

B and E Thorpe-Smith

# Adelaide House Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Adelaide House Residential Care Home is a residential home providing personal care for up to 23 people in one adapted building. Some people who live at Adelaide House have dementia or a cognitive impairment. At the time of our inspection there were 18 people using the service.

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

Risks to people's health and safety were assessed and improvements had been made to risk management plans. However, some care plans contained incorrect information. We found improvements had been made to medicines practice and record keeping. However, further improvements were needed to ensure these were administered as prescribed and stored safely. The registered manager took action in response to safeguarding concerns and updated people's care plans as necessary.

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. However, some people assessed as lacking capacity to make decisions about their care and treatment had also signed their consent to certain aspects of their care and treatment, rather than being signed in their best interests, by a person legally authorised to do so.

Audits of care practice and systems to monitor the safety of the premises and environment were in place. However, further improvements were needed to ensure these provided robust oversight and scrutiny of care practice standards. There continued to be no formal system to gather the views of people and relatives regarding their experiences of care and whether they had suggestions for improvements. However, we continued to receive positive feedback from relatives regarding Adelaide House and that management were visible and approachable.

Staff were trained in safeguarding and understood their responsibilities to report potential safeguarding concerns. There were enough staff to ensure people's needs were met safely and in a timely way. Feedback from people and staff confirmed this. We were assured by the provider's infection, prevention and control practices. Visiting to the care home aligned with government guidance.

New staff received an induction and completed the Care Certificate. The registered manager worked with trusted assessors and social workers to ensure any admissions from hospital or the community could be supported safely. Staff understood people's individual dietary needs and prompted people to eat and drink more, when needed. People were able to access health professionals and medical treatment when needed. The provider adapted the design and decoration of the building to meet people's mobility and social needs.

Important events and incidents were notified to CQC, and the latest CQC rating was displayed in the home as per regulatory requirements. The provider worked with external health and social care professionals to ensure people had access to services they needed, in response to changes in their health and to improve

their health outcomes.

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 24 August 2021) and there were two breaches of regulations. 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 the provider remained in breach of regulations.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

#### Why we inspected

We carried out an unannounced focused inspection on 6 July 2021. Breaches of legal requirements were found. The provider was issued with a Warning Notice and completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check whether the Warning Notice we previously served in relation to Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met, that they had followed their action plan and to confirm they now met legal requirements. The overall rating for the service has not changed and remains requires improvement. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

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 remained requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor

progress. 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?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Adelaide House 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 (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 team consisted of two inspectors 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.

#### Service and service type

Adelaide House Residential Care Home 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. Adelaide House Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

## Notice of inspection

The inspection was unannounced.

## What we did before the inspection

We reviewed information we received about the service since the last inspection and sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 used all this information to plan our inspection.

## During the inspection

We spoke with seven staff including the registered manager, provider, care staff, housekeeper and cook. We spoke with two people, six relatives and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at five people's care plans, a variety of medicine administration records, recruitment files and records relating to the management and 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 requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

At our last inspection the provider had failed to robustly manage risks relating to the health, safety and welfare of people and there had been a failure to learn from previous inspection visits. 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 been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people's health and safety were assessed and improvements had been made to risk management plans. For example, improvements have been made to management plans for people living with diabetes. However, some care plans contained incorrect information and further improvements were needed.
- One person's care plan stated they required repositioning every four hours but records did not evidence this was followed. Another person's initial assessment stated they had a skin wound but no records to describe the care or treatment provided. The registered manager checked the care needs for both people and confirmed this information was not accurate. Care records were updated immediately after our inspection.
- Improvements had been made to the management of fire risks. Fire doors were fitted with mechanisms which meant they would close automatically in the event of a fire and these were tested regularly as part of routine fire safety checks.
- Personal evacuation plans included information related to mobility equipment people needed to evacuate them safely in an emergency.
- Accidents and incidents were reported and recorded. The registered manager had implemented a system to monitor these on a monthly basis. Further improvement was needed to ensure the information was analysed and used to consider additional measures that could reduce the risk of them happening again.
- People and relatives told us they felt safe. One relative said, "[Person] is absolutely safe. It's such a warm place and the care is out of this world", and one person said, "I'm included, and they couldn't do more for me. They're very kind. We are lucky. Every night I'm safe, it's really nice."

