

Enter and View Visit Final Report

Name of Service Provider: B and E Thorpe-Smith

Premises visited: Adelaide House Residential Care Home, 6 Adelaide Road, Leamington Spa, CV31 3PW

Date of Visit: Tuesday 9th June 2015

Time of visit: 10:00am

Registered Manager: Mrs Eibhlin Agnes Thorpe-Smith

Authorised Representatives: Chris Bain, Deb Smith, David Alexander and Jennifer Gilder

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users, their relatives and staff, only an account of what was observed and contributed at the time of our visit.

Summary of findings

- Adelaide House is a 23 bedded converted home located in Leamington Spa.
- There are 20 members of staff who work at Adelaide House in a range of care and domestic roles. All are employed on a permanent basis.
- Adelaide House has recently changed ownership from DR and B Sutton Limited to B and E Thorpe-Smith.
- The new Registered Manager had been in post for nine days at the time of our visit.
- The Deputy Manager had been at the home for 10 years.
- We observed the new Registered Manager taking her time to get to know residents.
- The residents with whom we spoke were very happy with the care and service they received at the home.
- The visitor of a resident with whom we spoke was very happy with the care and service her friend received at the home.
- We observed the interaction between staff, residents and relatives and found them to be respectful and friendly and consent was gained from residents when needed.

- We observed the physical environment of the home which we found to be maintained and cleaned to a very high standard. We identified some minor concerns around:
 - A small area of piping that was not boxed in on the third floor.
 - Wheelchairs stored in the narrow corridor to the conservatory.
- Overall, staff at Adelaide House were very positive about the home and the support they received. They all clearly expressed pride in their role. One member of staff suggested that they could benefit from more training and e-learning. It was noted that a staff training session on administering routine medications was being undertaken by available staff at the time of our visit. There were no other suggestions from the staff that we spoke with that they identified which could improve the quality of the service provided to residents.
- We observed the service user experience, dignity and respect during our visit. From our observations there were no concerns identified.

Recommendations

- The consistent practice use of the visitor signing in book, both in terms of visitors entering and leaving the home.
- Noticeboards in the lobby are made better use of giving information about the home and advertising activities.
- The installation of a staff photo board and the use of staff name badges be revisited to ensure that current practice meets the needs and wishes of the residents.
- The storage of wheelchairs in the narrow corridor leading to the conservatory we reviewed.
- Hand sanitisers to be made available throughout the home.

1. Report Overview

The visit to Adelaide House was unannounced, which means that no one at the home knew we were coming.

On arrival at the home we were met by the Registered Manager, Eibhlin Thorpe-Smith, who was our point of contact throughout our visit. Mrs Thorpe-Smith facilitated our visit and provided access to all relevant areas of the home.

Adelaide House is a converted home across four floors. There are 23 rooms at the home. There are currently 18 residents at Adelaide House and five vacancies. Residents live across three floors. The basement floor houses the kitchen, laundry and office space.

18 rooms are en-suite. Additionally, there are separate toilet facilities on all floors (two with toilet and bathroom and one with toilet only) and one communal wet room on the second floor.

We conducted an in-depth interview with Mrs Thorpe-Smith who had been in post for nine days at the time of our visit. Mrs Thorpe-Smith and the Registered Owner, who was also onsite at the time of our visit, offered a very warm and friendly welcome.

Although new to the position as Registered Manager at Adelaide House, Mrs Thorpe-Smith has a strong background in nursing and care home management.

Mrs Thorpe-Smith was taking time to get to know staff and staffing arrangements at Adelaide House. We were advised that there were 20 staff, including an additional chef who was in the process of being recruited. The new chef was being trialled on the day of our visit.

Since our visit it has been confirmed that, in addition to the Registered Manager, there is: one Deputy Manager, twelve care assistants, one laundry assistant, two housekeepers, two chefs and one activities organiser (currently being trialled). The shift pattern for care staff is 8am to 1pm and 1pm to 8pm. There is also a 3pm to 8pm shift and 8pm to 8am night shift.

