

## Seaway Nursing Home Limited

# The Adelaide Nursing 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

The Adelaide Nursing Home is a care home providing personal and nursing care for up to 35 people aged 65 and over with a wide range of healthcare needs. At the time of the inspection, there were 33 people living at the service.

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

People told us they felt safe. Staff understood how to identify and report concerns in order to protect people from harm. Risks were assessed and managed well. Staff were safely recruited and there were enough staff available to support people. Medicines were administered in a safe and personalised way.

People and their relatives spoke positively about the staff at the service, describing them as kind and caring. Staff knew people well and treated them with dignity, respect and as individuals. Where able, people were supported to maintain their independence.

Care was delivered by appropriately trained staff. One person told us, "The staff are brilliant. They all seem to know what they're doing." Additional training was provided to staff to meet the specific needs of people they supported. Staff told us they were well supported, and they received regular supervision. People were happy with the meals they received and had access to healthcare services where required.

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 personalised and included details of people's needs, choices and preferences.

The service was well-led and had an open culture which encouraged communication and learning. People, relatives and staff spoke positively about the registered manager and were encouraged to provide feedback about the service.

Robust quality assurance audits were carried out to identify any shortfalls within the service and these were used to drive improvement.

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 21 February 2018).

### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach. 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.

#### 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 ●

# The Adelaide Nursing 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.

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

This inspection was undertaken by one inspector and one assistant inspector.

#### Service and service type

The Adelaide Nursing 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.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, a registered nurse, the chef, an activities coordinator and care workers. We observed care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four 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. We looked at additional quality assurance records. We spoke with two further relatives and two professionals who have regular contact with 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt the service provided safe care and treatment. One person told us, "There is no other place I'd rather be. The staff are out of this world and would do anything for you. I do feel safe here." A relative said, "We know [relative] is safe here. They wouldn't have been safe at home anymore."
- Staff had completed safeguarding training and felt confident to report any concerns. One staff member said, "If I had any concerns, I would tell the sister in charge, I'm absolutely confident that matters would be dealt with. We look after people well here."
- The registered manager and staff ensured that all safeguarding incidents were reported and investigated in line with their safeguarding policy. There were posters displayed throughout the home detailing how to report concerns. Safeguarding information had been suitably shared with the local authority and the CQC in line with regulation.

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

- Risks were managed well. People had individual risk assessments in place about their health needs including guidance for specific risks and clear instructions to staff on how to mitigate these. For example, one person had a detailed plan to promote their fluid intake due to increased risks of developing urinary tract infections (UTIs).
- Staff had reported any additional risk appropriately. Accidents and incidents, such as falls, were monitored by the registered manager. Patterns and themes were identified, and action taken to minimise future risk. Any learning was shared by the twice weekly "huddle" meetings for staff to develop and improve practice.
- The provider had completed appropriate checks to ensure the environment was safe. For example, regular fire safety checks and maintenance of equipment.
- Person-centred Personal Emergency Evacuation Plans (PEEPs) were in place and readily available so staff knew how to support a person in case of an emergency.

Staffing and recruitment

- People and their relatives told us there were enough staff to meet people's needs. One person told us, "Yes, I think they have enough staff. They come when I need them." A relative added, "In general, they seem to have enough carers. There is consistency of staff. It was one of the reasons why we chose this place, because some staff have been here a long time."
- We observed safe levels of staff during the inspection. Staff confirmed that staffing levels were suitable to meet people's needs. One member of staff said, "Don't get me wrong, we're always really busy but we work together to cover. We're flexible when needed to make sure people get what they need."

- Staff were recruited in a safe way with appropriate checks completed before they began employment. This included references obtained and a check of the Disclosure and Barring Service (DBS) to ensure staff were suitable to support people living in the home.

#### Using medicines safely

- The provider had safe processes in place for the administration, storage and disposal of people's medicines. One person told us, "The Nurse gives me my tablets 3 times a day. They dish them out and I take them. I'm happy for it to be done like that."
- Medicine administration records (MARs) were completed accurately. The nursing team and registered manager had oversight of these to ensure any issues were identified and addressed quickly and robustly. Staff who administered medicines had their competency checked frequently to ensure medicines were provided safely.
- Person-centred plans for as and when required (PRN) medicines were in place to provide staff with guidance around when a person may require this medicine and what measures to try before it is given.
- People who were able to manage their own medicines were supported to and appropriate risk assessments were in place to promote safety.

#### 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current 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 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

- People's needs were assessed prior to moving into the home to ensure that these could be met by the service in line with legislation and guidance.
- People and their relatives told us they were involved in the assessment, care planning and review processes. This enabled care to be delivered according to their needs and wishes. A relative told us, "They ask us for consent and took copies of our Power of Attorney. We alternate visiting between the family, but we're always kept well informed and involved by the home, even throughout the pandemic."
- Staff knew people well and demonstrated a good knowledge of people's needs and preferences. One staff member told us, "We have time to get to know residents, by speaking to them and reading their care plans. We ask what they would like and explain things carefully. It's their choice."

