

Every Sensation Care Ltd

# Adeline House Care Home

## 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

Adeline House is a residential care home providing personal and nursing care. The home can accommodate up to 40 people with differing needs, including younger people and people with a physical disability and older people. At the time of our inspection there were 25 people using the service, some of whom were living with dementia.

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

The provider had a safeguarding procedure in place and maintained a record of concerns raised. Staff received training in safeguarding and knew what action to take to keep people safe. Risks associated with people's care had been identified and actions taken to mitigate risks. The providers recruitment policy assisted them to employ suitable staff. There were sufficient staff available to respond to people's needs and people were unhurried. People received their medicines as prescribed.

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.

Care plans were written in a person centred way. People were supported by staff who knew them well. Activities and social stimulation were organised and provided by an activity co-ordinator.

The provider had a complaints procedure and people we spoke with felt comfortable raising concerns.

The deputy manager and clinical lead were managing the home in the absence of the registered manager and were working well together. A range of audits took place to monitor the quality of the home. However, these did not always evidence what action had been taken to address issues.

Staff worked alongside healthcare professionals and in partnership with others to ensure people received appropriate support.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 9 April 2019).

### Why we inspected

We received concerns in relation to staffing, person centred care, and the leadership of the service. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well led only.

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.

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 good based on the findings of this inspection.

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?**

The service was safe.

Details are in our safe 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** ●

# Adeline House Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the 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 carried out by an 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.

#### Service and service type

Adeline House 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. Adeline House 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 8 people who used the service and 2 relatives about their experience of the care provided. We spoke with 7 members of staff including the deputy manager, clinical lead, care workers and ancillary staff. We reviewed a range of records. This included 4 care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy, and a record of any concerns was maintained.
- Staff received training in safeguarding and understood what action to take to keep people safe from harm.
- People told us they felt safe living at the home. One person said, "I am happy being here. They [staff] make sure we are safe. There is always someone on hand if you need any help."

Assessing risk, safety monitoring and management

- Risks associated with people's care had been identified and risk assessments were in place to minimise risks.
- People had personal emergency evacuation plans in place which identified the support people required in an emergency.
- People told us their care was managed safely. One person said, "I feel safe when they [staff] are hoisting me as one of them guides me and they talk to me all the time. I think they are well trained."
- The provider could demonstrate equipment was regularly maintained and health and safety checks were carried out throughout the home.

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

- The provider's recruitment procedure assisted them in employing suitable staff. However, we found application forms only asked for last 10 years employment history, not their full employment and some gaps were not documented although management team could explain them. The deputy manager and clinical

lead amended the application form to address these concerns.

- Staff we spoke with told us they felt supported and received training to help them carry out their role. One staff member said, "We receive training and I learn from it. We have specific training to help us do our job such as dementia training."
- Most people we spoke with told us there was enough staff to care for them. One person said, "I think there is enough staff, they are all cheerful, patient and caring. Whenever I have wanted anything, they have been there to sort it for me." However, another person said, "The buzzers are going all night. I don't like to ring at night. There's agency staff at night and they don't know me like the others." We asked the management team to clarify staffing at night and they informed us they requested the same agency staff to ensure consistency. One relative said, "There does seem to be enough staff around and what impresses me is even if there are agency staff on you don't usually know who they are because they come so often and get to know the residents."
- During our inspection we found staff responded to people in a timely way and people were supported in an unhurried way.

#### Using medicines safely

- People received their medicines as prescribed by staff who were competent to administer medicines safely.
- Some people required medicines on an 'as and when' required basis. Protocols were in place to ensure staff knew how and when to administer these medicines. However, protocols could be more detailed to explain how people may present when they required them. The management team addressed this straight away.
- People told us they received their medicines on time. One person said, "Most of the time my medication are on time. I can have pain killers if I need them."

#### Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- 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

- The provider was facilitating visits for people living in the home to maintain contact with their family and friends.

#### Learning lessons when things go wrong

- The provider had a system in place to record and monitor accidents and incidents.
- The management team completed an analysis of accidents and incidents to identify trends and patterns.
- Trends and patterns were identified and used to minimise future incidents.



# 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 requires improvement. At this inspection the rating has changed to 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; 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's care plans included information about the persons history. Family life, hobbies, and interests. Care plans were person centred and explained how people wanted their care to be delivered.
- People told us they enjoyed living at the home and were comfortable. One person said, "They [staff] are like a family to me. I get emotional because they treat me like part of their family. They are all caring and kind and they are interested in me and my life."
- The provider employed an activity co-ordinator who was responsible for arranging and providing social stimulation and activities.
- People were complimentary about the variety of activities available and enjoyed taking part in them. One person said, "We do all sorts of things like singing and exercises. I like to get out into the fresh air and sometimes one of them [staff] will take me out. I would like to go out more often but there isn't always anyone to take me. I am happy to watch telly though as well." A relative said, "[Activity co-ordinator] is brilliant, she is so hands on and she has them [people] doing all sorts. [Relative] has made friends with her and they sit and chat together."
- We observed activities taking place and found there was an inclusive atmosphere. The activity co-ordinator was able to support people in individual ways whilst pulling the group together.

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.

- Care plans included information about the support people required to communicate effectively.
- During the inspection we saw staff ensured people wore spectacles and hearing aids, where required, to support communication.
- Staff recognised that some people conveyed their wishes by their facial expressions and body language and responded appropriately to them.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy to assist people to raise concerns when they needed to.
- The management team kept a record of complaints received and actions taken. However, no complaints

had been documented since 2021. The management team told us there had not been any concerns raised.

- People and their relatives they knew what to do if they had a concern and were sure they would be dealt with efficiently. One person said, "I have no complaints at all. If I was worried about anything I would tell my family, but I am quite happy." Another person said, "I've not come across a problem I have had that can't be solved."

#### End of life care and support

- Staff told us they received training in end of life care to ensure they were skilled and knowledgeable to care and support people and their families at this stage of their life.
- Care plans included information regarding people's end of life wishes.

# 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. At this inspection the rating has 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

- During our inspection we observed a positive culture where people were involved in their care.
- Staff included people in decisions about their care and support and asked people what they preferred.
- People and their relatives felt they received person centred care. One relative said, "Communication is superb. They [the management team] are around and about so you can easily chat to them. They are approachable and keep us informed of anything that changes or if [relative] needs anything. They [management team] have been brilliant at sorting out a new room for [relative] as they have struggled getting to the bathroom in this one due to the layout. The new room is perfect, and they are decorating it for [relative] as we speak. They [management team] couldn't have been more proactive in sorting it for us."

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 home was currently being managed by the deputy manager and clinical lead with support from the provider. The team understood their duty to report notifiable incidents and were aware of their duty of candour and the need to be open and honest when things went wrong.

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

- The management team had systems in place to gain feedback from people, their relatives and other stakeholders. Feedback received was used to develop the service.
- People we spoke with found the management team approachable and staff found they made time to listen to their comments about the service.

Continuous learning and improving care

- A variety of audits were in place to monitor the quality of the home and act on areas of improvement. However, some audits did not evidence what action had been taken to resolve issues. We spoke with the management team who could explain what actions they had taken and informed us they would begin to document actions taken.

Working in partnership with others

- Care plans documented referrals to healthcare professionals and showed their input had been included in

plans of care and staff were following their advice.