Abbeygate Rest Homes Limited

Abbeygate Rest Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This was an unannounced inspection carried out on 8 July 2015. Abbeygate Rest Home provides accommodation for up to 24 people who require residential care and also supports people living with dementia. There were 19 people living in the service when we carried out our inspection.

At the time of our inspection the service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make

Summary of findings

decisions and where it is considered necessary to restrict their freedom in some way. This is usually to protect themselves. At the time of our inspection no one was currently subject to an active DoLS authorisation.

Staff knew how to recognise and report any concerns so that people were kept safe from harm and background checks had been completed before new staff were appointed. Staff helped people to avoid having accidents.There were arrangements in place for ordering, storing, administering and disposing of medicines.

Staff had been supported to assist people in the right way, including people who lived with dementia and who could become distressed. People had been helped to eat and drink enough to stay well. We found that people were provided with a choice of meals. When necessary, people were given extra help to make sure that they had enough to eat and drink. People had access to a range of healthcare professionals when they required specialist help.

Staff understood people's needs, wishes and preferences and they had been trained to provide effective and safe care which met people's individual needs. People were treated with kindness, compassion and respect.

People were able to see their friends and families when they wanted. There were no restrictions on when people could visit the service. Visitors were made welcome by the staff in the service. People and their relatives had been consulted about the care they wanted to be provided. Staff knew the people they supported and the choices they made about their care and people were supported to pursue their hobbies and interests.

There were systems in place for handling and resolving complaints. People and their relatives knew how to raise a concern. The service was run in an open and inclusive way that encouraged staff to speak out if they had any concerns. The registered manager regularly assessed and monitored the quality of the service provided for people. The service had established links with local community groups which benefited people who lived in the service.

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 said they felt safe living in the service and relatives said they thought people were safe and well cared for.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was at risk.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Good

Is the service effective?
The service was effective.

People had access to appropriate healthcare support and their nutritional needs were met.

People were supported to make their own decisions and appropriate systems were in place to support those people who lacked capacity to make decisions for themselves.

Staff received training and consistent support from the registered manager in order to meet people's needs, wishes and preferences.

Good

Is the service caring?
The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices.

Staff respected people's wishes and provided care and support in line with those wishes.

Good

Is the service responsive?
The service was responsive.

People received personalised care and support which was responsive to their changing needs.

People were supported to take part in social activities of their choice.

There was a system in place for resolving complaints.

Good

Is the service well-led?
The service was well led.

The registered manager had completed quality checks to help ensure that people reliably received appropriate and safe care.

Good

Summary of findings

Staff said they felt supported and were aware of their responsibility to share any concerns about the care provided at the service.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

Abbeygate Rest Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

We visited the service on 8 July 2015 and the inspection was unannounced. The inspection team consisted of two inspectors.

Before the inspection the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.

During our inspection we spoke with eight people who lived in the service and three visiting relatives. We spoke with the registered manager, the deputy manager, two members of care staff and the chef.

We observed care and support in communal areas and looked at the care plans of five people and at a range of records related to the running of and the quality of the service. This included staff training information, staff duty rotas, meeting minutes and arrangements for managing complaints. We also looked at the quality assurance audits that the registered manager and the registered provider completed which monitored and assessed the quality of the service provided.

We reviewed other information that we held about the service such as notifications, which are events which happened in the service that the registered provider is required to tell us about, and information that had been sent to us by other agencies.

We asked the local authority, who commissioned services from the registered provider for information in order to get their view on the quality of care provided by the service. We also spoke with two local doctors who were visiting the service on the day of our inspection. In addition, we contacted two health or social care professionals and asked them for their feedback on the care that people received at the service.

Good

Is the service safe?

Our findings

People said that they felt safe living at the service. One person said, "I feel safer here than I did at home on my own." Another person said, "Oh yes I am safe and well looked after here." Relatives were reassured that their family members were safe in the service. One relative said, "Never had a concern around their safety."

