

Mr A Agarwal

Leiston Old Abbey Residential Home

Inspection report

Leiston
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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 ●

Summary of findings

Overall summary

About the service

Leiston Old Abbey Residential Home is a residential care home providing personal and nursing care for up to 40 people on one adapted building. At the time of our inspection there were 14 older people living in the service, some of these people lived with dementia.

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

The systems for assessing and monitoring risk were designed to keep people safe from avoidable harm. When things had gone wrong, such as incidents and accidents, the service had investigated, learned lessons and acted to reduce future incidents. Staff were available when people required assistance. Recruitment procedures were safe. People were supported with their medicines safely. There were some areas in the service relating to hygiene which required attention. This had been identified by the registered manager and was being addressed.

People were cared for by staff who were trained to meet their needs. There was a programme of redecoration and replacing flooring in the service. People's needs, including in relation to their health and nutrition were assessed and planned for. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they shared positive relationships with the staff, and that the staff were kind and respectful. People's choices were listened to and staff acted in accordance with their wishes. People's rights to privacy, independence and dignity were promoted.

People's care records demonstrated that their care needs were assessed and planned for and staff received guidance on how to meet people's needs. People were supported to participate in activities which interested them. There was a complaints procedure in place.

The governance systems supported the registered manager and provider to assess the service provided and identify and address shortfalls.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service at the last inspection of 28 March 2017 was Good (published 27 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Leiston Old Abbey Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one 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.

Service and service type

Leiston Old Abbey Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed the information we held about the service. This included previous inspection reports, information received from the service about how they managed specific incidents and feedback from stakeholders and members of the public. This included a concern received about medicines safety and a concern about care provided. We referred the concerns to the local authority and received feedback. We requested and received feedback from commissioners of the service. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and five relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, care, maintenance and catering staff. We observed the care and support and interactions between people who used the service and staff.

We reviewed a range of records. This included four people's care records and multiple medicines records. We looked at a variety of records relating to the management of the service, including policies and procedures, audits and records of incidents. We also spoke with a visiting health professional.

After the inspection

During our inspection visit, the registered manager sent us their training records via e mail. Following this visit we reviewed what had been sent to us.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- There were some areas which needed some attention in relation to hygiene. This included cobwebs, dirty toilet bowls, sink overflows, windowsills and windows. There was also a radiator cover in the lounge which was dirty. Some were attended to immediately.
- The registered manager told us this had been identified which was confirmed in records. Actions taken included further checks by the management team and disciplinary action. We were assured by the provider and the registered manager these shortfalls were being addressed and they explained the reasons for them.
- Despite the shortfalls, feedback from people and relatives was positive which demonstrated that the service was usually clean. One person's relative said, "I like the cleanliness and lack of horrible smells." Another relative told us, "Cleanliness of the home is okay, I never find anything unpleasant, there is always a cleaner floating around in the afternoon."
- We observed staff using personal protective equipment when supporting and preparing to support people with their food and personal care. However, one staff member removed biscuits from a container to give to people using their hands. We told the registered manager and they said this would be addressed.
- We saw that staff washed their hands in between tasks, including when staff were preparing to support people with their medicines.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the service. One person said, "I feel safe here, I am never alone at night, whoever looks after me looks after me well."
- Staff had been trained and understood their responsibilities in keeping people safe from abuse.
- The systems, such as policies and procedures continued to guide staff on their roles and responsibilities to reduce the risks of abuse.

Assessing risk, safety monitoring and management

- People's care records continued to include risk assessments, which guided staff how risks were reduced. This included risks associated with falls, pressure ulcers and mobility.
- Where people were at risk of pressure ulcers developing or deteriorating, support systems reduced the risks. A visiting health professional told us how a person's pressure ulcer was improving due to the support being provided by the service and healthcare professionals.
- Staff supported people in decision making relating to pressure ulcer care. A staff member said to a person, "Do you want to sit in your armchair? Would be more comfortable for you, it has got your gel cushion on it." Another person was asked if they wanted to lie on their bed to reduce the pain associated with their pressure ulcer. A staff member explained to us why this was being done, which demonstrated a good

understanding of the person's needs.

