

Abbeyfield Somerset Society Limited

Abbeyfield (Somerset) Society

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection was unannounced and took place on 16 September 2015.

The last inspection of the home was carried out in February 2014. No concerns were identified with the care being provided to people at that inspection.

Abbeyfield (Somerset) Society provides personal care and accommodation for up to 44 people. The home specialises in the care of older people including people

living with dementia. The building is divided into three main areas. There is an apartment wing which has six self-contained apartments. A residential area provides care to up to 20 older people who have a variety of needs and a separate area provides specialist care and support to people living with dementia.

There is a registered manager in post. A registered manager is a person who has registered with the Care

Summary of findings

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.

The registered manager had appropriate qualifications and experience to manage the home. They were supported by a management team which ensured senior staff were always available to people.

Care and support was personalised to each person and people were able to make choices about their day to day lives. However staff did not demonstrate a clear understanding of how to support people to make decisions when they did not have the mental capacity to make a decision for themselves. This could potentially place people at risk of not having their legal rights protected.

People had opportunities to take part in a wide range of activities and there was ongoing social stimulation for people. The provider ensured people had access to innovative social activities at the home and in the wider community. They worked in partnership with other organisations to achieve this.

People felt safe at the home and with the staff who supported them. One person said "I'm safe as houses here." Another person told us "I'm getting good care and I feel safe."

People lived in a comfortable environment which was maintained and furnished to a high standard. Signage and other aids were in place to support people to maintain their independence.

People's health needs were monitored and they had access to healthcare professionals according to their individual needs. Incidents and accidents were analysed to ensure people received the support they required to maintain their health and well-being.

People had their nutritional needs assessed and received meals in accordance with their needs. People were complimentary about the food served in the home.

People were supported in a manner that respected their privacy and dignity. People told us staff were kind and friendly. Everyone felt well cared for. One person told us "Nothing is ever too much trouble. They seem very happy to help you." Another person said "You couldn't have better care,"

People who were able, were involved in decisions about their care, including the care they would like at the end of their life. There were meetings for people and staff to enable them to have a say in the running of the home. There was also a monthly newsletter to keep them informed of any changes.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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.

People were cared for by sufficient numbers of staff to meet their needs and ensure their safety.

Risks were assessed to make sure people could maintain their independence with minimum risk to themselves or others.

People received their medicines safely from competent staff.

Good



Is the service effective?

The service was not fully effective.

Improvements were needed to make sure staff were aware of how to protect people's legal rights when a person lacked the mental capacity to make a decision for themselves.

Staff monitored people's health and well-being and made sure they were seen by appropriate healthcare professionals when needed.

People received good quality food in line with their assessed needs.

Requires improvement



Is the service caring?

The service was caring.

People were supported by kind and caring staff.

People were assisted with personal care in a way that was respectful and dignified.

People were involved in decisions about their care.

Good



Is the service responsive?

The service was responsive.

People received very good opportunities to take part in a variety of activities and to access the local community.

Care was personalised to each individual and took account of their wishes and preferences.

People told us they would be comfortable to make a complaint.

Good



Is the service well-led?

The service was well led.

People benefitted from a management team who kept their skills and knowledge up to date and constantly monitored practice within the home.

Good



Summary of findings

The registered manager was open and approachable which led to a happy relaxed atmosphere.

Abbeyfield (Somerset) Society

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 16 September 2015 and was unannounced. It was carried out by an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service,

what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in February 2014 we did not identify any concerns with the care provided to people.

During this inspection we spoke with 21 people who lived at the home and one visiting relative, eight members of staff and the registered manager. Some people who were living with dementia were unable to fully express their views about their care but were happy and relaxed when chatting to us. Throughout the day we observed care practices in communal areas and saw lunch being served in all three dining rooms.

We looked at a number of records relating to individual care and the running of the home. These included four care plans, medication records, records of audits and minutes of staff and service user meetings.

Is the service safe?

Our findings

People felt safe at the home and with the staff who supported them. One person said “I’m safe as houses here.” Another person told us “I’m getting good care and I feel safe.” People living in the part of the home which cared for people with dementia were extremely relaxed with all the staff who worked with them.

