Adelaide Healthcare Limited

Adelaide House 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?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 22 June 2016 and was unannounced. Adelaide House is a care home with nursing that is registered to provide care and accommodation for up to 40 older people. The property is a large Victorian house with accommodation on three floors, offices on the fourth floor and a shaft lift connecting each floor.

At the time of the inspection there were 34 people living at the home and there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that staff were caring, kind and attentive to their needs. One person said, "The staff are so nice, it's a lovely happy atmosphere here." We saw many examples of positive interactions between staff and the people they were caring for however, we did find some areas of practice that needed to improve. People's privacy and dignity was not always respected. People were not always given their medicines in a discreet way to protect their privacy. Every person was receiving their drinks in a plastic beaker, one person said, "I have to use a baby's cup now." We have identified these as areas of practice that need to improve to protect people's privacy and dignity.

In other areas of practice we noted that staff did respect people's privacy and dignity. Confidential information was kept securely and people told us that staff were respectful. One person said, "They treat me nicely and make sure the door is closed before helping me to be undressed." Staff spoke warmly about the people they cared for and demonstrated that they knew them well. People told us that they were involved in making decisions about their care and that they felt their views were listened to.

People told us they felt safe living at Adelaide House and that there were enough suitable staff to meet their needs. One person said, "There's always plenty of staff around," another said, "The staff make me feel secure here." People's medicines were managed safely and they received their medicines when they needed to. Staff had a good understanding of their responsibilities with regard to keeping people safe. Risks to people were assessed and managed and any safeguarding issues were reported in line with the provider's policy.

People and their relatives had confidence in the staff. They told us that staff had the skills and knowledge they needed to be effective in their roles. A relative said, "The manager choses staff extremely carefully, even new staff know what they have to be doing." Staff told us they felt supported in their roles and they had opportunities for training. A number of staff had received additional training in subjects relevant to the needs of people they were caring for, including dementia care and diabetes.

Staff were able to tell us about the importance of the Mental Capacity Act 2005 and its relevance to their role. One staff member said, "We have to assume people have capacity to make decisions, but if they lack

capacity we have to make a decision on their behalf." People's consent to care and treatment was sought and documentation was thorough and demonstrated compliance with the MCA and DoLS.

People told us they were happy with the food at Adelaide House and that they had plenty to eat. People were offered drink and snacks throughout the day and there was a clear emphasis on ensuring that people's nutritional and hydration needs were met. People were supported to access health care services and received ongoing health care support. A visiting health care professional spoke highly of the care provided saying, "The staff recognise when someone has deteriorated, they know what signs to look out for and call us quickly when they are worried."

Care and support records were well personalised and detailed. Information included people's preferences, their interests and past history and gave a clear sense of the person. Staff told us that they found this information useful when providing person centred care. People were supported to follow their interests. For example, one person told us that they liked birds and the staff had put a bird table outside their bedroom window. People were encouraged to take part in meaningful activities and there was a dedicated activities co-ordinator who arranged a programme of events and activities according to people's preferences. People who were living with dementia were supported with a variety of occupations. For example, one person who had been used to doing intricate work was seen to be engaged in slotting coloured counters into a frame. Staff had recognised the importance for this person of a dexterous activity. People told us they had enough to do, one person said, "There's plenty to do here, there's no reason for anyone to be bored."

People and relatives told us that they rarely raised complaints, but would feel comfortable to do so. One person said, "I always speak my mind and say what I feel about things." People, visitors and staff spoke highly of the registered manager and said that the home was well- led. Their comments included, "The management is very good," and "We are more than happy with it here, it's very well run." Staff were well motivated and spoke positively about team work, one staff member said, "I love working here, I am proud to be part of the team." They spoke about an open culture where they were able to make suggestions and admit mistakes. The registered manager provided strong leadership and the vision and values of the home were understood by the staff and embedded within their practice. People, relatives, staff and visiting professionals that we spoke with described a "homely atmosphere" and people told us they were happy living at Adelaide House.

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.