- People at risk of falls were provided with equipment to reduce the risks, such as walking aids, and mats which alerted staff if people were attempting to mobilise.
- Environmental risks continued to be assessed and reduced. Equipment such as mobility equipment was checked and serviced to ensure it was fit for purpose and safe to use.

Staffing and recruitment

- People told us there were enough staff to meet their needs. One person told us, "Staff are good, they do what you ask, I think that there is enough staff." One person's relative commented, "There are staff about, [family member] is safe here."
- The numbers of staff required was calculated by assessing people's needs. This was kept under review and the registered manager told us if the numbers or needs of people increased, so would the staffing levels.
- We observed staff were available to people and responded to requests for assistance promptly.
- The registered manager told us the systems for recruiting staff had not changed. Therefore, checks on new staff continued to be undertaken to ensure they were of good character and suitable to work in the service.

Using medicines safely

- People told us they were provided with their medicines when they needed them and were satisfied with how their medicines were managed. One person said, "I can ask for painkillers if I need them and get paracetamol every four hours, get my meds two or three times a day, none missed."
- We observed part of the lunch time medicines administration and saw this was done safely.
- Some people were prescribed medicines to be administered 'as required' (PRN). Protocols guided staff when these medicines should be administered which reduced risks of inappropriate use.
- Records showed regular audits on medicines, including ordering, disposal, storage, administration and recording, supported the management team to identify shortfalls and address them promptly.
- Staff who administered medicines were trained and had their competency checked by a member of the management team.

Learning lessons when things go wrong

- Incidents and accidents were analysed and checked for patterns. Actions were taken to reduce the risks of reoccurrence. The registered manager told us how they had identified a trend in falls and had investigated this further, as a result actions were taken to reduce future risks.
- Where incidents had happened, investigation records showed how lessons were learned and staff were advised of their roles and responsibilities in staff meetings and on a one to one basis.
- There had been an incident relating to staff not following good moving and handling techniques, there were records in place to show that this had been investigated and lessons learned.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to moving into the service, a member of the management team assessed people's needs. This was to ensure the service could meet these needs.
- The assessment was completed with the input of people who would be using the service, their relatives and other professionals involved in their care, where appropriate.
- The assessment identified people's diverse needs and was used to inform the care plan, which guided staff on how to meet people's individual needs.

Staff support: induction, training, skills and experience

- There were systems to provide staff with training, support and the opportunity to achieve recognised care qualifications. Training included moving and handling, dementia, infection control, first aid and health and safety.
- A staff member told us about their induction, which included training, shadowing more experienced colleagues and working on the Care Certificate. This is a set of standards staff should be working to. The staff member said their induction provided information which supported them to meet people's needs.
- The local authority had provided staff with a workshop on dementia. Other workshops were planned in record keeping and moving and handling.
- Staff received one to one supervision meetings, where they discussed their work, received feedback and identified any further training needs.

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

- People told us they enjoyed the choices of food they received. One person said, "Food is good, you get a choice...you never go to bed hungry." Another person said, "Get good variety of food and it is hot." One person commented on their lunch, "The chicken was marvellous."
- People's dietary needs continued to be assessed and met. Where risks were identified, such as choking or weight loss, referrals to health professionals were made and guidance followed. Staff understood people's specific dietary needs, such as if they required softer or fortified food.
- We spoke with a member of the catering staff relating to people who required a diabetic diet. They told us they made deserts suitable for this diet. One person who used the service told us, "Food is fantastic, make really good cakes, I am diabetic."
- People were provided with choices of hot and cold drinks to reduce the risks of dehydration. One person told us they, "Have tea and coffee whenever you want." This was confirmed in our observations.
- Lunch was a leisurely and social time for people. People who required assistance were supported by staff

at their own pace. Where people required encouragement to eat, staff provided this. A staff member spoke with a person, "If you don't like this [desert] would you like a banana, or do you want me to continue with this, or like a little rest and have it later? I can put it in the fridge."