The registered manager told us in their Provider Information Return (PIR) and records seen confirmed that staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe.

The provider ensured all new staff were fully checked before they began work in the home. These checks included seeking references from previous employers and checking with the Disclosure and Barring Service (DBS.) The DBS checks people’s criminal history and their suitability to work with vulnerable people. Staff told us they had not been able to start work at the home until all checks had been received by the registered manager.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. Staff did not rush people and had time to chat, answer questions and share a joke with them. Staff said staffing levels were appropriate to meet people’s needs and were adjusted to reflect changes in need. For example it had been identified that people who lived in the apartments were becoming more dependent and required additional support to maintain their independence. In response to this need additional staff had been provided each weekday morning. One person said “Oh there’s always plenty of staff and they are all lovely to you.”

Each person had a call bell to enable them to request assistance at any time. People said call bells were

answered promptly and we did not hear bells ringing for extended periods of time. One person said “If I use my bell they always come as quickly as I need them.” Another person said “I fell out of bed once and they were on the spot.”

Care plans contained risks assessments which outlined measures in place to enable people to take part in activities and receive care with minimum risk to themselves or others. These included risk assessments regarding their physical health, such as vulnerability to pressure damage to their skin, and assessments regarding taking part in activities away from the home. Some people liked to go out of the home without staff supervision and we saw people signed themselves in and out of the building. This ensured staff were aware of who was out and how long they had been away for.

People received their medicines safely from staff who had received specific training to carry out the task. The home used a blister pack system with printed medication administration records. We saw medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. Where people were prescribed a variable dose, for example ‘take one or two tablets’ the amount given was clearly recorded. This gave a clear audit trail and enabled the staff to know what medicines were on the premises.

There were suitable secure storage facilities for medicines which included storage for medicines which required refrigeration and those that required additional security. We checked a sample of records of medicines against stocks held and found them to be correct.

There were systems in place to enable the effectiveness of prescribed lotions and creams to be monitored. Charts were in place to show where creams and lotions should be applied and staff signed to say when this had been done.

Is the service effective?

Our findings

People received effective care and support from staff who had an excellent knowledge of their individual needs and preferences. However staff did not have a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

Staff told us, and records seen confirmed that they sought permission and signed agreements from professionals and relatives when making a decision for someone. For example one person had a signed agreement from a relative to say they could be given medicines without their knowledge. There was no assessment of the person's capacity and no evidence of how the decision had been made in the person's best interests. In another instance the staff had sought permission from a GP to enable a person to have bedrails fitted to their bed. The person had been consulted and had the mental capacity to agree to the use of this equipment. As the equipment was being used in response to an assessed need and the person was in agreement, the consultation and agreement of other professionals was unnecessary.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. One person was being cared for under this legislation. The provider had a policy and practice guidelines for the use of DoLS. The policy had been updated to include changes to practice which followed a court ruling in April 2014. However the staff were not following this policy and had not considered applications for people who may now require this level of protection.

Staff had received some training in the use of the Mental Capacity Act 2005 and we were told by the registered manager that further training was planned in October 2015.

Staff were not always following the principles of the Mental Capacity Act 2005 which could place people at risk of not having their legal rights protected. This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Staff were very knowledgeable about people's food preferences and needs. Some people required their meals to be served at specified consistencies to minimise the risk of choking. At lunch time we saw people received meals in line with their assessed needs.

Where people required their food to be mashed, each item of food was mashed separately to enable people to see and taste different items. However where people needed their meal to be pureed all items of food had been mixed together. This made the meal appear unappetising and did not allow people to experience different flavours. This was fed back to the registered manager who stated this was not expected practice and would be addressed without delay.

People received the support they required to eat their meals. In the area of the home which cared for people living with dementia meals were served on crockery with a brightly coloured border. This was in line with research regarding assisting people with dementia to maintain independence when eating meals. One person who was visually impaired had their meal served to them on a plate with a plate guard. Staff explained where each item of food was on the plate which enabled them to eat independently. Where people required prompting and support with their meal this was provided in an unobtrusive and dignified manner.

At the time of the inspection the main kitchen was being totally refurbished and a temporary kitchen was in operation. Many people praised the kitchen staff who they said continued to provide high quality meals from the temporary kitchen. One person said "The kitchen staff are marvellous. They are still producing great meals – it can't be easy." Another person said "The food is very good and there is always plenty to eat."