Staff had a good understanding of how to identify and manage risks to people whilst supporting them to remain as independent as possible.

There were clear procedures in place to safeguard people from abuse and staff understood their responsibilities in this regard. People received their medicines when they needed them and staff managed medicines safely.

Recruitment procedures were robust and there were enough suitable staff to meet people's needs safely.

Is the service effective?

Good

The service was effective.

Staff received the training and supervision that they needed to be effective in their roles. Visiting health care professionals spoke highly of staff knowledge and the care provided.

People were supported to have enough to eat and drink and their nutritional needs were maintained. Staff monitored people's health effectively and ensured that people had access to the health care services they needed.

Staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the service was meeting the requirements of the Deprivation of Liberty safeguards.

Is the service caring?

Requires Improvement

Certain aspects of practice were not consistently caring.

People were not consistently treated with dignity and their privacy was not always protected.

Staff treated people with kindness and spoke about them in a compassionate way. Staff were friendly, gentle and encouraging when supporting people.

Staff had developed positive relationships with people and knew them well. People said staff listened to them and their views were considered when planning their care.

Is the service responsive?

Good

The service was responsive.

People were supported to follow their interests. Activities reflected the preferences, needs and interests of individuals and people living with dementia were provided with occupations that were meaningful to them.

Care plans were personalised and reflected people's preferences, history and interests. They were regularly reviewed and updated when people's needs changed.

People knew how to make a complaint and said they would feel comfortable to do so.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff spoke highly of the registered manager. The ethos of the service was understood by staff and embedded within their practice.

An open and transparent culture was encouraged by the registered manager who was committed to the on-going improvement of the home.
Systems were in place to gather feedback on the service and this was used to drive improvements.

Robust systems were in place to ensure the standard of care provided remained safe, effective and responsive to people's needs.

Adelaide House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This inspection took place on 22 June 2016 and was unannounced. The inspection team consisted of two inspectors, one inspector was a nurse.

Before the inspection we reviewed information we held about Adelaide House, including previous inspection reports, any complaints we had received and any notifications. A notification is information about important events which the provider is required, by law, to send us. The provider had sent us a Provider Information Return (PIR) prior to the inspection. A PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements are planned. Prior to the inspection we also asked a health care professional for their views about care provided. We used all this information to plan the inspection and to ensure we were addressing relevant areas at the inspection.

We spoke with 12 people who used the service and five relatives or friends. We spoke with six members of staff and the registered manager and with two visiting health care professionals. We looked at a range of documents including policies and procedures, care records for nine people and other documents such as safeguarding records, incident and accident records, medication records and quality assurance information. We reviewed staff information including recruitment, supervision and training information as well as team meeting minutes and information systems.

The last inspection of Adelaide House was 12 August 2014 when there were no concerns.

Good

Is the service safe?

Our findings

People told us that they felt safe living at Adelaide House. Their comments included, "I feel safe because we are well looked after," and "The staff make sure everything is attended to, that makes me feel secure here." A relative said "People are absolutely safe here," and another visitor commented, "I feel that it's very safe here, the staff are very attentive and quick to help people."

Staff had a clear understanding of how to identify and manage risks to people. One staff member told us, "We always have to assess the risks to people, for example making sure a drink is not boiling hot if someone has a tendency to be shaky." Risk assessments were completed across a range of potential hazards including general environmental risks as well as specific risks to individuals. A staff member gave an example saying, "I always make sure the light is on in the bathroom so that the person can see where they are going and so I can see if there's any water on the floor." Where specific risks to individuals were identified plans were put in place to ensure they were appropriately managed. For example, a person had been assessed as being at high risk of developing pressure sores. An assessment tool had been used to calculate that the level of risk. Measures had been taken to reduce the risk including use of pressure relieving equipment, ensuring adequate fluids and regular repositioning. We noted that a chart was in place to record that staff were repositioning this person every two hours and we saw this was happening.