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

- People told us staff supported them to see healthcare professionals when required, this was confirmed by people's relatives. One person said, "I see the doctor, have hospital appointments, seen a mobile optician here and then the optician at the hospital."
- One person's relative told us, "They registered [family member] with the local doctors and arranged for me to discuss [family member's] health with the doctor, set a half hour meeting, was informative. I would not have thought of that, but the home thought it was a good idea, very positive thing they did." They added the staff, doctor and community nurses had worked together to improve their family member's condition.
- People's care records included information about their health care needs and guided staff in how these were met. Documentation was in place to share important information about people and their needs, such as if people required hospital admission.
- If staff had concerns about people's health conditions, they made appropriate referrals to healthcare professionals. Records identified guidance given to ensure people received consistent care.
- The registered manager told us they worked with other professionals involved in people's care. This was confirmed by a healthcare professional we spoke with.

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

- New flooring was being laid in the service, this was ongoing. One staff member said the provider had, "Put new flooring in six bedrooms, in the dining and activity rooms and the music room is due to be done, rooms are being freshened up." There were some areas needing attention, such as a hole in a door in a bedroom and chipped paint. Some sinks did not have plugs and a personal living area did not have a light bulb. This was being addressed.
- There was ongoing work in the grounds, which were being prepared to be more accessible. People told us about the improvements, and said they sat outside when they wanted to.
- There was some signage to assist people to navigate around the service independently. There were laminated photographs prepared for people's bedroom doors, which had not yet been put up. During our visit, we saw a staff member taking these to put on people's doors.
- There were several communal areas in the service where people could choose to use. This included a dining room, a smaller dining room, two lounges, a conservatory and a games room.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being

met.

- People's capacity to make their decisions was clearly documented in their care records. People had signed records to show they had consented to their planned care.
- There were currently no people using the service who had an active DoLS in place. The registered manager understood how and when they should make referrals.
- Staff had received training in the MCA and DoLS.
- We observed staff asking for people's consent before they provided any support. This included asking people if they needed any assistance with their meals, such as cutting up their food.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff treated them with kindness and respect. One person said, "They are all as good as one another, all of them talk to you. I have never had any trouble with any of them." Another person commented, "Staff are very good, and they make a fuss of me."
- A person's relative commented on the friendly atmosphere, "I said they could book me in, it has a nice atmosphere."
- We observed staff were caring, reassuring and compassionate in their interactions with people. Care provided was person centred and not task led. This included staff seeking people's permission and agreement before providing any care and support.
- We heard the interactions between a staff member and a person who used the service, in their bedroom. The staff member explained what they were doing and checked that the person was happy and comfortable.
- Staff communicated effectively with people, this included positioning themselves at people's eye level and using reassuring touch, when led by people.

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

- We saw people made choices throughout our inspection. This included where they wanted to eat, for example, one person chose to eat at a table alone, there was a dining table set up in another room for them. Staff spoke with one person who chose to eat in one of the lounges, "It is up to you where you want to have your lunch, your choice." One person told us, "Staff are good, they definitely talk to me and listen to me."
- Staff had a good understanding of people's needs and usual routines, and this was evident in the discussions they had with people. One staff member told us about a person who sometimes wanted a sandwich in the night, which was provided.
- A staff member offered people watermelon, some people did not understand what was on offer, the staff member showed people the plated watermelon to assist them to make their choice.
- People were supported with their personal care needs in line with their preferences. This included how often they wanted to bath and shower. One person said, "Bath once a week, that's okay... they give me plenty of time in the bath." Another person commented, "Shower whenever I want one... [staff] give me plenty of time, I clean my teeth twice a day."
- There were notices in the service which were accessible to the people using the service, with information about how people could access advocacy service if required.