Staff support: induction, training, skills and experience

- People and their relatives told us they were confident that staff had the skills and knowledge to care for them. One person told us, "The staff are brilliant. They all seem to know what they're doing." Another said, "I find all the staff pleasant and helpful. Staff know how to use the hoist when supporting me." A relative added, "Its clear [staff] training and knowledge is always up to date, I have no concerns."
- Staff training was up to date and relevant to the support people required. Staff had undertaken specific training to meet the needs of people, for example, dementia training, infection prevention and control, and first aid. The nursing team and registered manager completed regular competency checks to ensure staff skills and experience remained suitable.
- New staff undertook an induction where they completed mandatory training, they shadowed more experienced staff and were not signed off to work alone until both they and the registered manager felt they were ready.
- Staff told us they felt supported and received regular supervisions and appraisals, in which they could discuss any development areas and opportunities.

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

- People were happy with the food and drink they were provided with. One person said, "Considering there are so many people here, the menu is varied. We always get a roast dinner on a Sunday. The cooking is more than adequate. Breakfast is flexible when we want it. We have our main at lunch and dinner is usually a hot meal or sandwiches. There's plenty available. Night staff also bring us evening drinks, which is nice. We can get a cup of tea anytime we want."
- People's dietary needs were clearly documented in their care plans and in the kitchen. This included details of likes, dislikes and allergens. Where people had particular needs, for example, were at risk of

choking or needed pureed food requirements, these were fully catered for.

- Nutrition and hydration were monitored to ensure people's needs were being met. People had been referred to external professionals, for example the speech and language therapy team when appropriate. Staff were aware of people's needs and these were regularly reviewed. One staff member said, "[Person] was on a specialist diet but we noticed they were doing better so we asked for them to be reviewed and their diet plan was changed." People's weight was also monitored as needed.

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

- People told us that staff had a good understanding of their health needs and supported them to access appropriate services when needed. One person told us, "They sort it. The chiroprapist came yesterday, the doctor came last week to check out my swollen ankle." Another person said, "Staff contacted the physiotherapy team for me, I'm on the waiting list."

- Records showed people were supported to access healthcare services and, where necessary, a range of healthcare professionals were involved in assessing and monitoring their care and support to ensure this was delivered effectively. This included GP, chiropody, occupational therapists, opticians and dentistry. There were weekly visits from the local GP surgery carried out to review people's healthcare needs.

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

- The home had an active maintenance team who worked to ensure the building was safe and fit for purpose. The building was accessible, for example, there was clear signage throughout the property to direct people to different areas of the home. People also had personalisation on their doors, so they knew which room was theirs.

- The home had an outdoor space with a purpose-built summer house where garden visits could be facilitated. People were seen to be enjoying the garden. There was a calm atmosphere in the home and people appeared settled, comfortable and relaxed.

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).

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 principles of the MCA were followed as appropriate. These were displayed throughout the home as a visual reminder.

- Staff had received training around MCA and DoLS and demonstrated a good understanding. One staff member told us, "Some people have capacity but even if they don't it's still about giving people the chance to make decisions. For example, I will hold out a choice of clothes for people and they can point or nod to choose what they want to wear."

- Where people did not have capacity to make decisions around their care, this had been fully assessed and best interest decisions made appropriately. These were documented clearly in the person's care records, for example, where restrictive equipment was used such as bedrails.
- DoLS authorisations were applied for as required and conditions were being met and monitored suitably.

# 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

- Staff knew people well and we saw kind and caring interactions between staff and people. One person told us, "[Staff] treat me well. They talk to me first, like when I'm doing a puzzle, they'll ask me if I need any help and are led by me. I have never had short shrift from anyone here. They bring me puzzles as they know I like them, that's the sort of people that they are." A relative added, "I've heard the way staff talk to my [relative], it's kind and respectful. [Relative] is well cared for."
- Staff had undertaken additional training around equality and diversity. Peoples needs in relation to their culture, sexuality or religion were discussed before admission and were detailed in people's care plans. The service had materials to encourage conversations between people and staff about their sexuality and any specific needs they may have.

Supporting people to express their views and be involved in making decisions about their care

- We saw staff supporting people to make decisions throughout the inspection. Where people found it difficult to communicate their wishes, staff demonstrated patience to ensure the person made their own decision and was not rushed. One person told us, "They don't rush me and listen to me with my struggles." A staff member said, "It's not always about the big decisions. We can go around chatting with [people] and ask them what they would like to do. Even if it's something simple like they want to change the TV channel, we listen to their views."
- Records we reviewed showed that people were consulted about their care and decisions around the support they required. Staff demonstrated they knew how best to support people to make their own day to day decisions and made every effort to encourage people to do so even when they found this difficult. Relatives were also involved in decision making when appropriate.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt their independence, dignity and privacy was supported. We observed staff knocking on people's doors before entering and gently asking what people wanted. One person told us, "They respect my privacy. They knock on the door and wait for an answer before they come in."
- Visiting was supported in a variety of ways so people could have some privacy to enjoy their loved one's company. One relative told us, "I am able to visit [relative] in their room. I go a couple of times a week and get to spend quality time with them. Our privacy is always respected but staff are still around if we need."
- The service had a dedicated dignity champion who had completed additional training and promoted dignity being embedded in all practice. This included spot checks and observations of staff practice to ensure people were being treated with dignity and respect. There was a strong ethos of promoting people's

independence throughout the service and the care received.