People were supported to take positive risks. For example one member of staff told us "When someone is reluctant to walk because they have lost their confidence, I try and reassure them and encourage them to try. If they have equipment like a walking frame we use that and walk with a wheelchair behind them, so they can sit down if they need to. It's important to keep them safe, but also to encourage their independence too." We noted staff were encouraging people to mobilise with equipment, one staff member was heard to say "It's OK, I'm right behind you, you only have to walk a few more paces, there's no rush."

Risks associated with the safety of the environment and equipment were identified and managed appropriately. For example, a person had been assessed as requiring a pressure relieving mattress and we noted that the setting for the air mattress was correct for the weight of the person. This ensured that the dynamic mattress was operating effectively to reduce the risk of further skin damage. Regular checks on equipment and the fire detection system were undertaken to ensure they remained safe. Hot water outlets were regularly checked to ensure temperatures remained within safe limits. Gas, electrical, legionella and fire safety certificates were in place and renewed as required to ensure the premises remained safe. People's ability to evacuate the building in the event of a fire had been considered and each person had an individual personal evacuation plan. People told us that the home was kept clean and we saw that people's rooms and communal spaces were clean and tidy and smelt fresh. The home had an infection control champion who had a lead in ensuring that staff were aware of good practice in this area by providing information and completing regular infection control audits.

Incidents and accidents were logged and monitored by the registered manager. For example, when a person had a fall the details were recorded and then an action plan was put in place to ensure the person was supported to avoid another fall. We noted that the person's care plan had been amended accordingly.

Staff demonstrated a sound knowledge of how to recognise and protect people from harm and abuse and understood their responsibilities with regard to reporting any such concerns. The home had a safeguarding champion who took the lead for ensuring staff had a clear understanding of safeguarding issues. They told us that their role included sharing knowledge at handovers and in team meetings to ensure staff were considering safeguarding in line with the providers policy. The provider's policy had been updated in line with the pan-Sussex multi-agency safeguarding policy and staff had signed to say they had read it. Staff were aware of the provider's whistleblowing policy and said they believed they would be supported if they raised any concerns through this process. A whistleblowing policy enables staff to raise concerns about a wrongdoing in their workplace, either inside or outside of their organisation. One staff member told us, "I would have no hesitation in reporting any concerns if I was worried about someone here."

The provider had robust recruitment processes in place. Prior to their employment commencing staff's suitability to work in the health and social care sector had been checked with the Disclosure and Barring Service (DBS) and their employment history gained. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people. People and their relatives told us there were enough staff on duty. One person said, "There's always plenty of staff around," another person said, "Staffing levels are good, even at the weekends," and a relative said, " I have no concerns about staff levels, they always seem to have the same number of staff on whenever I come." Staff told us that a dependency tool was used to ensure that there was enough staff to care for people. One staff member said that the dependency tool was not always reflective of what staff felt was adequate staffing. They explained that this had been raised with the registered manager. Staff concerns had been considered and managers had undertaken some observations at particular times. This had led to an increase in the staffing level in the afternoon to ensure there were enough staff to support people safely. Staff reported that there were enough staff on duty throughout the week.

People received their medicines safely. Staff followed safe procedures to store, administer and dispose of medicines. The providers medication policy was up to date. Medication Administration Record (MAR) sheets were completed accurately. Some people were prescribed PRN medicines. PRN medicines are given 'when required' and should be administered when symptoms are exhibited. There was clear guidance in place for people to receive their PRN medicines safely and we observed staff checking with people to see if the needed their PRN medication. For example one person was prescribed PRN medicine for pain and we observed the staff member asking the person about their pain level and offering them their pain relieving medicine.

Good

Is the service effective?

Our findings

People spoke highly of the staff and said they had the skills and knowledge to look after them. One person told us, "The staff have a lot of training and it pays off, they are all very good," another person said, "The staff are all well trained, I have confidence in them when they use a hoist they know how to do it." A relative said, "The manager choses staff extremely carefully, even new staff know what they have to be doing."