Visiting specialists provide additional health and social care services including: Mobility Plus, Physiotherapy, Chiropody and hairdressing. There are also a number of volunteers who regularly help with activities.

Mrs Thorpe-Smith advised that she plans to hold residents' meetings going forwards and that, as part of the Registered Manager handover, she will make herself available to speak with relatives of residents.

2. Purpose of Visit

The visit to Adelaide House was to ensure that standards of dignity and safety are being maintained since previous CQC visits.

3. Approach Used

The Authorised Representatives observed the activity taking place in the communal areas of the home, including the period over lunch.

The Authorised Representatives also spoke with residents, visitors and members of staff throughout the visit.

4. Observations/Findings

Physical Environment

Adelaide House is situated off a main road in Leamington Spa. There is a small car park at the front of the property for staff and visitors. There is limited free on street parking on the main road and extensive metered parking on adjacent roads.

Entry to the home is through an unmanned lobby area. A buzzer alerts staff to both people wanting to gain entry to and people leaving the building and continues to sound until it is acknowledged by a member of staff.

A signing in book at the entrance was available, although we were not asked to sign in on arrival. It was observed that there was inconsistent practice around this with one visitor being asked to sign out and another not being asked.

The lobby, which forms part of the main home, was clean and well decorated; a reflection of standard of the communal corridors throughout the home. The environment of the home was busy but calm and there was a clean aroma.

There were a number of notice boards on the walls in the lobby. One gave the date of the next hairdresser visit. These notice boards could be made better use of to give information about the home and to advertise activities.

Two hand sanitisers were observed on the first floor in and around the main lobby area. They were not, however, available in other communal parts of the home.

The residents' rooms were located on the ground floor, first floor and second floor off the communal corridors. It was noted that each of the residents' rooms either had a number or a name. It was explained to us that some residents had preferred not to have their name or their photo on the door. Names were used when residents needed assistance to locate their room.

The communal lounge on the ground floor was clean and pleasant. The decor and furniture were all of a good standard and there was a homely feel. Music was playing at a background level. A smaller lounge on the third floor was also clean and decorated to a good standard and continued the homely feel.

The narrow corridor leading to the conservatory on the ground floor contained three or four wheelchairs, which made the corridor narrower still. Medication trolleys in this corridor were stored to the side and were observed locked to the wall.

The conservatory was found to be light and airy. Decoration and furniture was of a good standard. At the entrance to the observatory the floor changes from carpet to tiles. This transition was done in such a way as to avoid any potential trip hazard.

Whilst not in use on the day of the visit, both radiators and ceiling fans were observed in the conservatory. Radiators throughout the communal areas of the home were covered.

The conservatory looks out over the well-maintained garden. Entrance to the garden is down a small step. A grab rail was observed to be available.

Throughout the home the three communal bathrooms and the wet room were all observed to be clean and in a good state of decoration. One the third floor it was noted that the toilet roll holder was empty and that the spare toilet roll was at the back of the toilet making it difficult to reach.

All floors are linked by a stair lift. The stair lifts were undergoing a regular maintenance check at the time of our visit.

We were advised that the home is looking to recruit a new maintenance person as the previous maintenance person had recently left.

On the third floor it was observed that a fire exit led to a steep flight of stairs. This was discussed with the Registered and Deputy Managers who explained that there is limited action that can be taken to address this because it is a fire exit.

We were informed by a member of staff of the comprehensive cleaning regime undertaken at the home, which includes day-to-day cleaning as well as focused areas of cleaning such as windows, under beds and skirting boards which take place on a rotational basis.

Staff

Our Authorised Representatives observed interactions between staff, residents and visitors during the visit.

We saw friendly but respectful interactions. Staff called residents by their preferred name and demonstrated an understanding of individual preferences and interests.

We observed the staff requesting resident's consent before acting. For example a resident was asked if she would like to talk to one of our Authorised Representatives. When she declined this was immediately respected by staff. Staff also knocked on residents' doors before entering.