We asked staff to tell us how they maintained the safety of people who lived in the service. Staff demonstrated their understanding of how to recognise potential abuse and they were clear about whom they would report any concerns to. They were confident that any allegations would be fully investigated by the registered manager. Staff said that where required they would escalate concerns to external bodies. This included the local authority safeguarding team, the police and the Care Quality Commission. Staff said that they had received appropriate training and there were up to date safeguarding policies and procedures in place to guide staff.

The registered manager demonstrated a good understanding of safeguarding vulnerable adults. The records we hold about the service showed that the registered manager had told us about any safeguarding incidents and had taken appropriate action to make sure people who used the service were protected.

When accidents or near misses had occurred they had been analysed so that steps could be taken to help prevent them from happening again. For example, a staff member had fallen over a person's mobility frame and appropriate action had been taken in line with the registered provider's health and safety policy to minimise re-occurrence.

We looked at five people's care plans and saw that possible risks to people's wellbeing had been identified. For example, the risk assessments described the help and support people needed if they had an increased risk of falls, had reduced mobility or were likely to develop a pressure ulcer. The risk assessments identified the action required to reduce these risks for people, for example, having a soft diet or a pressure relieving mattress in place. Staff demonstrated they were aware of the assessed risks and management plans within people's care records. For example, staff had ensured that where appropriate people who had reduced mobility had access to walking frames. In addition, we observed that staff accompanied people when they walked from room to room if they were assessed as needing support.

The registered provider had a business continuity plan in place. This included information about alternative accommodation and services in the event of an emergency such as severe weather conditions, staff shortages and loss of utility services. Personal emergency evacuation plans had been prepared for each person and these detailed what support the person would require in the event of needing to be evacuated from the building.

Staffing levels were kept under review by the registered manager and were adjusted based upon the needs of people. Staff said that staffing levels were appropriate and people said there were always staff available to help them and there were enough staff to meet their needs. One person said, "If I need help and ring my bell they come quickly." One relative said, "I am not worried about the amount of staff on. [My relative] gets the care they need when they need it. I don't have to seek staff out when I come in."

There were other staff who supported the service on a day to day basis which included housekeeping, catering and maintenance. Records showed that the number of staff on duty during the month preceding our inspection matched the level of staff cover which the registered provider said was necessary. We noted that call bells rang frequently but there were enough staff available to answer the bells and that people received the care they required in a timely way.

Four staff personnel files were checked to ensure that recruitment procedures were safe. Appropriate checks had been completed. Written application forms, two written references and evidence of the person's identity were obtained. References were followed up to verify their authenticity and two senior members of staff undertook all interviews. Disclosure and Barring Service (DBS) checks were carried out for all staff. These were police checks carried out to ensure that staff were not barred from working with vulnerable adults. These measures ensured that only suitable staff were employed by the service.

Staff carried out medicines administration in line with good practice and national guidance. They also demonstrated how they ordered, recorded, stored and disposed of medicines in line with national guidance. This included

Good

Is the service safe?

medicines which required special control measures for storage and recording. Staff who administered medicines told us, and records confirmed, they received regular training about how to manage medicines safely.

We looked at eight people's medicine records and found that they had been completed correctly. Medicines audits were carried out on a monthly basis when people's medicine charts were checked. An external pharmacist had undertaken an audit of the medicines in June 2015. Any shortfalls identified from the audits had been noted and action taken to address them. All of these checks ensured that people were kept safe and protected by the safe administration of medicines and that we could be assured that people received their medicines as prescribed.

Good

Is the service effective?

Our findings

People said that they were well supported and cared for by staff who had the knowledge and skills to carry out their role. One person said, "I know them all and they [the staff] know what they are doing. I trust them."