Staff told us that they received the training and support they needed to be effective in their roles. One staff member said, "There is lots of support with development, plenty of relevant training available and we are encouraged to take qualifications." The staff training plan showed that training was available every month in subjects that were relevant to the needs of people living at Adelaide House. For example, staff had undertaken training in dementia awareness, diabetes, hydration and nutrition and infection control as well as mandatory training such as manual handling and safeguarding. Staff described their induction as having been, "Very thorough," and
"Quite intense. " One staff member said that they had been given time to read through people's care records before shadowing an experienced member of staff. They told us, "I was well supported, so I felt quite confident to be working with people, colleagues were very patient with me when I was learning."

A member of the management team said that the provider was committed to training the staff saying, "They are professionals and we want them to maintain their professionalism." A number of staff had received additional training in key areas and were champions within the home. For example, one staff member was the Hydration champion. They described their role saying, "I try to make sure that staff, residents and their relatives understand the importance of maintaining good hydration." Staff meeting minutes confirmed that champions were active in supporting staff, providing information and guidance in their area of expertise.

Communication between staff was good. There were effective systems in place to ensure that staff were kept updated about any changes in people's needs. We observed a staff handover and noted that key information from the morning shift was passed onto the afternoon staff, this included an update from the GP's visit and actions that were needed. Staff said they also received regular updates in team meetings and supervision.

Staff told us they received regular supervision and that they found this helpful and supportive. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. These meetings provided them with the opportunity to raise any concerns or discuss practice issues. Records confirmed that staff had received supervision regularly and that observations of practice were also undertaken by supervisors to ensure staff maintained their competency in particular areas, for example hand-washing. Staff had also received an annual appraisal and one member of staff described the process as "Really good and supportive," saying "You are told what you need to improve on and what you have done well."

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty were being met.

Where people were unable to make decisions for themselves staff had considered the person's capacity under the Mental Capacity Act 2005, and had taken appropriate action to arrange meetings to make a decision within their best interests. Referrals had been made for Deprivation of Liberty Safeguards (DoLS) and we could see that staff understood how these were implemented. For example, a person had been assessed as having fluctuating capacity and therefore a best interest decision had been made that it was not safe for them to manage their own medicines. Another person was subject to restraint from bed rails. The decision making process had been clearly documented with a mental capacity assessment, the best interest decision and an application for a DoLS authorisation. Staff were able to tell us about the importance of the MCA and its relevance to their role. One staff member said, "We have to assume people have capacity to make decisions, but if they lack capacity we have to make a decision on their behalf." Another staff member said, "I always ask people's permission before helping them and if they say no then I respect that." A third staff member said, " If we have to make a decision in someone's best interest we try and include them or their family, often the GP is also involved and we have to look for the least restrictive way to preserve their liberty." A visiting health professional confirmed that they had regular involvement in making best interest decisions when people lacked capacity.

People told us that they enjoyed the food at Adelaide House and that they had enough to eat and drink. We noted that staff were frequently offering people drinks and snacks, including fruit, throughout the day. We observed the lunch time meal. People could choose to sit in the lounge, dining room or conservatory and a few people had their meal served in their bedroom. The atmosphere in the dining room was relaxed with people chatting to staff and each other. Staff were seen supporting people appropriately, reminding them what the meal choices were and checking that they were happy with their choice. Some people needed assistance to eat their food. Staff were seen to be supporting people effectively, talking to them quietly, watching carefully to gauge the pace and taking time to ensure the person was ready for the next spoonful of food. People appeared to be enjoying their meal, comments included, "That was lovely, thank you," "Very nice, dinner was lovely," and "The chicken was really nice." Food was well presented and condiments and drinks were available on the table. Staff were seen to be proactive in supporting people, for example one person was struggling to manage their food and it was falling from their plate. A member of staff noticed this and brought a plate guard to enable the person to finish their meal independently. Another person finished their food and staff offered a second helping which they happily accepted. A relative told us that they saw staff supporting people with their meals when they visited, they said, "Staff don't just dump the food in front of people they help those who need it."

