at any risk of falling. They can be a bit aggressive as can other residents, but the staff deal with this behaviour very well. If there are incidents, I always get a call to let me know and also what they have done about it."
- Environmental risk assessments were in place to help keep all people, staff and visitors safe.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- There were enough staff to safely support people and staff were recruited safely. People were happy about the staffing levels at the home. One person told us, "Staff come quickly when I need them."
- Staff were safely recruited, and the provider carried out a range of pre-employment checks. This included references and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff told us there were enough staff on duty, but they would like to have additional staff on duty during day and night shift to provide more engagement with people. One staff member commented, "It would be beneficial to residents if we could have an extra staff member on each floor. This way staff would be able to have more one-to-one person-centred time with residents." During the inspection we did not observe staffing deployment as an issue and staffing levels were regularly reviewed by the management team.

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 supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.
- Visitors were welcomed at the home and people were visiting out of the home. Professional visitors were required to provide a negative lateral flow test prior to entering the service.

Learning lessons when things go wrong

- Lessons were learned from incidents and learning shared with staff to reduce the risk of similar incidents occurring.
- The registered manager investigated all incidents and used the findings from these to improve the service.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had personalised care plans in place which reflected their choices, preferences and assessed needs.
- Relatives told us that they were part of people's reviews and informed if people's needs were changing. One relative said, "We have been involved very extensively with [Person]'s planning, both with Addison Court and social services generally."
- Some people had specialised care plans in place, for example skin integrity care plans. We found these care plans were very detailed and included input from other health care professionals.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication .

- People had their communication needs assessed by staff and documented within their care records. Strategies were in place to support people with communication.
- Staff were aware of AIS and provided different examples of how they applied this with people. For example, staff could provide information in large print and picture format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were provided with meaningful activities .
- Staff supported people to access the local community and maintain social relationships.
- Relatives confirmed they were always welcome at the home and that their relatives had access to activities. One relative commented, "They did have a Jubilee event which was quite good, which the home put on. I think they may be putting on an Elvis Presley tribute band at some point."
- Staff encouraged people to follow their interests. People were able to maintain their cultural beliefs.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and relatives confirmed they knew how to raise a complaint. The registered manager fully investigated all complaints and used learning from these to improve the service provided.
- Some relatives told us about complaints they had raised at the home and the action taken. One relative

told us, "The only thing that I did raise was about him being on the second floor which was very noisy. They dealt with my concern about this immediately and in an understanding way. They were really good about agreeing to move him to the top floor, where he has been ever since."

End of life care and support

- At the time of the inspection no one was receiving end of life care and support.
- Staff had received training around delivering end of life care and people had their end of life wishes documented in their care records.

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 good. The rating for this key question has remained 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive staff culture at the home which allowed for good outcomes for people.
- Staff told us they felt supported by the registered manager and the staff team. One staff member commented, "I feel all staff have the best interests of the residents at heart."
- There was a happy atmosphere within the home. Relatives were positive about the leadership at the home. One relative told us, "[Registered manager] has a business to run, but she is a good listener, and is open to discussing things with me. She seems to be in touch with what is going on, and I think the home is well organised, so I would certainly give her credit for that."
- People, relatives and staff were asked for their views of the service. Staff told us they were listened to by management and their ideas were used to improve the overall service.

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 registered manager was fully aware of their legal responsibilities and was open and transparent. They submitted notifications to the commission for any significant events that had occurred at the service, for example accidents and incidents.
- When things went wrong, apologies were given to people and lessons were learned. These were used to improve the service.
- Records showed investigations were completed for all incidents and these were fully investigated. Actions were identified and shared with people, relatives, staff, partnership agencies and the wider provider management team.
- Results from feedback surveys, incidents, audits and complaints was used to improve the quality of care provided to people.

Working in partnership with others ; Continuous learning

- The service worked in partnership with a range of other organisations to ensure people's needs were met.
- Care records detailed involvement from people's GPs, the district nursing teams and other health care professionals.
- The management team took on board people's opinions and views to make improvements.