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. Staff said that in addition to

Is the service effective?

their formal induction training they had opportunities to shadow more experienced staff. This enabled new staff to get to know people and understand how each individual liked to be supported.

Staff were very complimentary about the opportunities for on-going training. One member of staff said “The training here is really good. You certainly learn how to do things properly.” Another member of staff, who worked mainly in the area that cared for people living with dementia, told us how good they found the training about caring for people with dementia. They said “It’s on-going and so you are always learning new things about how to help people have a good quality of life.”

Staff had opportunities to undertake qualifications in care and 98% of care staff had a nationally recognised

qualification in care at a level appropriate to their role. One person told us “The staff seem to know what they are doing.” Another person said “The care is superb. Everyone is well trained and I trust them implicitly.”

The home arranged for people to see health care professionals according to their individual needs. Personal files showed people had access to a range of healthcare professionals. These included; GPs, community nurses, opticians and chiropodists. One person said “They are very good if there’s anything wrong. They get the doctor or nurse to see you.” Another person told us the staff arranged for a doctor to see them regularly regarding an on-going health issue. During a staff handover meeting between staff working in the morning and those coming on duty in the afternoon, we heard how staff monitored people’s health. We also noted that advice was sought from healthcare professionals when there were concerns about a person.

Is the service caring?

Our findings

People said they were supported by kind and caring staff. Without exception everyone described staff as kind and gentle when they supported them. People told us staff were always friendly and happy in their work. One person told us “Nothing is ever too much trouble. They seem very happy to help you.” Another person told us “Staff are all very kind.” One person praised the night care staff saying “The night care is very good. They respond quickly. There are very kind carers at night”

Many of the staff had worked at the home for a number of years and had built strong relationships with people. People were very comfortable with staff and shared personal information and friendly banter. One person said “Everyone is really nice. They have a joke with you but always in a kind way.”

We observed staff took time to explain things to people and to offer reassurance. In one instance a person was sat in the lounge and was upset about something. A member of staff sat beside them and took time to understand what was bothering the person. They spoke quietly to the person and reassured them with gentle touch and kind words. In the area of the home which cared for people living with dementia we saw one person was unsettled. A member of staff gently led them away from the lounge to a more private space and offered them a snack and drink. Later another member of staff asked the person if they would like to go for a walk in the garden which they did happily.

Staff never walked past anyone without taking time to acknowledge them and share a few words or make physical contact. When one person was looking a bit lost a member of staff showed them some pictures of a recent trip out which started a happy conversation about the outing. Throughout the day there was interaction between staff and people which provided ongoing social stimulation for people. There was also chatter between people who lived at the home which created a happy relaxed atmosphere.

People made choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms. People had

been able to personalise their rooms with ornaments, small items of furniture and pictures. This gave bedrooms an individual homely feel. One person said “I like my room. It feels like my home.”

Staff respected people’s right to privacy and always knocked on bedroom doors before entering. In the main part of the home there was a rack where people’s unopened post was left for them to collect. The care plan for a person who had some visual impairment reminded staff to always ask if they would like help with reading their correspondence but not to assume they should read it to them.

Throughout the building there were small comfortable areas to sit. This enabled people to meet in small groups or see friends and relatives in relative privacy without using their bedrooms.

We observed that people were clean and well dressed in matching clothes showing staff took time to assist them with their personal care. One person told us “The care is superb. They help me to shower.” Another person told us how kind and respectful staff had been when they required some extra help with personal care. They told us staff never made a fuss and just assisted them which helped them to accept the help. Staff ensured people’s dignity when asking them if they needed help by talking quietly and assisting them in a way that did not draw attention to anyone. Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people’s care needs with us they did so in a respectful and affectionate way.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and voice their opinions. One person said “They do the care plan with you.”

People were asked about their wishes if they become very unwell and the care they would like at the end of their lives. If people wished to spend their final days at the home staff did everything they could to accommodate this. Staff worked with other professionals and supported relatives to accommodate people’s wishes where possible. This included ensuring suitable pain relief was available to people to maintain their comfort.

