

Avery Homes (Nelson) Limited

# Adelaide Care Home

## Inspection report

35 West Street  
Bexleyheath  
Kent  
DA7 4BE

Tel: 02083043303  
Website: [www.averyhealthcare.co.uk/care-homes/kent/bexleyheath/adelaide/](http://www.averyhealthcare.co.uk/care-homes/kent/bexleyheath/adelaide/)

Date of inspection visit:  
19 October 2023  
20 October 2023

Date of publication:  
15 November 2023

## 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

Adelaide Care Home is a care home that accommodates 76 people across 4 separate wings, each of which has separate adapted facilities. 2 of the wings specialises in providing care to people living with dementia. There were 69 people using the service at the time of our inspection.

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

People and their relatives told us they felt safe. Staff understood the types of abuse that could occur and the action to take if they had any concerns. Risks to people were assessed, identified, and safely managed. The home had a system in place to record accidents and incidents and acted on them. People received their prescribed medicines and managed safely. There were enough staff deployed to meet people's needs in a timely manner and the provider followed safe recruitment practices. People were protected from risk of infection as staff followed practices that reduced the risk of infection.

Staff were supported through regular training and supervisions so that they were effectively able to carry out their roles. People's needs were assessed prior to moving into the home to ensure their needs could be met. The registered manager, nurse, and staff understood the requirements of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff told us they asked for people's consent before offering support. People were supported to have enough to eat and drink and had access to healthcare professionals when required, to maintain good health.

People and their relatives told us staff were caring, considerate and respected their privacy, dignity, and independence. They said staff involved them in making decisions about their daily care and support requirements.

People's care plans were reflective of their individual care needs and preferences and care plans were reviewed on a regular basis. A variety of activities were on offer and available for people to enjoy and take part in. However, for a better reach, an additional activities coordinator was being recruited for stimulation and support people, to follow their interests and take part in activities. People were aware of the home's complaints procedures and knew how to raise a complaint. People's cultural needs and religious beliefs were recorded, and they were supported to meet their individual needs. Where appropriate people had their end-of-life care wishes recorded in care plans.

The provider had effective quality assurance systems in place to monitor the quality and safety of the service. Regular staff and residents' meetings were held, and feedback was also sought from people about the service. Staff were complimentary about the registered manager and the home. The provider worked in partnership with health and social care professionals, to ensure people's needs were planned and met.

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 14 July 2022).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service 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 ●

# Adelaide Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This service was inspected by 2 inspectors, a specialist advisor, and 2 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. Their area of expertise is in older people.

#### Service and service type

Adelaide Care 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.

#### Registered Manager

The service was required to have 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. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included statutory

notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We also used information the provider sent us in the Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspection. We sought feedback from commissioners and the local authority safeguarding team. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people and 11 relatives about their experience of the care provided. We spoke with 7 members of care staff, 2 nurses, 2 maintenance staff, the registered manager, and the regional director. We carried out observations of care provided in the communal areas. We reviewed a range of records. This included 14 people's care records, 14 staff files in relation to recruitment and a variety of records relating to the quality assurance and management of the service, including policies and procedures.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. One person told us, "I feel safe here. The carers are good." Another person said, "I always feel safe here, there is always a nurse to help, and this is the right place for me." One relative commented, "My loved one is safe here. When they lived at home, they used to leave the house. Now they have a routine and it's secure." Another relative told us, "Yes, [relative] has made such progress since they have been here, when my [relative] came in, they had to be fed everything and now they can hold a beaker by themselves, and they have so much equipment for their safety and the nurses and carers are always popping in."
- The registered manager and staff understood what abuse was, the types of abuse, and the signs to look for. This included staff being aware of the action to take if they suspected someone had been abused and reporting their concerns to the registered manager and the local authority safeguarding team.
- Staff completed safeguarding training. They knew the procedure and whom to report to for whistle-blowing and said they would use it if they needed to.
- The provider had a policy and procedure for safeguarding adults from abuse. Safeguarding concerns had been raised, and the provider worked effectively with health and social care professionals to address concerns.

