

Cumbria Care The Abbey

Inspection report

Main Street, Staveley,
Kendal LA8 9NU
Tel: 01539 821342
Website: www.The.abbey@cumbriacc.gov.uk

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

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, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 27 October 2014. During our previous inspection visit on the 10 October 2013 we found the service met all the national standards we looked at. Since then there has been no incidents or concerns raised that needed investigation.

The Abbey is registered to provide accommodation and care for up to 28 older people. The home is situated in the centre of Staveley. The home is run by Cumbria Care, an internal business unit of Cumbria County Council.

There is a passenger lift to assist residents to access the first floor of the home and there are adapted bathrooms and toilets close to all the areas used by residents. There are four separate units each with bedrooms, lounges and dining areas.

The home had a registered manager in post on the day of our inspection visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We spoke to people who lived in the home in the communal areas and in the privacy of their rooms. We were able to speak to people who were visiting relatives and a health care professional who had come to attend to people who lived in The Abbey.

People told us they were happy living in The Abbey and said, "I am very happy to live here although I would rather be back in my own home. I do feel safe and am not lonely". Relatives said, "It is great here and I am very happy with the care".

Care records identified people's care and support needs and we saw evidence people's care was regularly reviewed. People's care records contained detailed information about their personal preferences and social histories.

We saw staff treating people with respect and support was given with empathy making sure dignity was preserved at all times.

We saw that staff received training appropriate to their responsibilities within the staff team.

People's nutritional and hydration needs were being met. In addition, there was evidence of people being visited by a range of health care professionals, which demonstrated people's health care needs were being met. People told us they enjoyed their meals and there was always plenty of choice and enough to eat.

We saw staff recruitment and retention was robust. Records evidenced only suitable people were employed to support people who lived in The Abbey.

Medicines were handled well and we saw people received their medicines on time and in line with

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. Staff had been trained in the protection of vulnerable adults and knew what to do if they witnessed areas of poor practice.

Recruitment records demonstrated there were systems in place to ensure staff were suitable to work with vulnerable people.

People were fully assessed prior to moving in to The Abbey. Risks were identified and regularly monitored.

Medicines were well managed and records were up to date.

Good



Is the service effective?

The service was effective. People were supported by a staff team that had the appropriate experience and skills to meet their assessed needs.

Staff received supervision and training in line with their roles and responsibilities.

Nutritional plans and assessments were in place. This information helped staff to ensure people were not at risk of dehydration or malnourishment.

The service had procedures in place in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring. People told us they were well cared for and we saw warm and friendly interaction between staff and people living in The Abbey. People's privacy and dignity were respected.

Care plans evidenced people and their families were involved in the monthly reviews of care.

The provider had procedures in place to ensure end of life care was provided in the most appropriate manner.

Good



Is the service responsive?

The service was responsive. People were fully assessed prior to admission. Risks were identified and measures were in place to minimise any risk to people living in The Abbey

The management and staff at the home worked well with external agencies to ensure people received care in a consistent way. This demonstrated the service had an open and co-ordinated approach in ensuring people received the support they needed.

People were supported to maintain relationships with family or friends. Relatives told us they were always made to feel welcome when they visited.

We observed people participating in some activities during the day.

Good



Is the service well-led?

The service was well led. There was a registered manager employed in the home.

Good



Summary of findings

Staff told us they received good support from the registered manager and the supervisors. Visitors told us they were able to raise any concerns they had and knew they would be listened to.

There was good communication with external health and social care agencies and the local authority commissioners.

The provider had put in place suitable processes to monitor the quality of care and support.

The Abbey

Detailed findings

Background to this inspection

This was an unannounced inspection that took place on 22 October 2014 and was carried out by one inspector.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We did not receive a provider information return prior to our inspection but the registered manager has since completed this document. A provider information return is a form completed by the registered manager outlining details about the service and the care and support provided.

We contacted four health and social care professionals who were familiar with this home to ask their opinions about the care and support provided.