The chef told us that they spoke to everyone on a daily basis about their food choices for that day. They explained that sometimes people changed their mind or wanted something different and that was fine, saying "If they ask for something different we give them what they want, everyone has their favourite food and we always have plenty of food available." The menu repeated over a month and included a wide range of meals with two main course choices every day. The chef was knowledgeable about people's needs and preferences. Risks and nutritional needs were identified and assessed by care staff and monitoring was used where someone was identified as being at risk of malnutrition or dehydration. Where there were continued concerns a referral had been made to the GP and fortified food supplements were prescribed. Food and

fluid charts were consistently completed and people's weight was recorded regularly.

People and their relatives told us that they were supported to access health care services. GPs from two local surgeries visited regularly and the registered manager said that the relationship with them was very supportive. One visiting health care professional told us "The staff recognise when someone has deteriorated, they know what signs to look out for and call us quickly when they are worried." People confirmed that staff were proactive in referring to GP's and other health care professionals. One person said, "If I'm not feeling too good the staff ask the doctor to have a chat with me," and a relative said, "The staff are very quick to get advice from the GP. They always let me know what's happening." Another relative said, "Staff always phone me if my relative is unwell." A visiting health professional also spoke highly of the staff saying, "Communication is good with the staff here, they deal with most things, but make referrals when they have concerns. That means that people receive more appropriate medical interventions." Records confirmed that referrals were made when required for example, a tissue viability nurse had been contacted to advise about a wound care plan and this was clearly documented. Where there were concerns about deterioration in people's mental health referrals were made for psychiatric support. Other referrals included a physiotherapist and chiropodist.

People's care records included their wishes for how they wanted to be cared for at the end of their life. A visiting health professional said that the staff were focussed on providing really good end of life care and said, "We work closely with the team here to avoid admission to hospital when people are having palliative care. The aim is to provide good symptom control to keep people comfortable until the end. We ensure that the staff here have the medicines and equipment they need in place before the symptoms are evident. They can then just call a doctor for advice and people receive the care they need more effectively. The staff here have provided really good care in this area."

People's care records included a hospital passport designed to accompany anyone who was admitted to hospital. This provided important details about the person that would be useful for hospital staff to know, such as any communication difficulties or particular needs that the person had. These records were very clear and well personalised.

Requires Improvement

Is the service caring?

Our findings

People told us that staff were caring, kind and attentive to their needs. Their comments included, "I've got lots of friends here, so I don't get lonely, the staff are like friends too," and "The staff are so nice, it's a lovely happy atmosphere here," and "All the staff are caring and treat me with great kindness, I am very happy and feel lucky to be here." A relative told us, "The staff are really good, they take their time with people, they are very, very, very caring, all of them." We observed many examples of positive interactions between staff and the people they were caring for however, we did find some areas of practice that needed to improve.

People's privacy and dignity was not always respected. We observed a person receiving an insulin injection at the meal table in front of other people who were eating. Although nobody present reacted in a way that suggested they were upset or disturbed by this, it was not good practice and did not protect the person's privacy or dignity. We noted that staff were not always discreet when offering people their medicines, this meant that people present in the dining room could hear what they were being asked and their privacy was not protected. We have identified this as an area of practice that needs to improve.

We observed that every person was receiving their drinks in a plastic beaker. Staff were offering some people a choice of whether or not they used the lid on their plastic beaker. Visitors were offered drinks in china cups but we did not see people living at Adelaide House being offered a china cup. A social care professional told us that they found the use of plastic beakers for everyone to be institutional and a relative also spoke to us about this. One person told us, "I have to use a baby's cup now." This indicated that some people's self-esteem was negatively affected by the use of plastic beakers. Although some people may have needed a modified cup to assist them to drink independently, this was not the case for every person. People were not being offered a choice according to their needs and this meant that people's dignity was not always protected. We have identified this as an area of practice that needs to improve.