Staff said that they received a varied package of training to help them meet people's needs. We looked at the annual training programme for the service and saw evidence of a systemic approach to staff training. New employees were required to go through an induction which included training identified as necessary for the service and familiarisation with the registered provider's policies and procedures. There was also a period of working alongside more experienced staff until the worker felt confident to work alone.

The service had introduced the new national Care Certificate which would be awarded to all new members of staff who completed their induction satisfactorily. This meant that people were supported by staff who had the necessary skills and knowledge to care for them. Staff told us they were supported to do their role and that they received regular support, supervision and appraisal sessions from the management team. This gave staff the opportunity to discuss working practices and identify any training or support needs.

The registered manager and staff had a full and up to date understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. At the time of our visit no one living in the service had an authorised restriction in place to restrict their movement.

Staff were clear in their understanding of how to support those people who lacked capacity to make decisions for themselves. They knew about processes for making decisions in people's best interest and told us of one recent example when a person had lost the capacity to make an informed decision about their medicines. Following consultation with the person's family and local doctor, the decision had been taken that it was in the person's best interest that their medicine should be administered via a drink, without their knowledge. This decision had been reached in accordance with the requirements of the Mental Capacity Act 2005 (MCA) and was recorded fully in the person's care file.

People's care plans were designed to show clearly that consent had been obtained from people for the care and support that was provided to them and this was reviewed on a regular basis. Throughout our inspection we saw staff asking people for their consent before they provided support and explaining support to people in a way that they could understand.

Care staff demonstrated their knowledge and understanding of people's nutritional needs. They told us they followed care plans to encourage people to take drinks regularly and to help people maintain a healthy weight. We observed the lunchtime meal in the dining room. We saw the meals were presented well and looked appetising. People were provided with a wide range of drinks to accompany their meal. One person had a gin and tonic and the registered manager told us that, on occasion, several people enjoyed the option of an alcoholic drink with their meal.

The atmosphere in the dining room was quiet and relaxed with staff serving the meals and engaging in conversation with people. Where people required support to eat their meals this was provided by staff in a calm and patient way. However, we did note that it took over 30 minutes from the first person being served to the last. Although no one complained about this the registered manager agreed to review the lunch service arrangements to try and avoid this happening in the future.

The chef had a good knowledge and understanding of people's individual nutritional needs and their preferences. They told us that there were regular assessments of people's dietary and nutritional requirements conducted by the care team and this was shared with the kitchen staff. They were regular meetings between the kitchen team and care staff which the registered manager attended to ensure good communication. The service was currently supporting a number of people who required pureed foods and the chef told us how they prepared their food to make it look as appetising as possible. Both the kitchen and care staff teams also made sure there was a regular supply of hot and cold drinks available in people's rooms and communal area to prevent people from getting dehydrated.

Good

Is the service effective?

People's healthcare needs were recorded in their care plans and it was clear they had been seen when required by healthcare professionals such as community nurses, chiropodists and their local doctor. One relative said, "Staff keep me informed via phone calls on a regular basis if they see the doctor or nurse." For example, when staff had noted that one person was losing weight a referral to their local doctor had been made. They had been prescribed dietary supplements and the person's weight had now stabilised. During our inspection two local doctors visited the service to review three people. Staff had noted that one person had fallen on more than one occasion. This person's medicines had been reviewed and they had been referred to a falls specialist nurse. This meant that staff would receive advice and guidance on how to reduce the risk of the person continuing to fall.

Good

Is the service caring?

Our findings

We received positive feedback from people about how well the whole staff team worked together within the service and how this impacted on the care and support people received. One person said, “Although it’s not the same as home it’s otherwise not too bad. I get to do pretty much what I want. We hear about these other [poor quality] care homes but nothing bad has ever happened to me.” Another person told us that, “Staff are kind and will always help me if I need anything.”

Relatives were also positive about the care people received. One relative said,” [My relative] was in another home before here. This is much better. The staff are professional. I am very satisfied with the care here.”