During the visit we spoke to five people who lived in The Abbey, four people who visited the home on the day of the inspection and one district nurse who was attending people who lived in the home. We spoke to five members of the staff team and spent time with the supervisor on duty.

We looked at the care and support plans for six of the people who lived in The Abbey. We examined staff rosters, the training plan, staff recruitment files and looked at the medicines administration records. We spent time with the catering staff discussing nutrition and menu planning. During our visit we observed the interaction between the staff and people and briefly watched the afternoon's activity.

Is the service safe?

Our findings

People told us they felt safe living in The Abbey. They said, "I have always felt safe here and it is much better than living alone". Visitors told us they had no worries about their relatives and knew they were cared for in a safe environment.

Not all those living in The Abbey were able to communicate verbally and we spent time in the communal areas of the home observing how the staff interacted with the people they supported. We saw lots of warm and friendly interaction between the staff and the people they were supporting. Staff communicated through body language and facial expression and we were told, "I have no problem communicating with people even if they have limited verbal skills. It is surprising how well I can communicate using ways other than the spoken word".

We spoke to staff about their responsibility to keep people safe and what they would do if they witnessed bad practice. They told us they knew about the whistleblowing procedure and what the process was to report any incident that gave cause for concern. They also told us they had completed training in the protection of vulnerable adults and the training records confirmed this. One member of staff said, "I would most certainly report anything I saw that wasn't right and what is more I know something would be done about it".

We saw, throughout our visit, there were sufficient staff on duty to provide the appropriate level of care and support. The registered manager had recently increased the number of staff in the unit for people with dementia by one and we were told this had made a considerable difference. We saw staff had time to spend chatting to people and engage with them in some activities of their choice. We checked the off duty staff rosters and these confirmed the staffing numbers on each shift.

We saw that the necessary systems for the recruitment and selection of staff were in place. We looked at the staff files for five people, three of whom had recently started to work at The Abbey. We found that the appropriate checks had been completed before they started work. References had been obtained and identification documents had been requested.

The staff files evidenced that a Disclosure and Barring Service (DBS) check had also been completed before the staff started working in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helped to ensure only suitable people were employed by this service.

We checked the care records for six people who lived in The Abbey. We found risk assessments were in place covering all aspects of daily living within the home. These were reviewed each month with the care and support plans unless there was a change to a person's needs. If changes occurred they were reviewed and updated immediately. We saw there were tools to monitor mental health needs and directions for staff to support people whose behaviour may challenge the service. This demonstrated to us that all aspects of people's needs were recognised, understood and met in the most appropriate way.

The provider had clear policies and procedures in place for the safe handling and administration of medicines. Cumbria Care had a system that allowed for a member of staff to act as a 'second checker' to assist the supervisor during the medicines round. This reduced the risk of medicine errors and ensured people were given the correct dose at the right time.

We saw that monthly audits (checks) were completed and recorded on the medicines file. This ensured the correct amount of medicines were always available for people. All medicines were clearly labelled and those we checked were all in date. Weekly checks on the medication records were also completed. Medicines were stored in a locked trolley that was kept in a secure place.

We looked at the procedure for the storage and recording of medicines liable to misuse, called controlled drugs, and this was being managed well. These drugs were always administered by two members of staff who both signed the controlled drugs register. Unused and/or out of date medicines were returned to the pharmacy after the details were recorded in the returns book.

Is the service effective?

Our findings

Prior to their admission into The Abbey the registered manager or another member of the management team completed an in-depth assessment of the person's health and social care needs. The information gathered at this assessment meeting was used to determine whether or not the service would be able to provide an appropriate level of care and support.

People who wished to move into The Abbey were encouraged to take part in the assessment process if they wanted to be involved and family members were invited to be part of the process too.

From the initial assessment of needs a plan of care and support was developed that contained details of people's personal preferences and choices. The care plans also documented personal life histories which gave useful information about people's lives before they had moved into the home.

