

Vauxian Care Limited

Adamscourt Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Adamscourt is a residential care home providing personal care to 16 older people. The service can support up to 25 people. Accommodation is over three floors and people have access to communal lounge and dining areas, specialist bathrooms and level access to a secure garden.

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

People were supported by trained staff that understood the actions needed to ensure people were not at risk of avoidable harm, abuse or poor care practices. Staff recruitment included safety checks such as employment references and criminal record checks to ensure they were suitable to work with older people. Staffing levels met people's care and social needs. People had their medicines administered by trained staff who regularly had their competencies checked. Policies and practices in infection prevention and control were in line with government guidance.

Quality assurance processes were robust, multi-layered and effective in ensuring areas for improvement were identified and acted upon in a timely way. Staff felt appreciated and supported which empowered them to be involved in sharing ideas about the development of the service. People, their families and staff had opportunities to be engaged and involved in Adamscourt through meetings, video and telephone calls, emails and newsletters. The registered manager understood their legal duty in reporting a range of incidents to CQC and other statutory agencies. Relationships with other professional bodies such as Skills for Care ensured the service kept up to date with new guidance and best practices.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 21 November 2019). 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

We carried out an unannounced comprehensive inspection of this service on 21 October 2019. Breaches of legal requirements were found. The provider 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 they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions 'Safe' and 'Well-led' which contain those requirements.

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 coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

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?

Good ●

The service was safe.

Is the service well-led?

Good ●

The service was well-led.

Adamscourt 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Adamscourt 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.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and nine relatives about their experience of the care provided. We spoke with seven members of staff including the nominated individual, registered manager, deputy manager, senior care workers, care workers and the chef. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a district nurse who has experience of the service.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found and included quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This meant people were safe and protected from avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

Assessing risk, safety monitoring and management; Using medicines safely

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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Environmental risks identified at our last inspection had been reduced as all windows had opening restrictors fitted and radiator covers were in place to protect people from hot surfaces.
- Improvements in medicine management since our last inspection meant that people had their medicines administered and recorded in line with best practice by trained staff who regularly had their competencies checked. One person told us, "They (staff) bring me medicines three times a day and wait until I have taken them and then they go".
- When people had medicines prescribed for 'as and when needed', (PRN), protocols were in place ensuring they were administered safely. An example included a drug prescribed for a person who experienced intermittent anxiety. Guidance for staff included links to a care plan describing actions staff could take to help reduce the persons anxiety before offering the PRN medicine. This meant people were receiving medicine appropriately.
- Risks to people were assessed, monitored and regularly reviewed. A relative told us, "They noticed her walking was unsteady, obviously I had not seen it, but they told me and got the occupational health person in and got her assessed and now she has a frame and is now safer".
- Staff had a good knowledge of actions they needed to take to minimise the risk of avoidable harm to people. This included correct use of pressure relieving equipment and the use of technology to monitor movement to reduce the incident of falls.
- People had any risks associated with malnutrition, dehydration and swallowing understood by both the care and catering teams. Special textured diets were provided, food fortified with additional calories to maintain weight, and records showed that referrals to dieticians and salt and language therapists had been sought when specialist advice was needed.
- People had personal emergency evacuation plans in place which provided information about their mobility and cognition should they need assisting to evacuate the building in an emergency. Staff had completed fire safety training which included regular fire drills.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff understood how to recognise signs of abuse or poor care practice and understood the actions they needed to take to keep a person safe, including reporting to external safeguarding agencies.
- People and their families described the care as safe. One person explained, "I am as happy as you can be, no one has made me sad."
- Records showed us that legal requirements to share safeguarding concerns with other agencies such as CQC, the local authority and police had been met, demonstrating transparency and appropriate external oversight.

Staffing and recruitment

- People were supported by staff that had been recruited safely. Checks had been carried out to ensure staff were suitable to work with older people. This included a full employment history, verified references, criminal record checks and a health questionnaire.
- People were supported by enough staff to ensure their care and social needs were met. A care worker told us, "Staffing hours are enough to spend time with people. It's not just about doing personal care, it's good to have one to one time with (people) as well".

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

Learning lessons when things go wrong

- Processes were in place to ensure when things went wrong it was an opportunity to learn and improve outcomes for people. We looked at the accident and incidents records which included a trend analysis documenting people's fall's history. The information had been used to review risk and actions had included a person moving to a better located bedroom and staff deployment enabling more frequent checks on a person.

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 now 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; Continuous learning and improving care

At our last inspection the provider did not have robust quality assurance systems and processes in place to ensure the service operated safely and effectively. This was a breach of regulation 17 (Good Governance) 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 17.

- Auditing processes had been reviewed and changes included introducing more robust auditing tools more aligned with regulation, engaging a wider staff team in collecting data, and management oversight of audit findings, actions and outcomes.
- Senior staff had taken on 'champion' roles in key areas of interest such as nutrition and medicine management with an emphasis on quality improvement. One 'champion' explained how they had been accessing NHS websites to source high nutrition smoothie recipes for people at risk of weight loss.
- The service had made statutory notifications to CQC as required. A notification is the action that a provider is legally bound to take to tell CQC about any changes to their regulated services or incidents that have taken place in them.

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

- Staff spoke positively about the culture of the home describing the registered manager as approachable and friendly. A member of staff told us, "There's a homely atmosphere, like a family, we usually all get on well and support each other". A relative told us, "Area Manager and (Registered Manager) always approachable you can talk openly whether it's good or bad comments."
- Staff told us they felt appreciated and involved in developing the service. One staff member described how they had been able to implement changes to how continence aids were stored and distributed. This had led to improvements in stock management ensuring people always had enough continence aids throughout each month to meet their assessed needs.

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 manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records showed us they fulfilled these obligations, where necessary, through contact with families and people.

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

- Staff meetings and supervision had provided an opportunity to update staff on working practices, keep up to date with new guidance and practices and to share learning. A member of staff told us, "I feel able to talk to the manager and share ideas. When I have supervision if I'm not sure about something I know I can just ask".
- Meetings with families had not been able to take place due to covid-19 restrictions. A range of options were available to keep families involved including telephone and video calls, a weekly written person-centred review and a monthly newsletter providing information about what was happening at the home.

Working in partnership with others

- The registered manager worked with other organisations and professionals to ensure people's care and support was in line with best practice guidance. This included the local clinical commissioning group, the quality team at the local authority and CQC.
- National and local organisations had been accessed to keep up to date with changes to practise including Skills for Care and Public Health England.