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People received very good support to meet their social and emotional needs as well as their physical and mental health needs.

People were able to take part in a range of activities according to their interests. There were two dedicated activity workers who made sure there was a comprehensive activity programme that offered group and one to one activities. The home also used outside resources and entertainment to make sure they met people's social needs. People told us that an activity worker had spoken with them when they moved to the home and asked them about their interests and hobbies. One person liked to keep up with all the latest news and we observed an activity worker setting up an iPad for the person to access the newspaper in large print.

The weeks' activity programme was clearly displayed in the home to make sure people knew what was going on each day. People told us they could pick and choose what they took part in. One person said "They always say you don't have to take part but they always ask you if you want to."

People who lived in the part of the home which cared for people with dementia were able to take part in all activities on offer but staff also provided individual ad hoc activities. The staff encouraged people to maintain their skills. In the garden we saw some people had been growing vegetables during the summer and during the inspection one person was teaching a member of staff how to paint with watercolours. This clearly gave the person a sense of well-being and they told us the member of staff "Showed some promise."

The home worked in partnership with other organisations to make sure people had access to innovative activities and remained part of the wider community. On the day of the inspection a group of people took part in a music and movement session organised by Life Circles. This was originally a project set up in partnership between Take Art Dance and Core Dance, with a focus on engaging the frail elderly in movement, dance and imaginative play. It ran for two years, with the ambition of supporting the lifelong creativity of older people in eight residential settings in

Somerset, Devon and Dorset. Due to the success of the project Life Circles have continued to provide regular sessions at the home. We participated in the class and noted it was very much enjoyed by people.

The home was also taking part in 'The Archie Project' which is an intergenerational community project designed to make towns and villages dementia friendly. As part of the project the home had made links with a local primary school. On the day of the inspection some people went to the local school to attend their assembly and visits from school children to the home were planned. We spoke with one person who attended the school assembly. They told us "It was lovely to be with the children. They made us very welcome. I'd like to do it again."

The home had transport which enabled people to participate in community activities and visit local shops and attractions. For people who did not wish to, or were unable, to use local shops there was a shop trolley for people to purchase small items such as toiletries and sweets. The registered manager told us in their provider information return they planned to expand the home's shop. Volunteers also ran a library service. One person said "They have a very good library."

There were regular trips to a local reminiscence centre and one person told us they had enjoyed attending a tea dance. Staff told us another person went out regularly to a 'Singing for the brain' session. One person said "They are so good. Whatever you're interested in they try really hard to accommodate."

There were regular parties and celebrations in the home which many people told us they particularly enjoyed. The next planned event was a cocktails and nibbles evening. A comment on a satisfaction survey said they would like friends and family to be invited to more social occasions. In response to this these events had been opened up to include people's guests.

People's cultures and faiths were respected. There were regular visits from church representatives for people who were unable to attend church but wished to continue to practice their faith.

The provider, Abbeyfield, was working to promote well-being and spirituality in their homes. This was to ensure the holistic needs of people and staff were met. As

Is the service responsive?

part of this, a retired canon had been appointed to act as a spiritual advisor to the home. We were informed this person frequently visited and made themselves available to anyone who wished to talk with them.

People were able to make choices about all aspects of their day to day lives. One person told us “You don’t have to put up with anyone else’s choices. You make your own choices.”

People were able to decide what time they got up, when they went to bed and how they spent their day. People said they were able to follow their own routines. One person said “You can more or less do what you like. It’s up to you.” Another person said “There are no real restrictions.”

People said they received excellent care that met their needs and took account of their wishes and preferences. Comments included; “You couldn’t have better care,” “I am very happy and well looked after” and “They are very accommodating. The care is wonderful.”

There was a stable staff team at the home who knew people well. Staff were able to tell us about each individual, their needs and likes. This enabled them to provide care which was very personalised. In the area of the home which cared for people with dementia staff anticipated people’s needs and wishes and took action to address them. This led to a very calm and peaceful environment for people.

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person’s needs and expectations. From the initial assessment care plans were drawn up to show how care would be provided to meet people’s individual needs and preferences. Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes.