As The Abbey was part of Cumbria Care the format of the care documentation followed the corporate model. We saw care plans were reviewed each month and we found them to be up to date and relevant to each individual. Each care plan was centred on providing care personalised to each person. Staff were given clear guidance on how to care for people as they wished and how to provide the appropriate level of support.

People's weight was monitored and recorded. If people had problems swallowing or were at risk of malnutrition, referrals to a dietician or speech and language therapist were made. Health and emotional needs were assessed and guidance was sought from external professionals in response to changing needs. We asked visitors who were in the home during our inspection if they were happy with the way the service responded to their relative's needs. Their

replies were positive and included, "The home responds very well and very quickly if and when the need arises. I am informed immediately if there is a problem and I know the doctor is always called sooner rather than later".

We were able to speak to a visiting health care professional who was in the home at the time of our inspection. They told us, "The staff are very quick to report to any changes in people's care needs. We do visit on a regular basis but the staff do call us if they are worried about anything and are receptive to our advice. I find the staff extremely kind".

Following our visit we contacted four social care professionals to ask for their comments regarding the support provided. One had recently completed a care review and commented, "The review was very good in detail around the person's care and how the home was managing to meet their particular care needs The manager was more than happy to do the review with me and she was respectful towards the person in question".

The registered manager was not available during our inspection but we did make contact with her following our visit to ask about her understanding of the mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The MCA is legislation that was designed to protect people who were found to lack the ability to make certain decisions for themselves. We spoke with one member of staff about this and they said they understood the basics but would welcome further training so they could more fully understand the subject. The registered manager told us that there was no one living at The Abbey who required an application to be made under the Deprivation of Liberty Safeguards.

The registered manager confirmed that she and the senior staff had completed training in the MCA and DoLS and arrangements were being made by Cumbria Care to organise training for the remainder of the care staff team. Awareness of the MCA and DoLS was discussed during staff supervision and staff meetings. Minutes of these meetings were available for us to read.

Is the service caring?

Our findings

People told us they were well cared for living in The Abbey. They spoke positively about the attitude of the staff and the way they were supported. Comments included, "The staff are great and look after me really well", and "I am very well cared for thank you very much. I only have to ask for something and it is there" and "I feel very loved you know and it is all down to the staff here".

We spoke to visitors during our inspection and that told us they were happy with the care their relative received. One visitor said, "I can't fault the care my relative receives and I am able to have my lunch with them every day". Another visitor told us, "I know I am over-protective and I suppose I would always like to see more staff but my relative always looks nicely dressed when I come in. That shows a caring attitude".

We spent time in the communal areas of the home and conducted a Short Observational Framework for Inspection (SOFI) in the unit providing support to people with dementia and other complex needs. This involved observing staff interactions with the people in their care. SOFI helps us assess and understand whether people who use services are receiving good quality care that meets their individual needs, in particular those who may have limited verbal communication. During this time we saw people's choices were met and staff treated everyone with

respect. Assistance was given in a warm and understanding manner and we saw that none of the people were made to feel uncomfortable. Communication between the staff and people in the unit was good.

If people wanted to use the bathroom they were assisted to move with dignity and in a calm unhurried way. Some people had limited mobility and staff were quick to offer assistance without making a fuss.

We spoke to five members of staff and they were all able to tell us about people's preferences and choices. The care records had personal life histories, providing people had no objection to this information being used. Staff told us that the life histories helped them to provide a more holistic care as they knew a little of people's life before they moved into the home.

One person we spoke to told us they took part in their care reviews each month. Some people told us they left the reviews to their relatives. The supervisor on duty confirmed people and their relatives, if appropriate, were always invited to the monthly review meetings to discuss the provision of care. Wherever possible people signed their plan of care and agreed to their care and treatment. If this was not possible their next of kin signed on their behalf.

Staff told us they had completed end of life training and said it made them more aware of the importance of giving people the choice about where they wanted to be and if they wished to remain at The Abbey. This ensured people received consistent and co-ordinated care and enabled them to remain in the home if that was their wish.