Using medicines safely

- Improvements had been made to medicines practice and record keeping. However, further improvements were needed to ensure these were administered as prescribed and stored safely.
- Charts for transdermal skin patch medicines were now in place. These records help ensure patches are



changed safely to prevent skin irritation and the body absorbing the medicine too quickly. However, staff did not always follow manufacturer instructions. For example, one person's patch needed to be applied once every 24 hours and not on the same area of skin for 14 days. Records showed these instructions were not always followed. The registered manager implemented a new system to minimise the risk of it happening again.

- The fridge used to store medicines was recorded as 14 degrees, exceeding the maximum recommended temperature of 8 degrees. This is because some medicines have to be stored at certain temperatures to ensure they work effectively. Audits identified this in February 2022 but no action had been taken as a result. In response to our feedback the registered manager purchased a new medication fridge.
- Liquid medicines were not always dated when they were opened to ensure they were disposed of when they expired. Immediate action was taken to rectify this after our inspection.
- Improvements had been made to the protocols to guide staff when administering 'as required' medicines. There was information to inform staff when these should be given in the form of written protocols or instructions on the medicine containers and Medicine Administration Records (MAR).
- MARs were in place to record when people received their medicine, including topical medicines.

Systems and processes to safeguarding people from the risk of abuse

- The registered manager took action in response to safeguarding concerns and updated people's care plans as necessary. We identified one risk assessment that required changes to ensure staff understood how to support the person safely, following a safeguarding incident. Immediate action was taken and the risk assessment and care plan was amended.
- Staff were trained in safeguarding and understood their responsibilities to report potential safeguarding concerns.
- When potential safeguarding concerns were identified, these were reported to the local authority and CQC.

Staffing and recruitment

- There were enough staff to ensure people's needs were met safely and in a timely way. Feedback from people and staff confirmed this. One relative said, "Staff are always around, there are always enough staff."
- Pre-employment recruitment checks included reference requests and Disclosure and Barring Service (DBS) checks. This helps employers make safer recruitment decisions so that only suitable people work with those who are vulnerable.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were somewhat assured the provider was using PPE effectively and safely. There were spot checks to ensure staff wore their PPE correctly and reminders shared at team meetings. However, during our inspection one member of staff wore their face mask below their chin and another entered the home without wearing a face mask.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visiting to the care home aligned with government guidance.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance, assessing people's needs and choices; delivering care in line with standards, guidance and the law

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).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider reviewed people's capacity to make decisions and where people were identified as potentially being deprived of their liberty, referrals were made to the authorising body.
- However, some people assessed as lacking capacity to make decisions about their care and treatment had also signed their consent to certain aspects of their care and treatment, rather than being signed in their best interests, by a person legally authorised to do so. We asked the registered manager to review consent documentation.
- Staff recognised giving people choice was important. One person disliked staff entering their room and moving their things, staff therefore restricted their entry into the person's room unless it was necessary to maintain the person's health and wellbeing.
- Care plans recorded information about powers of attorney and important relationships in people's lives so those people could be included in care planning.

Staff support: induction, training, skills and experience

- New staff received an induction into the service and completed The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a

robust induction programme.

- People were supported by staff who were suitably trained. Staff told us they had regular training opportunities to maintain their skills.
- The provider had systems to review and monitor staff practice through spot checks and management walk-rounds.
- At our previous inspection we identified staff had not always been provided with formal opportunities to discuss their work and identify support and training needs. At this inspection staff told us they felt able to speak with the registered managers at any time and had supervision with their manager to identify any training needs.

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

- The registered manager worked with trusted assessors and social workers to ensure any admissions from hospital or the community could be supported safely.
- The needs and choices of people were considered before new admissions were made at the service, including whether people's protected characteristics and communication needs could be met.