People and their relatives told us that staff did respect people's privacy. Staff told us that they understood the importance of maintaining people's privacy, one staff member explained, "We keep people's private information locked away, nothing is left lying around, and we don't discuss people's needs or issues in front of other residents or visitors." We noted that staff were careful to use screens in the communal areas such as the lounge to protect people's privacy and dignity if they needed assistance from staff, for example when being repositioned or transferred with a hoist. People told us that staff were respectful towards them, one person said, "They treat me nicely and make sure the door is closed before helping me to be undressed." A relative said, "I notice that they always ask people if they would like to have an apron on, they don't just do it." We noted during lunch time, staff were heard to say, "Would you like to put an apron on to protect your clothes?" and they then waited for a response before continuing. A relative commented, "People always look smart and well cared for, whenever we have visited we've notice this."

People were relaxed in the company of staff who were observant and responsive to people's needs. For example, one person who was living with dementia was showing signs of agitation and disorientation. A staff member sat next to them, held their hand and spoke softly, reassuring them of where they were and engaging them with a discussion to calm them. Another person, also living with dementia, became

distressed and a staff member went to them quickly asking, "What's wrong? Can I help?" They took time to sit with them, talking quietly and then encouraging them to join them in a song. The person responded well to this approach, singing and smiling and visibly relaxed.

Staff spoke warmly about the people they cared for and demonstrated that they knew them well. One staff member said, "Our aim is to provide the best care for people and to do that we need to know them well, not just how they are now, but what they have done in their lives. It helps us to find common ground with them. For example, one person used to be a nurse, they like to talk about their experiences and that's really interesting for me so we have a lot in common." People told us that staff took time to chat with them and they felt they listened to them. One person said, "They have a nice chat with me when they are helping me, we have quite a laugh sometimes." Another person said of the staff, "They are all nice, but I do have my favourites, they know me really well." A visitor told us, "The staff try and make it as homely as possible and they are very caring. When (person's name) first came here I was so impressed with the genuine warmth that staff show people, they really care about them." A relative said, "It feels like a family here, staff know and understand people really well."

We noted that staff spoke to people appropriately and used the name that people preferred. Staff took their time when speaking with people and waited for them to express a view. People and their relatives told us that they had been involved in planning their care. One person said, "I like to be in control of my life as much as possible," another person said, "I speak my mind about how I want things done." A relative said, "Staff are always asking for our opinion about my relative's care and checking with us because they can't communicate much anymore." Care records were detailed and clearly written, people who were able to, were asked to sign to confirm their agreement with the care plan. One person told us, "I was involved in planning my care, because I only want female care workers to help me so they have included that in my care plan."

Relatives and other visitors told us that they were able to visit at any time. A relative said, "I am always made to feel welcome and offered a coffee," another visitor said, "Staff are always friendly and welcoming no matter when I come."

Good

Is the service responsive?

Our findings

People and their relatives told us that staff were responsive to their needs. One person said, "We are treated well, staff know what I like," another said, "If I need anything I only have to ask the staff." A relative said, "The staff keep on top of things, they make changes so that (person's name) gets the care they need. For example, they can go off to bed for a nap whenever they want and the staff will help them."

Care and support records were well personalised and detailed. People's needs were assessed before they came to Adelaide House. A relative told us, "The manager came to see us at the hospital to find out my relation's needs prior to admission." Records included details about people's history and the people and things that were important to them. Details included people's place of birth, places they had lived and their occupations. Family members were listed and interests and hobbies were included. This information provided a clear sense of the person. Staff told us that they found this information useful when providing person centred care. For example, one care plan stated 'I like to leave my bedroom window open at night no matter what the weather is like.' Staff told us that they were aware of this, one said "Oh, yes, they really like to have the fresh air." Another care plan stated 'I am very slow in the mornings and prefer not to be woken early,' recording confirmed this person was not woken before 10am in the morning.

A staff member said, "Everyone is an individual, it helps to know about their past, so we can chat to them and get to know them better." One staff member gave an example of how they used this information to support someone they cared for, saying "They were a bit low in mood, I know they enjoy talking about their past and their family, so I sat and looked at their photo album with them and they really brightened up, they enjoy talking about their history." A staff member told us that, "People's needs and wishes might change from day to day, we try and accommodate them as much as possible" Another staff member said, "It's important not to make assumptions about people, we have to offer them choices and check that they are happy." They gave an example saying, "I always offer a choice of drinks, because sometimes people just fancy something else, the care plans are useful and guide us but we have to check people's wishes."