Assessing risk, safety monitoring and management

- People were protected from avoidable harm. The registered manager and nurse completed risk assessments and risk management plans that included guidance for staff. For example, about how to manage diabetes, risk of choking, eating and drinking, mobility, falls, bed-rails, and the home environment.
- Risk assessments were reviewed periodically or as and when people's needs changed. Staff told us, these records provided them with the relevant information they needed to understand people's situation and needs.
- The registered manager monitored them to ensure they remained reflective of people's current needs.
- The provider had arrangements to deal with emergencies. People had personal emergency evacuation plans (PEEPs) in place, which gave guidance for staff and the emergency services on the support they would require evacuating from the service safely.
- Staff and external agencies, where necessary, carried out safety checks on the premises and the safety of appliances.

Staffing and recruitment

- We saw there were enough staff to support people and to attend appointments when required. One person told us, "Yes, we have long standing ones [staff], which is nice, because they become our friends."

Another person said, "Yes, we do have regular staff which is great because you don't have to keep on telling them things and we know them as human beings, as they do us." One relative told us, "Yes, it is great to have regulars [staff] and they all greet me when I get here, I feel welcomed and my relative is loved."

- People were supported by effectively deployed staff. Staff told us they felt there were enough staff to meet people's needs safely and appropriately and there was on-call management support available for staff as and when required.
- The provider carried out satisfactory background checks for all staff before they started working. These included checks on the staff member's qualifications and relevant experience, their employment history, references, criminal record checks and proof of identification, and current registration with professional bodies for nurses. This reduced the risk of unsuitable staff working with people who used the service.

#### Using medicines safely

- Medicines were managed safely. One person told us, "I get my medicines regularly." Another person said, "I get them when I need them." One relative commented, "They [staff] help my loved one with medication and it is at the correct times." Another relative told us, "Yes, as far as I know they are given as they should be."
- Staff completed medicine administration records (MAR) as required, to ensure people received their medicines as prescribed.
- Staff had completed medicines training. Their competency to administer medicines had also been assessed.
- The service had PRN (as required) medicine protocols in place for any medicines that people had been prescribed but did not need routinely.
- Medicines were stored safely and securely.
- The registered manager and the nurse carried out regular checks, to ensure people received their prescribed medicines correctly.

#### Preventing and controlling infection

- People were protected from the risk of infection. One person told us, "Yes they [staff] do wear personal protective equipment (PPE), and take them off before they leave the room."
- Staff understood the importance of effective hand washing, using personal protective equipment (PPE) and disposing of waste appropriately. This protected people from infection and cross-contamination.
- The service had infection control procedures in place and records showed that staff had completed infection control training to ensure they knew how to prevent the spread of diseases.

#### Visiting in care homes

The provider had visiting arrangements in place that was in line with the government guidance and the registered manager ensured all visitors followed it. Visitors were supported to follow the government's guidance as appropriate.

#### Learning lessons when things go wrong

- There were systems and processes in place to manage and follow up on accidents and incidents.
- Staff completed accident and incidents records. These included details of the action staff took when responding and minimising future risks, as well as details of who they notified, such as the registered manager.
- The registered manager monitored these events, to identify possible learning and discussed this with staff.



# Is the service effective?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. 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 to ensure these could be met. One person told us, "Yes, and again recently." One relative said, "Yes, and at review. I am always involved." The assessments looked at people's medical conditions, physical and mental health, allergies, communication, continence, mobility, nutrition, and choices.
- Where appropriate, people and relatives were involved in this assessment. This information was used as a basis for developing personalised care plans, to meet each person's needs.
- Care plans reflected people's needs and staff knew how to support people to make choices.

Staff support: induction, training, skills, and experience

- The provider supported staff through supervisions, appraisals, and training to ensure they had the appropriate knowledge and skills to meet people's needs. One person told us, "Yes, they [staff] get extra training too, they all seem to know what they are doing." One relative said, "Yes, they [staff] are very skilled at what they do, and I know that they have ongoing training." Another relative commented, "Yes, they [staff] are trained and know how to care for my loved one."
- Training records confirmed staff had completed training that was relevant to people's needs. Training included safeguarding adults, medicines administration, nutrition and hydration, dementia care, infection prevention, health and safety, moving and handling, equality and diversity, and mental capacity.
- Staff told us, the training programmes helped them in understanding people's needs and delivering appropriate care.
- Staff told us they received regular supervision and said they could approach their line manager and the registered manager at any time for support and they were helpful.