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

- Staff understood people's individual dietary needs and who needed encouragement to eat and drink more because of their nutritional risks. Staff prompted people to eat and drink more and offered help when people needed it.
- Food was prepared to order and made to meet people's dietary requirements. If people did not like their meal, or changed their mind, alternative meals or snacks were made available. We received positive feedback about the food. One relative said, "[Person] loves the food there. On their birthday [person] had chocolate and cake, dinner and tea cakes. It always looks and smells nice."
- The lunch time meal was well-presented and served hot, with condiments and drinks readily available for people to help themselves.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were able to access health professionals and medical treatment when needed. Feedback from relatives confirmed this. One relative said, "When I mentioned [person's] swollen legs, they had already noticed and they got the doctor promptly, precautions were taken and it's all sorted", and another said, "Over the past couple of months [person] has got dementia. Staff are always on top of it, ringing the doctor and keeping me informed."
- Staff explained how they monitored people's changing health conditions, and when required contacted other health professionals such as occupational therapist, the GP and 111.

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

- The provider had adapted the design and decoration of the building to meet people's mobility and social needs. The home had pictures, crafts and artwork displayed in the home.
- The provider had an ongoing improvement plan to enhance Adelaide House. Recent improvements to the home included the addition of raised vegetable planting areas in the garden for people to enjoy and grow their own vegetables.
- Whilst there was some signage in communal areas, there was still limited use of aids on bedroom doors, such as photographs or memory boxes, to help people find their own room easily.

# 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 requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider's systems and processes to manage and monitor the quality and safety of the service were not effective. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection not enough improvement had been made and the provider remained in breach of regulation 17.

- At our last inspection, governance and quality assurance systems to monitor the quality and safety of care, and the environment, were either not in place, or ineffective. At this inspection, audits of care practice and systems to monitor the safety of the premises and environment were in place. However, further improvements were needed to ensure these provided robust oversight and scrutiny of care practice standards.
- There were systems and processes to regularly audit infection control, care plans, medicines and accidents and incidents. However, these systems required improvement as they did not identify the issues found on inspection in relation to medicines and care planning. The service's own quality audits had not picked up that further analysis was required of accidents and incidents.

Systems to assess, monitor and improve the safety and quality of the service were not operating effectively. This was a continued breach of regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. Care records were updated and new governance and quality assurance systems implemented.

- Records were now in place to monitor and oversee staff training and completion of the provider's mandatory training modules. Spot checks and management walkarounds provided additional monitoring of staff practice and care standards.
- Governance processes ensured regular checks of fire safety systems and the risks relating to the premises were carried out.
- Team meetings were used to provide updates and communicate expectations about care practices when

issues were identified. This included reminders about staff training, record keeping, infection prevention and control and personal care.

- We received positive feedback from relatives and people about the atmosphere and culture at the home. One relative said, "The home has got a real heart, I've never been anywhere that's as warm as Adelaide," and another said, "It's very inclusive. There are activities if the resident is able and it's very personal. They will always ensure [person] has their make - up and lipstick and is dressed nicely; that's what [person] likes. One person said, "I feel like it's my new family."

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

- Important events and incidents were notified to CQC, and the latest CQC rating was displayed in the home as per regulatory requirements.
- The registered manager and provider understood their responsibilities relating to duty of candour

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

- At the time of our inspection there continued to be no formal system to gather the views of people and relatives regarding their experiences of care and whether they had suggestions for improvements.
- However, we continued to receive positive feedback from relatives regarding Adelaide House and that management were visible and approachable. One relative said, "There are no meetings, but it's not needed as I can raise anything any day. If there was anything, they [staff] would phone me and deal with it. I'm there every day." Another relative said, "If I had anything to say to the home, I would have said it to them already, but I have no concerns. [Registered Manager] has been terrific."

Working in partnership with others

- The provider worked with external health and social care professionals to ensure people had access to services they needed, in response to changes in their health and to improve their health outcomes.
- The registered manager developed links with other professionals to support the training and development of staff. For example, on the day of our inspection the Speech and Language Therapy team delivered training on supporting people with swallowing difficulties and those needing specialist diets.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes were not operating effectively in order to assess, monitor and improve the quality and safety of care provided.