Is the service responsive?

Our findings

Prior to their admission in to The Abbey people had their personal, health and social care needs fully assessed. This assessment covered all aspects of daily living and included mobility, dietary needs and preferences, emotional well-being personal and professional histories medicines requirements. This assessment then formed the care and support plan put in place to ensure all the assessed needs could be met. People who wished to move into The Abbey were given sufficient information about the service to help them and their families to make an informed choice about moving in. The assessment process formed the basis for the preparation of the care and support plans for the people who lived in The Abbey.

We looked at a total of six care plans during the inspection and found they were up to date and provided staff with accurate information about people's assessed needs, choices and preferences. All the care plans contained life stories that were as detailed as people wanted them to be. Staff told us that this kind of information was very valuable when providing care and support. One member of staff told us, "The personal history is so important as it gives us a topic of conversation when we talk to people in particular when delivering personal care".

Care plans were reviewed each month by one of the supervisors and a link worker. A link or key worker was a member of the care staff team who had special

responsibility for the welfare of a small number of people who lived in The Abbey. We saw that any changes to the assessed needs were written in the daily individual record and reported to the supervisor. The care plans were updated immediately and the information passed on to all staff during the handover period.

The home had a corporate complaints policy and procedure in place, but we were unable to find a copy of the procedure displayed on the home's noticeboard. The supervisor immediately made arrangements for another copy to be displayed to replace the missing one. Cumbria Care had recently updated the complaints procedure and records were now kept electronically. There was also a complaints log (paper copy) kept but there had been none recently to record. The policy outlined the timescales for the complaints procedure so people could understand how long they would wait for a response.

We asked relatives if they would make a complaint or raise a concern if they felt it was necessary. We were told, "I most certainly would speak to one of the supervisors or the manager if I felt it was necessary. Indeed I have in the past and will in the future".

We asked visitors if they felt staff responded well to situations as they arose. We were told, "I have no problem at all. The supervisors and staff are always helpful if I wanted advice or help. My relative sees the doctor whenever it is necessary. If there is a delay it is not usually the fault of the staff in the home".

Is the service well-led?

Our findings

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. All the staff we spoke with were positive about the management of the home. One member of staff said to us that the registered manager was very approachable, as were all the supervisors. Throughout the inspection, we observed staff interacting with each other in a professional manner.

We also spoke to the catering staff who told us they felt well supported by the senior team. One said, "I have worked here a very long time and I have always had good support. We do have meetings to discuss the menus and any changes".

Staff confirmed they had regular supervision with their line manager as well as annual appraisals. Staff meetings were held for all staff groups including care staff, senior staff and catering and domestic staff. Minutes of the meetings were available for us to read.

The provider, Cumbria Care, had a range of corporate policies and procedures in place with regards to core values such as privacy and dignity, and equality and diversity. All policies and procedures were reviewed at a provider level and updated in line with current legislation. The staff supervision procedure always included a discussion on one or two policies, chosen in advance, to ensure all staff kept up to date with any changes.

Prior to our inspection the registered manager had provided a list of external health and social care professionals who visited the home when necessary. We contacted some health and social care professionals and asked them about the leadership within and management of The Abbey. Comments concerned a recent social care review and included, "The review was very good in detail around the lady's care and how the home was managing to meet her particular care needs. The manager was more than happy to do the review with me and she was respectful towards the lady in question".

The provider had a system in place to monitor the quality of the service provided. This included a series of checks or audits on all aspects of the service. These included administration of medicines, health and safety, infection control, care plans and the environmental standards of the building. All equipment to assist people with their mobility was monitored and serviced through annual service level agreements and we saw that all fire safety equipment was also maintained through annual checks.

Questionnaires were sent to families and people who used this service and any requests or suggestions acted upon if this was possible. Cumbria Care had an internal quality audit procedure in place and annual visits were made by Cumbria Care auditors and a report prepared requesting an action plan if this was required. A copy of the latest action plan was sent to The Care Quality Commission for information.