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

- Staff supported people to eat and drink enough to meet their needs. People could exercise choice and could access sufficient food and drink. One person told us, "Yes, they [staff] bring my meals to me as I prefer to eat in here and I don't need help." Another person said, "They [staff] make sure I know what the choices are and keep an eye on how much I am eating too."
- People's dietary needs were met in accordance with their individual specific dietary needs. One relative told us, "My loved one has puree which they eat, but probably doesn't enjoy and the high calorie drinks which they like. It has made such a wonderful difference."
- We saw how staff supported people with making food choices. For example, by showing them a variety of foods and people's choices were respected.

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

- People were supported to maintain good health. One person told us, "Yes, anything I want is sorted." Another person commented, "Yes, I had to go to hospital, and they provided the transport, and the family came with me, the chiropodist has a regular visit." One relative said, "We have had support from many of the professionals and all organised by the home." Another relative commented, "They [staff] sort everything and phone me and keep me involved." People's care records included evidence of regular contact with healthcare professionals, for example, health checks, speech and language therapist, the GP, dentist, and district nurse.
- People's health needs were recorded in their care plans along with any support required from staff in relation to these needs.
- Staff told us they would notify the registered manager and nurse if people's needs changed and if they required the input of a healthcare professional.

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

- People's care and support was provided in a safe, well equipped, and well-furnished, environment which met people's needs. The refurbishment and redecoration work in some parts of the premises was in progress.
- People could access a variety of shared living spaces which included a lounge with TV, and a garden with sitting furniture.
- People were supported to personalise their rooms with their personal belongings, furniture they needed, including the communal areas.

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.

- People consented before staff supported them. We found the service was working within the principles of the MCA and appropriate legal authorisations were in place to deprive people of their liberty.
- Staff training records showed they had received MCA training.
- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making. Staff knew about people's capacity to make decisions through verbal or nonverbal means, and this was well documented.
- Records confirmed capacity assessments had been completed and people and those important to them were involved in best interest meetings.

# 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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives had been consulted about the care and support they received. One person told us, "I get to choose when I get up and my meals and what I do with my day." Another person said, "Everything which can be a choice is offered, what to do with the day, what to wear, what to eat and drink, and so on." One relative commented, "Yes, they [staff] invite them to choose when anything can be chosen."
- Staff respected people's choices and preferences, such as the clothes they wanted to wear, their food and drink preferences, and what activity they wanted to do during the day.

Ensuring people are well treated and supported, respecting equality and diversity. Respecting and promoting people's privacy, dignity, and independence

- People's privacy and dignity was respected. One person told us, "They [staff] close the curtains when they care for me." Another person said, "They [staff] are always polite and respectful while having a joke and making light of any potentially embarrassing situations." One relative commented, "They [staff] do respect my loved one's dignity, the way they care is very respectful."
- The service was non-discriminatory, and staff told us they would always support people with any needs they had with regards to their disability, race, religion, sexual orientation, or preferred gender. One person told us, "They are gentle and kind and always cheerful, worth their weight in gold." One relative said, "They [staff] are kind, it's like a family."
- People were supported to maintain their independence. One person told us, "They [staff] support by offering me opportunities to do things independently like washing and dressing with minimal support." One relative said, "They [staff] allow my loved one to wash themselves which keeps them independent." We saw people with various mobility aids mobilising independently and some with staff support. Staff told us they encouraged people to complete tasks for themselves, as much as they were able to.
- Training records confirmed that staff had received training on equality and diversity.
- People's care records included sections about their cultural and religious backgrounds and relationships that were important to them.
- Staff received privacy and dignity training. They were able to tell us how they maintained people's privacy and dignity by knocking on doors and asking for their permission before entering their room, and ensure they were comfortable when providing people with personal care.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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 supported to maintain and develop relationships with those close to them.
- Staff recognised people's need for stimulation and supported people to follow their interests and take part in activities. These included a range of activities both indoor and outdoor. One person told us, "The activities coordinator gives us a printout of what is happening for the next month and reminds us nearer the time, and we go on outings when the weather is nice." Another person said, "I am a great reader the activities coordinator takes my books away and brings me the new ones and knows my tastes in literature, and sometimes I join in other things." One relative commented, "They [staff] have a memory box in my loved one's room and they go through the box with my relative and use it for memory boosting."
- However, during the inspection we found some people had limited access to participate in the activities. One relative commented, "There are no activities at weekends." Another relative said, "My loved one doesn't get involved in activities anymore. They [staff] have mentioned 1:1 activities but I'm not sure if they take place. The regional director and the registered manager told us, in their recent audit they identified some areas of improvements. Currently, there are 2 activities coordinators, and for a better reach, an additional activities coordinator was being recruited for stimulation and support people, to follow their interests and take part in activities.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person centred. One person told us, "I expect I have; I have been reviewed recently." One relative said, "My loved one have a care plan and we had a review 4 months ago." Another relative commented, "My loved one has a care plan, and they keep me updated with any changes." Care plans contained information about people's personal life, social history, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals.
- Care plans were kept under regular review, to ensure people's changing needs were met.
- Staff knew people well and told us of the support they provided, to ensure individual needs were met.
- Care plans included the level of support people needed from staff and what they could manage to do for themselves.