# 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 and their relatives told us they received personalised care. One relative told us, "Staff are lovely and it's clear they really know [relative] well. [Relative] loves music and they always make sure it is on for her."
- Care plans were person centred and detailed people's needs and wishes. They included information about the person's background, interests, likes and dislikes. They provided guidance to staff in how best to meet a person's needs in the way they preferred.
- Staff knew people well. This was evident through our observations and discussions with staff. One staff member told us, "When people move in, we talk to them and take notes about their life stories, what they like and don't like. If they can't talk, we meet with their families. We also have meetings with care staff and if they've learned something new, we add the info to their life stories."

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.

- People's communication needs had been assessed and details of their preferences around communication were available in their care plans. There were a variety of tools available to enable people and staff to communicate, for example, white boards for written communication.
- Staff demonstrated a good level of communication with people and clearly knew how to best support them. For example, one person could not speak in long sentences, therefore staff were encouraged to ask the person questions with "yes" or "no" answers, as well as looking out for how they were gesticulating.
- The service had provisions in place for information, including letters from professionals, to be provided in different formats such as large print if this was required.

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

- People were protected from the risks of social isolation. The service had a dedicated activities team, they facilitated events which were relevant to people's needs. For example, a weekly church service. One person told us, "Staff take me to appointments and if I want to go into the local town afterwards, they help me."
- The service had a scheme called "butterfly moments" where staff would spend meaningful time with a person doing an activity they enjoyed. We saw staff spending time with people in the communal areas sitting and chatting, dancing to music or playing games.

- People were supported to maintain relationships that were important to them. During the Covid-19 pandemic, visits were facilitated, and technology was used to help people keep in touch with family who could not visit.

#### Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain and told us they felt confident that any concerns raised would be dealt with robustly. One person reported, "If I needed to complain about something I would go to [staff]. I am confident to make a complaint if I need to." A relative added, "If we have an issue, we know we can speak to [registered manager] and it would be sorted."
- The registered manager had systems in place to manage complaints and had responded to these appropriately. Complaints were monitored for any patterns or themes to ensure any reoccurrence was prevented and practice improved.

#### End of life care and support

- People and their relatives were supported to plan their end of life care. At the time of inspection, there were people at the end of their life. Each person had a detailed and person-centred care plan in place to ensure their wishes were honoured.
- Staff had received specific training regarding supporting people at the end of their life. One staff member told us, "It can be sad, but the training is a great help. The nurses are always on hand if we need additional support." Nursing staff had undertaken "shadowing" shifts at the local hospice to enhance their practice and enable them to support both people and staff in end of life care.

# 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 good. At this inspection this key question has remained the same. 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

- The registered manager promoted an open and inclusive culture within the service. They were present and engaging with people and staff throughout the inspection and had an open-door policy for people, staff and relatives. One person said, "[Registered manager] is a lovely person. I hear her talking to people very kindly and she sorts complaints out straight away. She's good." Another person said, "Staff always appear so happy to me".
- People and their relatives felt the home was well-led and spoke positively about the registered manager. One relative told us, "I've been quite involved, and I've got to know a lot of the staff including [registered manager]. They're very open, they all say it feels like a family. It's a very nice environment and the owner and manager help as much as they can. Their commitment is extraordinary."

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

- There was a clear structure of staff in place at the service, which both people and staff understood.
- The registered manager and provider had a robust system to monitor the quality of the service. This included regular audits of medicines, infection control, and accidents and incidents. The audits were effective in identifying issues and establishing what action needed to be taken and how this was addressed.
- The registered manager had a good understanding of the duty of candour, and had taken appropriate action when incidents occurred, including notifying all relevant agencies. Duty of candour is a legal responsibility on all health and social care providers to be open and transparent with people in relation to their treatment and care.

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

- The provider had a system in place to capture the views and opinions of people, relatives and visitors. Questionnaires were sent out on an annual basis. The results were analysed and any actions were addressed. One person told us, "We do get regular questionnaires, but if there's an issue I can just tell the carers." A relative added, "Yes, I get surveys. Any points I've raised have been acted upon."
- Staff told us that the management team, including the provider, were supportive. One staff member told us, "They are all so approachable. There's excellent communication and we're learning all the time."



#### Continuous learning and improving care

- The registered manager had implemented twice weekly team meetings to provide up to date information around people's needs and a space for staff to share information and good practice with each other.
- Staff told us they were encouraged to undertake extra training in areas of interest to them. For example, some staff had been placed on a training course about advance care planning. One staff member told us, "[Registered manager] is amazing, she is so supportive. She always wants us to be involved and we can discuss any ideas with her."

#### Working in partnership with others

- The registered manager worked in partnership with local healthcare professionals, the local authority commissioners and safeguarding team to ensure good outcomes for the people that lived in the service. Records we saw showed appropriate referrals being made. A visiting professional said, "Adelaide do a great job, their communication is great."