People were encouraged to take part in meaningful activities. Those who were living with dementia were provided with a variety of occupations. For example, one person was sitting at a table slotting coloured counters into a frame. Staff had recognised the importance for this person of a dexterous activity. They were completely absorbed in this process and a staff member said, "It's meaningful for them because they used to repair small items, they seem to enjoy the intricacy of the task." We noted that people had a variety of items within their reach, one person had a book that they were looking through, another was knitting and a third person had a photo album close by. During the morning the activities co-ordinator facilitated a cross word puzzle with a group of people in the conservatory. We noted that people were joining in, guessing the word when a clue was called out. The activities co-ordinator was skilled in ensuring that everyone present were included and had a chance to answer a clue if they wanted to. People told us that this was a regular activity that they enjoyed. Later in the day people were invited to join a cooking session making cakes. The atmosphere was lively and people were chatting and laughing, enjoying the cooking task and reminiscing about past experiences of cake making. Later people were able to eat the cakes they had made.

People were supported to follow their interests, for example, one person told us that they liked birds and the staff had put a bird table outside their bedroom window. Another person said they enjoyed crossword puzzles and board games. They were playing a board game with another person and told us, "We enjoy a good tournament, we both love word games, it keeps the grey matter active." We noted that this interest was recorded in their care plan. Another care plan showed that someone had a particular interest in gardening, they told us "The manager said we are going to have raised beds in the garden, so I can do a bit of growing if I want." Another person was watching a football match, staff had brought a small TV over to them in the lounge area and told us, "They always enjoy a football match."

People and their relatives told us that there was plenty to do at Adelaide House and spoke highly of the activities co-ordinator. A relative said, "They are energetic and quite dynamic, they bring lots of good ideas to the place." One person said, "They try to give us different things to do to keep us busy, it helps to pass the time." Another person said, "There's plenty to do here, there's no reason for anyone to be bored." Relatives told us, " Whatever they are doing , they take (person's name) to be with everyone else, even though they can't communicate," and " They are doing more activities that appeal to the men here now, for example there was a trip to the Blue Bell railway and another to ten pin bowling." We asked how activities were planned to ensure people's preferences were included. Staff said, "Activities are planned in advance and people are asked about their views. If people have particular ideas or suggestions for example, for outings or for entertainers, we try and accommodate them." The activities co-ordinator met people individually to discuss their interests and people were able to have time with staff to undertake activities that they enjoyed. One person told us, "I enjoy a chat with staff about the cricket or football and the staff will come and watch it with me sometimes." We noted that this person's care plan stated 'Enjoys football on TV.'

People told us that they knew how to make a complaint and the home's complaints procedure was on display in the reception area. The registered manager kept a log of all complaints received and actions taken. This showed that complaints were addressed. People and relatives told us that they rarely raised complaints, but would feel comfortable to do so. Their comments included, " I always speak my mind and say what I feel about things," "There's been no need to complain," and "If I had to complain I think they would do all they can to sort it out," and "If I'm unhappy I talk to staff, they deal with it, if not I would go to the manager." A relative told us, "I am always being asked if we are happy with the care but I've never had any concerns."

Good

Is the service well-led?

Our findings

People, visitors and staff spoke highly of the registered manager and said that the home was well- led. People said, "The management is very good," and "I think the nursing home is very good indeed." Relatives said, "We are more than happy with it here, it's very well run," and "We've told our girls if we ever need a nursing home we want to come to Adelaide," and "The manager keeps a close eye on everything, I think the owners are really interested in providing good care."

People told us that they knew who the registered manager was and that they were approachable, one person said, "They are very nice, very caring," another said, "They are always here and I can talk to them whenever I want to." The registered manager spoke knowledgeably about all the people living at Adelaide House. During the inspection we noted that they were actively involved in discussions about people's care with staff, visitors and visiting health professionals, as well as talking to people themselves.