In addition to care plans each person had a life story book. These books recorded people’s life histories and ensured staff knew about the things and people that were important to the person. One member of staff told us how useful these books were in their day to day work. They said

“It really helps to understand the person then you understand why they do certain things. It also helps us to make sure we do things as they would want even when they may not be able to tell us.”

To make sure people received care that met their changing needs there were daily handover meetings between staff and all care plans were audited and up dated on a monthly basis. Where there had been changes to a person’s health or well-being the care plans we saw reflected these changes. For example one person had become physically frail and there was information in the care plan about how the person wished to be supported with their increased needs. Staff were very aware of the changes in this person’s care needs and how to support them.

The whole environment was well maintained and suitable adaptations had been made to enable people to maintain their independence and move around freely. There was clear signage to assist people to find their way around. In the area that cared for people with dementia there was pictorial signage in line with up to date research. There were also points of reference around the area and information about the time and date. This all helped to orientate people to time and place.

The registered manager sought people’s feedback and took action to address issues raised. There were annual satisfaction surveys and regular meetings for people who lived at the home. Some people had commented in satisfaction surveys they would like to receive more information about the home. In response to this a monthly newsletter was being sent to people and relatives.

Each person received a copy of the complaints policy when they moved into the home. People told us they would be comfortable to make a complaint if they were unhappy with any aspect of their care. One person said “If you want to see the manager about anything she’s available to you.” Another person told us “You could always talk to someone if you had a grumble. They are good listeners and sort things out for you.”

Records showed the registered manager investigated all complaints made and responded to the complainant in a timely manner.

Is the service well-led?

Our findings

People and staff described the management as open, approachable and very efficient. One person said “The manager is always available.” A member of staff said “Definitely the best manager I’ve ever worked for. Always approachable and everything is so well organised. We never run out of anything and there’s always advice on tap.”

The registered manager was a qualified nurse and held appropriate management qualifications. They kept their skills and knowledge up to date by on-going training and reading. They were also vice chairperson of the local Registered Care Providers Association (RCPA) which is an organisation that provides advice and support to registered services in Somerset.

There was a staffing structure which provided clear lines of accountability and responsibility. In addition to the registered manager there was a deputy manager and each area had a lead member of staff. There were also senior carers who ensured the smooth day to day running of the home. Staff felt well supported and people felt the home was run effectively. One person told us “There are lots of information changes given to them but everything is done in a very friendly way. There’s some teasing, it is easy going. They give help and advice, always greet you, it all works well.” Another person said “It’s very well organised. There’s always someone to discuss things with.”

The ethos of the home was based on the guiding principles of the Abbeyfield Society which aims to enhance the quality of life for older people. The guiding principles were displayed in full around the building. The management team were all very visible in the home which enabled them to monitor practice on a daily basis and ensure the guiding principles were being adhered to.

The ethos and values were communicated to staff through daily discussions, staff meetings and formal one to one supervisions. Supervisions were an opportunity for staff to

spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner.

All the staff we spoke to told us they enjoyed working at the home which created a warm and friendly atmosphere for people to live in. Several people commented on the friendliness of staff. This was also commented on returned quality assurance questionnaires.

Discussions with staff showed they were working in line with the guiding principles. They talked about people with compassion and demonstrated they valued people’s past and present life experiences and skills. People felt valued and part of a group. One person said “It really feels like a family. I feel they care about me and I certainly care about them.” Another person told us “The officials are very helpful, kind individually and understanding. There is no rush, they potter along like an aged person and there is never a hint or a sign that we are boring.”

There were effective quality assurance systems to monitor care and plan on-going improvements. The building was maintained to a very high standard which ensured it provided a safe and comfortable environment for people. There were audits and checks in place to monitor safety and quality of care. We saw that where shortfalls in the service had been identified action had been taken to improve practice. For example where a medication audit had identified issues these had been raised in a staff meeting.

All accidents and incidents which occurred in the home were recorded and analysed by the deputy manager. Following falls, checks were made to ensure the person had appropriate footwear and there were no hazards associated with the layout of their room. If someone had more than one fall a referral was made to the person’s GP to ensure any physical reasons were eliminated.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>Staff were not always following the principles of the Mental Capacity Act 2005 to ensure decisions were made in a person's best interests and their legal rights were protected. Regulation 11 (3)</p>