Staff said how they supported and cared for people and the importance of maintaining people’s independence, privacy and dignity. Throughout our inspection we saw staff engaging with people in a kind and compassionate way, taking account of their individual needs and preferences. One staff member told us, “Everyone’s needs are different. I know who likes me to have a bit of a joke with them and those who don’t.” Another staff member told us, “Our main focus is the people who live here. Trying to help them feel safe and happy.”

There was a welcoming atmosphere within the service during our visit. Relatives said that they were made to feel welcome by staff and invited on a regular basis to planned events in the service. We spent time talking with people in the main lounge where there was a warm, relaxed atmosphere with some people enjoying chatting to each other. Staff members were also taking the time to talk individually to people and one member of staff was helping some people to paint their nails.

We saw staff supporting people in a patient and encouraging manner. For example, when staff helped people who needed assistance with eating this was conducted in a respectful and appropriate manner, sitting alongside the person and talking to them. Another staff member observed that a person was uncomfortable on their chair and went to fetch them a cushion. We saw that people were treated with respect and in a caring and kind way and staff referred to people by their preferred names. Staff were friendly, patient and discreet when supporting people. For example, people were assisted to leave communal areas discreetly and go to the toilet and other people were given gentle encouragement when they were walking with their mobility frames.

Staff recognised the importance of not intruding into people’s private space. Staff knocked on the doors to private areas before entering and ensured doors to bedrooms and toilets were closed when people were receiving personal care. People’s bedrooms had comfortable chairs where people could sit and relax and enjoy their own company if they did not want to use the communal lounges. People could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so.

Records we looked at showed that some people had chosen to make advance decisions about their care. We found that three of the Do Not Attempt Resuscitation (DNAR) forms had been fully completed so that there were correctly authorised instructions for people who did not want or would not benefit from being resuscitated if their heart suddenly stopped beating.

Some people who could not easily express their wishes did not have family or friends to support them to make decisions about their care. The registered manager was aware that local advocacy services were available to support people if they required assistance. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service .People who wished to move into the service had their needs assessed to help ensure the service was able to meet their wishes and expectations. People's care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. Each senior carer was responsible for updating and reviewing a number of people's care plans on a monthly basis. These reviews captured people's changing needs and provided important information for staff to follow. People and their family members were involved in reviewing their care plans.

There were handover meetings at the beginning and end of each shift so that staff could review each person's care. We observed a handover meeting and found that staff were knowledgeable about the people they were supporting and handed over important information in a clear and concise way to colleagues. This included information such as actions taken following the visit of a local doctor to review a person. These arrangements helped to ensure that people consistently received the care they needed.

People said that they were provided with a choice of meals that reflected their preferences. We noted how people were offered a range of alternative foods if they did not want what they had chosen. The chef said that they always tried to be flexible in meeting people's preferences and we saw how one person was provided with an omelette as they did not like any of the main menu options at lunch. People had the chance to pre-order their lunch to ensure it was cooked freshly to order. For people with memory loss who could not pre-order we saw staff offering them a choice at the start of their meal. Staff bought people jugs of drink and plates of food to people and allowed them to choose which they wanted. People could choose where they ate their meal, either in the dining room, in one of the lounge areas or in the privacy of their own bedroom if they wished to. At the morning tea break we saw that people were offered a choice of fresh fruit or a biscuit with their drink. One person said they did not like orange segments and were provided with additional grapes instead.

People also had their own bedrooms and had been encouraged to bring in their own items to personalise them. We saw that people had bought in their own furniture, which included a favourite chair and cushions and that rooms were personalised with pictures and paintings. People had access to a lounge area within the service and also a large garden with seating areas. One person said, "I like my own space. I go down for lunch and will sit in if there is an entertainer I like but on the whole I do what I want."

