

Mr B Brown

Adelphi Residential Care 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

About the service

Adelphi Residential Care Home provides accommodation and personal care for up to 27 older people. The home comprises two properties which have been combined into one and extended. The home has three floors with both lift and stairs access. People had access to a variety of communal areas. Bedrooms are mainly single and some have en suite facilities. At the time of inspection there were 19 people living in the home. Some shared bedrooms had been changed to single bedrooms where people had needed more space.

Peoples' experience of using this service and what we found

People told us they felt safe living in the home. People had been supported to manage the risks they faced in ways which protected their independence and human rights. The provider had good systems in place to protect people from the risk of abuse and avoidable harm. Staff were able to recognise concerns and knew how to raise them. The environment was safe, regular maintenance and safety checks were completed. Concerns raised in the previous inspection in relation to the premises and equipment had been fully resolved.

Peoples' needs had been fully assessed and plans of care developed to ensure their needs were met. Staff worked with other professionals including district nurses to ensure care provided was consistent. Staff had received training and supervision which supported them to fulfil their roles. 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.

Without exception people told us the staff were kind and caring. Staff were committed to creating a family feel within the home. Interactions in the home were friendly and polite. Staff supported people to maintain their independence and encouraged people to be involved in their daily care. People had been supported to maintain important religious needs and culturally significant events and practices.

People received person-centred care which reflected their needs and preferences. Regular reviews and updates of care plans ensured peoples' care remained up to date. People had the opportunity to be involved in reviews and care planning. Staff supported people to engage in activities and events which reflected their interests.

The registered manager and staff team had a commitment to providing high-quality and person-centred care. There was effective leadership in the home. The management team were clear about their expectations and checked care practice and records regularly which helped ensure the quality of care was maintained. People had been consulted with and their views listened to. People had been able to make suggestions which the service had responded to.

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

Rating at the last inspection and update.

At the last inspection this service was rated as requires improvement. (published December 2018). We identified breaches in relation to safe care and treatment and good governance. 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 improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good 

Adelphi Residential 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 as part of our regulatory functions. This inspection checked 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.

The inspection team

The inspection was completed by one inspector and one 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.

Service and service type

Adelphi Residential Care Home 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 registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced but the registered manager was aware we were returning for the second day.

What we did before the inspection

Before the inspection, we reviewed information we held about the service such as notifications. These are events that happen in the service the provider is required to tell us about. We also sought feedback from the local authority. We used our planning tool to collate and analyse the information before we inspected.

The provider was not asked to complete a provider information return. 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.

During the inspection

We spoke with eight people who lived in the home and two of their relatives. We spoke with the registered manager, a senior carer and two further care staff. We met with the cook and the maintenance person. We reviewed three people's care records, medicine records and two recruitment files. We reviewed a variety of records related to the management of the service; including accidents, incidents, complaints and governance. We toured round the home and spent time observing staff interactions. We observed two lunch services.

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 requires improvement. At this inspection this key question had improved to good and the service was no longer in breach. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We had also made a recommendation in relation to monitoring legionella.

- The provider had a system for maintaining the premises and equipment. Regular tasks were completed by the maintenance person. We reviewed a variety of records, including legionella monitoring and found safety certificates were up to date. A recent fire risk assessment had identified areas to be addressed and we saw these had been completed.
- The provider ensured they assessed the risks people needed support to manage. People were protected by risk management plans which were detailed and kept up to date.
- The providers' risk management policies helped ensure peoples' rights had been respected and they were not unnecessarily restricted.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems in place to protect people from the risk of abuse and avoidable harm. Staff had received training which helped them to recognise concerns. Information about how to raise any concerns with the local authority safeguarding team was displayed in public areas in the home.
- People living in the home told us they felt safe. Comments included; "I feel safe as the carers are all very nice to me." and "I am very safe here, I have been here a long time and have never had any worries." and "I feel safe as I get lots of help, the staff are very helpful."
- The home kept a log of all safeguarding incidents and concerns and raised these with the local authority when required. Incidents had been fully investigated.

Staffing and recruitment

- The provider continued to recruit staff safely, all necessary checks had been completed prior to staff starting work.
- The provider had a system to calculate how many staff were needed. We observed staff responding to people frequently throughout the inspection. People were not waiting too long for support. One person told us, "I feel there are enough staff as I don't have to wait long if I press my buzzer." A relative told us, "I am very happy, my relative is very safe and gets all the care they need twenty four hours a day."

Using medicines safely

- The providers policies continued to help ensure people were supported to manage their medicines safely and in line with current legislation.
- Medicine records were completed correctly and controlled drugs were stored and monitored properly. Staff giving medicines had received appropriate training.
- People were happy with the support they had with their medicines, one person said; "They give me my medication in a safe way as they watch me take all my tablets, I know what they are all for."