We observed staff speaking to visitors to the home in a warm and friendly manner and the new Registered Manager introducing herself to a visitor whom she had not previously met.

The members of staff we observed were not wearing a name badge. We discussed this with the Registered Manager and the Deputy Manager who advised us that this had been the preferred practice in the past. It was discussed that this could be reconsidered to ensure that it was still reflective of the wishes and needs of the residents.

Service User Experience, Dignity and Respect

We observed residents in the ground floor communal lounge. The residents appeared to be comfortable, clean and suitably dressed.

We were advised that, in addition to activities provided at the home, residents are supported to attend social and religious activities in the local community should they choose, for example attending Mass on a Sunday.

The lunch period was observed during our visit. We were informed that, although mealtimes (breakfast, mid-morning snack, lunch, dinner and supper) have set times, that there is a relaxed approach and that residents may choose to have their meals at a time that suits them.

A choice of meals is available to residents at mealtimes. We were informed that residents also choose occasionally to speak with or send messages to the chef to discuss what they would like to eat. Fresh seasonal ingredients are used and meals were observed being prepared by hand in the kitchen.

Residents have the option of having meals in their bedrooms or in the conservatory.

We observed lunch taking place in the conservatory. During lunch food was brought straight from the kitchen to the residents covered in foil to keep it warm. Desserts were brought out according to when individuals were ready for them. Drinks were offered regularly throughout the mealtime.

One resident required assisted eating. This resident was assisted by a member of staff on a one-to-one basis and in a dignified manner. The staff member interacted with the resident throughout, answering the resident's questions about the meal and offering praise and encouragement to eat.

In total there were three staff members serving lunch to 13 residents in the conservatory at the time of our visit. Staff interacted with residents in a friendly and respectful manner using preferred names. The atmosphere was relaxed and familiar with residents chatting amongst themselves and to staff members.

Routine medications were administered by the Deputy Manager during the lunch period. It was observed that the Deputy Manager had to leave the room at one point and another staff member was asked to stand with the medications as a safety precaution.

Residents were heard talking about how they enjoyed the morning activities and complimenting the food. Speaking about the food one resident stated 'It is nice to have a variety isn't it?' and another, 'Thank you very much, very nice. I enjoyed it.'

Residents were assisted to leave the conservatory at their own pace by staff as they finished their lunch.

Staff Feedback

We spoke to four members of staff during our visit to Adelaide House. All members of staff were willing to freely engage with our Authorised Representatives.

All of the members of staff we engaged with were very positive about the home and the support they received. There was a suggestion from one member of staff that staff could benefit from more training and e-learning. This was communicated to Mrs Thorpe-Smith who advised that, at the time of our visit, a training session on the administration of routine medications was being undertaken by available staff.

There was also a suggestion that the home could look at keeping electronic care records. This was discussed with Mrs Thorpe-Smith who expressed a preference for paper records and explained the difficulty using electronic records in regard to varying IT skills of staff.

Staff members clearly took pride in their work. One member of staff told us 'it is a lovely home to work at'.

The staff we spoke to were all positive about the change in management.

5. Feedback from Patients/Residents/Relatives/Carers/Visiting Professionals

Please ensure anonymity at all times

a) Patients/Residents

We spoke to two residents during our visit to Adelaide House. One resident told us about his hobby. Another new resident to the home told us: 'It's very nice. It's all very nice. I like it here.' She commented that she was pleased with how the hairdresser had done her hair.

b) Relatives/Carers

We spoke to one visiting friend during our visit to Adelaide House. This person felt that the person being visited was receiving a good standard of care and stated that they were 'always nicely dressed and wearing different clothes'.

They commented that communal space can be a bit restrictive when they want to sit quietly with their friend apart from other residents but did state that the conservatory was sometimes available for this.

c) Other professionals

We were unable to speak to any visiting professionals on the day of our visit.

6. Follow Up Visit : YES / NO *(delete as appropriate)*

Authorised representatives to state whether they feel a follow up visit should take place, the purpose of visit, and an approximate timescale for this.

A follow up visit is recommended in 12-18 months.