People we spoke with were positive about the activities which were available for them in the service. One person said, "There are things to do but I like to sit and read my books. There are lots to choose from which is good. That's my hobby." There were no dedicated activities people within the service as all staff were involved in planning and delivering activities. A staff member told us, "There is always something for people to do. The morning and evening care shifts overlap between 2pm and 4.15pm every day which gives an opportunity to support people to go out if they wish." Activities schedules were available in the service so that people knew what was available to them and therefore could make a choice. Where people could not attend communal activities they were supported on a one to one basis in their bedrooms to minimise social isolation. There were a wide range of activities for people to choose from which included quiz time, baking, arts and crafts and external entertainment.

People were encouraged to raise any concerns or complaints that they had. The service had a complaints procedure which was available throughout the service. People and their relatives told us they felt comfortable raising concerns if they were unhappy about any aspect of their care. Everyone said they were confident that any complaint would be taken seriously and fully investigated. One relative said. "I know [the manager] and we talk on a regular basis. If I did have concerns I am happy they would be sorted out quickly." A system for recording and managing complaints and informal concerns was in place. There had been no formal complaints since our last inspection of the service.

Good

Is the service well-led?

Our findings

The service had a registered manager in post and there were clear management arrangements in the service so that staff knew who to escalate concerns to. The registered manager was available throughout the inspection and they had a good knowledge of people who lived in the service, their relatives and staff. We saw that the registered manager talked with people who used the service, their relatives and staff throughout the day. They knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively oversee the service and provide leadership for staff. People said that they knew who the manager was and that they were helpful. One person said, "I know who [the manager] is. They pop in and say hello and check I am ok."

Staff were provided with the leadership they needed to develop good team working practices and they were supported by the registered manager. Staff said that they were happy working at the service and felt supported with one staff member telling us that the registered manager and senior staff were knowledgeable and supportive. One senior member of staff told us that there, "Was a good team spirit and the manager was always available at the end of the telephone." even if they were not actually on site. There was a named senior person in charge of each shift. During the evenings, nights and weekends there was always a senior manager on call if staff needed advice.

Staff were confident that they could speak to the registered manager if they had any concerns about another staff member. Staff said that positive leadership in the service reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice. One new member of staff said working at the service felt like, "A home from home." and that they would like to stay and progress their career with the service. In addition, the registered manager had provided the leadership necessary to enable the service to provide care to people living with dementia in line with nationally recognised guidelines for good practice.

Staff said that they had meetings to discuss matters and promote communication about what was going on in the service. We saw that there were regular department head meetings which included housekeeping and catering.

People were given the opportunity to influence the care and support they received as regular meetings were held to gather people's views and concerns. The service used quality surveys to gather feedback from people who used the service. The last survey had taken place in June 2015 and analysis of the responses was underway. We reviewed these and noted that comments were positive about the service. We saw where concerns had been raised that action had been taken. For example, following a recent re-furbishment of part of the service, people's name plates had been removed from their bedroom doors. This had been noted by a relative who had raised it on the questionnaire. This had been actioned by the registered manager and a local company had been secured to create bespoke name plates for each person's bedroom door. This showed that people were kept informed of important information about the service and given a chance to express their views. A further example was related to how people had been consulted about the colour schemes for redecoration following a recent refurbishment. People had seen paint colour scheme books for the walls and carpet swatches. All of their views had been collated on spread sheet so that the registered manager had an overview of what people wanted.

There were effective quality assurance systems in place that monitored care. We saw that audits and checks were in place which monitored safety and the quality of care people received. These checks included areas such as infection control and cleaning, medicines management and health and safety. We saw that where the need for improvement had been highlighted that action had been taken to improve systems. For example, following a recent medicine error action had been taken to minimise a re-occurrence. This demonstrated the service had an approach towards a culture of continuous improvement in the quality of care provided.

The service had established links with the local community. This included local schools and voluntary groups such as the Rotary Club. These links had resulted in a garden club being formed at the service and people had been supported to plant flowers and maintain flowers beds. The service had also supported college students with work placements.