Staff spoke well of the registered manager and the deputy, describing an open, positive culture. One staff member said, "The managers are always here and you feel you can ask them anything," another said "The manager is very approachable and the nurses too, they all help out if needed." One staff member described how they had felt able to discuss a mistake they had made with the registered manager. They said, "I made a mistake, I explained what had happened and apologised. I have learnt from it and it's so important that staff feel able to say when something goes wrong."

Staff told us they felt able to contribute to the development of the service, one staff member said, "We have regular staff meetings and anyone can add to the agenda or raise issues." Notes from the meetings confirmed that they were regular, well attended, and covered a wide range of topics relevant to the care of people at Adelaide House. Staff told us they felt confident to question practice. We noted an example of this in the staff meeting minutes when a staff member had suggested that music played in the lounge area was not always appropriate for the people living at the home.

The staff had developed strong links with the local community, particularly with the GP surgeries. Two visiting health care professionals spoke to us about the positive relationship that had developed. Their comments included, "I have never had any problems here, staff are always knowledgeable about the people they look after, recognise deterioration and contact us if they are worried," and "Staff here are proactive in keeping people from going to hospital. There's a strong ethos of providing really good care." One described how they had been particularly impressed by the registered manager's knowledge of each individual and their needs, they said, "The staff are well directed here and know what they need to achieve, people are kept occupied and active. People seem happy living here. It's a homely environment."

People and their relatives told us that they were encouraged to share their views about how the home was run and to make suggestions for developments. Relatives told us about a resident's and relative's coffee morning, saying, "We suggested that it would be good to have a sound system put in and that's happened." Another relative said, "They are always looking to make improvements here, they have added a small patio in the back garden to make it easier for people to get out there, that was a relative's suggestion." People told

us they were consulted about how the home was run, one person said, "We are asked for our views and we can suggest things, for example, there's a really good singer who comes here and I asked if we could have her again soon."

Staff were well motivated and spoke positively about team work. One staff member said, "I love working here, I am proud to be part of the team," another said, "I'm very happy, it's a good team, everyone works hard." The introduction of "champions" within the staff team was seen as a positive way of driving improvements in service delivery. Staff spoke enthusiastically about their role as "champions" and were clear about their responsibilities. One staff member described how they had seen a difference in service provision since the hydration champion had been appointed. They said "Staff are more aware of the importance of offering plenty of fluids and making sure people can reach drinks. We are all more knowledgeable and the number of falls has reduced, so we can see the difference it makes for people living here."

The registered manager described a positive relationship with the provider, saying "They come at least three times a week, I am well supported." There were robust systems in place to monitor the delivery of care and these systems were regularly audited to provide an overview of the service.
The provider undertook quality assurance surveys to obtain views on the home from people, their relatives and visiting professionals. The results of the recent survey were positive. There was a comments box in the reception area for people to make suggestions and an action plan had been developed to take forward improvements, for example, redecoration of the lounge and dining room.

The registered manager encouraged openness by engaging with outside organisations. There were a number of examples of this, including regular attendance at a mangers forum, encouraging training opportunities for staff, audits such as the medicines audit undertaken by a local pharmacist, and involvement with the local authority's hydration project. This showed how the registered manager was actively seeking to keep up to date with changes in policy, legislation and best practice.

The provider's brochure described their philosophy of care as 'To provide our residents with a secure, relaxed and homely environment in which their care, well-being and comfort are of prime importance.' All the staff we spoke with described the ethos of Adelaide House and being to provide a homely environment for the people who lived there and we saw that this was embedded within their practice. One staff member said, "The most important thing is that people feel that this is their home," another said, "That's what's good here, excellent care and it still feels homely, " a third staff member said, "We make sure we provide safe, comfortable, loving care, that's what we are aiming for, so people can stay here, in their home." The registered manager told us, "I know all my residents, their families and my staff really well. I am pleased with the staff, they work hard to make if feel homely here. It's a very good team."