Preventing and controlling infection

- The provider had effective infection control policies. Staff had access to gloves, aprons and hand washing facilities. We saw staff used these when supporting people at lunch time and when offering support with personal care.
- One person told us; "The girls wear aprons and gloves when they are helping me and so I have not had any infections."

Learning lessons when things go wrong

- The provider had a system in place to consider any lessons which could be learned from incidents and accidents to avoid the risk of it happening again.

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- The provider had fully assessed people's needs prior to them moving into the home, which helped ensure the home was able to meet the person's needs.
- Plans of care included detailed information from other professionals, including speech and language therapists, physiotherapists and district nurses. This helped ensure staff were able to provide consistent and effective care.
- We spoke to three visiting health professionals who praised the way the staff worked with them and followed advice. District nurses we spoke with said the home always referred people to them when required and staff were knowledgeable about people in the home and were on hand to take them to people.

Staff support: induction, training, skills and experience

- Staff received training pertinent to their roles. Staffs' training was up to date. Several staff had completed a recognised qualification in care.
- Staff received regular supervision. Supervision is a one to one meeting between a member of staff and a senior to look at areas of development and achievements. Supervision records were comprehensive.
- People told us they felt confident the staff knew how to support them. Comments included; "The staff appear well trained and they are all very patient."

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

- The provider assessed the support people needed to eat and drink and ensured they received appropriate support. People were weighed, and anyone identified as being at risk had been referred to the dietician.
- People praised the quality and variety of food available. Comments included; "The food is good I am never hungry, they give plenty of drinks and biscuits through the day." and "The food isn't bad, and I get snacks and drinks all day long."
- The cook and staff were aware who needed a modified diet. At the time of inspection one person had a pureed diet and two had softer diets. We checked and found the food provided was the correct consistency.

Supporting people to live healthier lives, access healthcare services and support

- The provider had assessed people's health care needs and ensured they had access to health professionals and regular screening to promote optimum health.
- Records showed people had regular screening and appointments, including hearing, sight, podiatry and oral health.

- Care records included information about people's health and communication needs which could be taken at short notice to appointments or hospital admissions to ensure a smooth transition between services.

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 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).

- The provider had applied to the local authority for DoLS authorisations when required. At the time of inspection no one was subject to DoLS.
- The provider had ensured people's capacity to make specific decisions had been assessed. Where people needed support with decision making this had been provided and decisions made in the least restrictive way.
- Staff understood the importance of getting people's consent prior to providing care and support. People confirmed staff always asked them first.

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

- The home had some recent refurbishment and decoration. The home appeared to be well maintained.
- There were a variety of adapted bathrooms to support people with bathing. Some people needed to use equipment including hoists to mobilise, we checked the equipment and found it had been recently serviced.
- There were several lounges and communal areas available for people to socialise in. We saw all the rooms were being used which helped create a homely atmosphere.

Is the service caring?

Our findings

Caring - this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The provider ensured people's equality and diversity needs had been identified in their care records. Staff received training in equality and diversity and were able to describe how they supported people. This included; celebrating festivals, and attending religious services.
- Without exception, people praised the kindness and caring approach of the staff. Comments included, "The staff are very kind and polite to me." and "The carers are excellent, I can't fault them, they are wonderful." A relative told us "Staff are amazing, they can't do enough for (name). They have a good laugh and a joke with (name)."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- The provider considered people's communication needs and ensured they were supported to have hearing and eyesight tests to enable them to communicate as effectively as possible. Communication guides included in care records provided staff with information about how best to speak with people. Staff received training about individual's specific communication needs as part of their induction.
- People told us they were able to express their views and be involved in decisions about their care. Comments included; "All the staff are very kind. I am never forced to do anything. If I say no they leave me." Several people in the home were discussing the upcoming general election, we noted everyone had been registered to vote.
- The provider included relatives in care assessments and reviews when this was needed. A relative said, "When (name) came I helped make decisions about their care and they have all been followed through."
- Staff had received training about dignity in care. Understanding the values of the service was included in staff supervisions. People told us staff were respectful and treated them with dignity. Comments included; "The staff are very good - respectful and polite." and "They listen to me and act on my wishes." A relative said, "The staff are all kind and caring, they respect (name) dignity and privacy, I come frequently and have never witnessed anything untoward."
- The provider assessed people's skills which helped ensure staff could support them to maintain and develop their independence. Staff described how they encouraged people to do things for themselves. People confirmed this, comments included; "I do as much as I can for myself I am as independent as I can possibly be." and "They always get me to do as much as I can."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 received personalised care which reflected their needs and preferences. Care records were very person centred and respectfully written. Information about people's previous experiences, hobbies and interests had been included.
- Staff respected people's preferences, comments included; "They let me stay in my room if I wish to be alone." We observed staff asking people if they wanted support and respecting their responses.
- Staff identified and reported any changes to people's needs and wishes promptly. The provider ensured people's needs were regularly reviewed to ensure care remained appropriate. We saw the provider regularly referred people on to other professionals when needed.