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.

- The service identified people's information and communication needs by assessing them and this was reflected in care plans.
- Staff offered choices tailored to individual people using a communication method appropriate to that person.

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

- The provider had a policy and procedure for managing complaints and this was accessible to people and their relatives. One person told us, "I have not needed to make a complaint, but I would speak to care staff first and then the manager." One relative said, "I know how to complain, but don't need to."
- Records of concerns and complaints made about the service were maintained. The registered manager understood their organisation's procedures and responded to complaints appropriately.

#### End of life care and support

- The provider had an end-of-life care policy in place. The registered manager and the nurse team were aware about how to support people who required with end-of-life care. They said they would liaise with the appropriate health care professionals to provide people with end-of-life care and support, when it was required.
- People had their anticipatory medicines plans (as part of palliative care), and choice of funeral plans with input from their family members.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were positive about how the service was run and the support they received from the registered manager, nurse, and staff. One person told us, "I do think the home is well managed partly because the staff have time to stop and chat and the atmosphere is relaxed and homely." Another person said, "I do think it is well led, everything happens as it should."
- Relatives visiting their family member were positive about how the home was managed. For example, one relative commented, "Yes, the whole atmosphere is friendly and positive, always good signs." Another relative said, "Very well managed, purposeful, relaxed, and cheerful." However, a third relative told us, "I don't feel the home is well managed. The home could be better managed by them being more visible and not being so corporate. I don't feel there is an open-door policy." The registered manager told us, they met this relative a week ago and continued to engage with them and respond to with any changing needs for their relative's needs.
- Throughout our inspection, we observed positive caring and supportive interactions between people and staff.
- Records showed staff encouraged people and relatives to get involved in care reviews and the best interests' decision-making process, if appropriate.
- The registered manager had encouraged and empowered staff to be involved in service improvements through staff supervisions and appraisals.
- The regional director, the registered manager and staff worked as a good team. Staff were positive about how the service was run and the support they received from the management team.
- The registered manager and the nurse held staff meetings to discuss areas such as any changes in people's needs, guidance for staff about the day-to-day management of the service, coordination with health care professionals and any changes or developments within the service.

Continuous learning and improving care. Working in partnership with others

- The regional director, registered manager, nurses, and the staff team demonstrated a willingness to provide good quality care to people. They made immediate improvements following the findings from their internal audits, accidents and incidents, and safeguarding recommendation.
- The registered manager and nurses were committed to working in partnership with other agencies and services to promote the service and to achieve positive outcomes for people.
- They worked closely with local authority commissioners and healthcare professionals.

- There were systems in place to ensure the provider sought the views of people using the service through regular meetings, reviews of their care, and surveys that were conducted. People's feedback from the recent survey has been positive.

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 registered manager was aware of their responsibilities under the Duty of Candour and acted with openness and transparency throughout our inspection. The Duty of Candour is a regulation that all providers must adhere to.
- Staff were encouraged to report all accidents, incidents or near misses and to be open and honest if something went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had effective oversight of the service. The quality assurance system and processes covered aspects such as care plans and care records, medicines management, incident and accidents, health and safety, activities, and the premises.
- There was a clear management structure at the service. Staff were aware of the roles of the management team. Staff understood their roles and responsibilities.
- Staff told us they had access to support and advice from the registered manager when needed and at staff meetings. A member of staff said, "The registered manager is approachable and fair, we all work together for improvements, we help each other and listen to people and their relatives." Another member of staff said, "The manager is humble, if need help, she will come and do personal care."
- The service had an on-call system to make sure staff had support outside of office working hours and staff confirmed this was available to them. Call bell records showed, most of the call bells were attended in less than a minute, to attend to people's needs.
- The service had a registered manager in post. They were aware of their registration requirements with CQC and understood the importance of quality monitoring and continuous learning and improvement within the service.