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

- The provider had considered the support people needed to maintain important relationships. Contact details had been included in care records. Visitors were always welcomed and people's comments confirmed this. The home had several lounges and areas for people to meet. People had been supported to interact together and encouraged to socialise.
- The provider had a programme of activities which people were free to participate in if they wished. This included; crafts, pamper sessions, singers and trips out. People gave mixed views about the activities, comments included; "I do some of the activities when I can. We had entertainers and they were amazing. I have been on a trip to Blackpool which I enjoyed." and "There are activities but they are not for me." and "There are activities but I don't tend to do them as I like staying in my room."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had met this standard. Information was available in a variety of formats when required. Communication guides in people's care records showed their communication needs had been fully considered and responded to.

Improving care quality in response to complaints and concerns

- The provider had a complaints policy and maintained a log of complaints and concerns raised. We reviewed the complaints log and found the provider had followed their procedure. Complaints had been

investigated and the outcome recorded. An example included a family member had raised a complaint when they had not been informed of an injury a person received. The registered manager had apologised and taken steps to avoid this happening again.

- People in the home knew how to raise their concerns. People we spoke with told us, "I have never needed to make a complaint about any aspect of care provided, I am happy here." and "I have never had any reason to make a complaint however, I am aware of the policy." and "I have no complaints, they all do a marvellous job."
- In response to what people told them about meals, the provider had ensured the menus were amended and people received food at the temperature they preferred and their preferred portion size.

End of life care and support

- The provider had a policy to support people at the end of their life to remain at the home if this was possible. The provider worked alongside community-based health professionals to provide people with appropriate end of life care. At the time of this inspection no one was identified as needing end of life care.
- People had been supported to consider their wishes and preferences. Some people had been supported to make advance decisions about their care and these had been recorded in their records. Some people had funeral plans in place. The provider ensured people were supported sensitively to consider their preferences and respected the wishes of people who did not wish to do this.
- Staff received appropriate training to support people at the end of their life which reflected good practice guidance. Further training from a local hospice was planned for the near future.

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 has 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.

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

At our last inspection the provider had failed to complete regular audits and checks of the service, to ensure people received safe and effective care. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a regular schedule for completing quality audits of care practice and care records. We saw these had been completed by the registered manager. Where any actions had been identified the registered manager ensured these were completed in a timely way.
- The registered manager was clear about what each staff's role was and the quality of care expected. Daily handovers included information about what might have changed for people and ensured all tasks were properly allocated amongst the staff team.
- Staff practice was regularly 'spot checked' to ensure standards were maintained.

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

- People living in the home praised the registered manager and the management of the home. Comments included; "The manager is very good, supportive and approachable. I would recommend the home to anyone." and "The manager is very friendly and helpful." Everyone we spoke with was familiar with who the manager was and found them approachable. A member of staff said, "I think this home is managed ten out of ten. People get the best care and are well looked after. Staff are looked after, we can approach the manager at any time."
- The registered manager was committed to providing high-quality care which achieved positive outcomes for people. They sought to embed these values in the team through a variety of ways, including; leading by example, the culture of the service was part of supervision.
- Staff found the registered manager to be a good role model, comments included; "The registered manager is very supportive, leads well and works alongside people." and "The registered manager tries to meet everyone's needs and is supportive."

Continuous learning and improving care

- The provider had a system for learning from incidents and events and used this knowledge to improve the quality of care.
- The registered manager continued to develop their own learning and skills, and had recently attended

conferences about changes to DoLS, managing patients being discharged from hospital effectively and end of life care. This increased knowledge had informed their practice.

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 understood their responsibility of duty of candour. The registered manager identified they had recently met with people living in the home and their relatives to discuss the breaches identified in the last inspection report. People had been fully informed of all actions taken to make the necessary improvements.
- The registered manager also identified they had improved contact with families in the event of anything happening, such as a person falling or needing medical intervention. This had led to increased openness.

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

- The provider regularly engaged with people living in the home, their relatives and staff. The registered manager was present in the home and everyone said they found them approachable. The registered manager told us they spoke with everyone every day.
- The provider used questionnaires and quality surveys to seek people's views. We saw how people had raised concerns about how hot their food was and how much food they had. In response the cook had spoken to each person to ensure they knew their preferences and made sure people received what they wanted.

Working in partnership with others

- The provider and registered manager continued to work in partnership with others. A recent quality visit by the local authority commissioners had praised the quality of care the service provided.
- The provider and registered manager had established effective working professional relationships with health care professionals and other agencies involved in people's care to provide consistent care which achieved good outcomes for people.