Respecting and promoting people's privacy, dignity and independence

- We saw staff promoting and respecting people's independence. For example, as staff member gave directions to a person, "You okay? What are you looking for; the toilet? First one [door] on the left."
- When a person was eating their meal, staff understood their condition and offered to assist the person with cutting up their food. The person told us how they were happy with this and it helped them eat their meal independently. Another person used a plate with raised sides, which assisted them to eat their meal without staff assistance.
- Staff told us how they supported people with their independence and why this was important. One staff member said, "We give [people] a flannel and say do you want to wash your face and hands and invariably they do it even with dementia, but we give them choice."
- One person was in their bedroom with staff, preparing for a health professional visit. There was a sign put on their door, 'Private please keep out,' which reduced the risks of their privacy being compromised. Staff ensured people's privacy, for example closing doors when providing care, and speaking with people discreetly about if they needed personal care support, such as the toilet.
- We observed staff respecting people's dignity by offering to assist people to change their clothing if they got food on them.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care records were personalised and guided staff on how to meet people's individualised care based on their specific needs and preferences.
- People told us they were happy with the care they received. One person said they were, "Well looked after I think." Another person commented, "It is okay, I am looked after very well, I am a happy bunny."
- One person told us about how they felt the staff responded well to their needs, "They don't mind when I keep pressing the buzzer a lot when I am having a bad day."
- One person's relative told us how the staff respected the person's choices and they received personalised care. They said, "They let [family member] do [their] own thing, don't force [family member] to do anything. If [family member] says [they are] staying in [their] dressing gown they leave [family member] alone, staff do not contradict [family member]. You don't argue with people who have dementia, you let them go along with it if they are safe."
- We observed that staff were skilled in supporting and diverting people when they demonstrated behaviours that may be challenging to others. This also demonstrated staff were knowledgeable about people's likes, dislikes and interests.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care records included information about how they communicated and guided staff on how to communicate with people effectively.
- The registered manager told us that documents, such as the complaints procedure, would be provided in an accessible format, such as larger print and easy read, where required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us their relatives could visit when they wanted. One relative said, "I come in regularly, I come anytime, they always let me know how [family member] is." Another relative commented, "They always welcome us and offer us a cup of tea."
- Staff were friendly, relaxed and spent a lot of time sitting and chatting with people. However, one person whose needs had recently changed, and they spent more time in their bedroom said they felt lonely. The registered manager told us about the actions they were taking to ensure the person received the social

interaction they needed, including requesting portable equipment to allow them to use the communal areas easily.

- There were lots of items that people could use for their entertainment. This included a large connect four game, pool table, dart board and table football. One person told us how they enjoyed playing pool. There were sensory items particularly for use of people living with dementia, which were fabric with things such as buttons and beads sewn onto them.
- There were activities available for people to participate in. One person told us how they had been to the pub the day before our inspection visit which they enjoyed. Another person commented, "I don't get involved in the activities, that is my choice, but I did go to the pub yesterday, I liked that."
- We saw activities were not structured but ad hoc as people wanted to do them. This included chatting, playing cards, playing dominoes, and throwing a soft ball. One person went for a walk with a staff member to post a letter, on their return he person said, "I have had a marvellous walk." One staff member spoke with a person, "What activity would you like to do, do you want a board game? No okay I will come and chat to you later."
- One staff member told us, "Had a gardener now for six months and definitely making a difference, [gardener] has been a big help and doing brilliantly with the garden, people now go out there and it makes people want to go out. We have done a walkway through the wood, on the fete some families were going down there, got picnic tables going in and benches along the way for sitting and resting." We saw one person sitting outside to look at the wild life after a staff member had told them they had seen a muntjac.

Improving care quality in response to complaints or concerns

- People said they knew how to raise a complaint if they needed to. One person said, "Any complaints I can talk to the head one."
- There was a complaints procedure in place and information about how to raise a complaint was displayed in the service.
- Records of complaints showed that they were investigated and addressed and used to drive improvement.

End of life care and support

- People's care records included their choices of how and where they wanted to be cared for at the end of their lives, such as if they wanted to be resuscitated. Where people had declined to discuss their end of life, this was revisited by staff, in case people were ready to tell them about their decisions.
- A relative told us how the choices of their family member were respected, "The doctor agreed with me that [family member] should not go to hospital at the drop of a hat but remain here. Manager agrees with me entirely but obviously we have to be guided by the paramedics, got it on record they have got to be more open minded, that is very reassuring for me to know this is in place."
- We observed a staff member discussing with the registered manager if they could attend a funeral of a recently deceased person. They told us they felt they had supported the person at the end of their life, shared a positive relationship with them and wanted to pay their last respects.

Is the service well-led?

Our findings

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

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received positive comments about the service and how it was managed from people and the majority of relatives. One person told us, "It is a nice place in the countryside, staff are all lovely. Manager is brilliant, and she knows what she is doing." One person's relative said, "This home is so helpful to me, it is the little things they do, good choice of food, always staff around." Another relative commented, "[Family member] loves it here. I want to come here, it is lovely and clean, they make you a cup of tea and every time we come you are made welcome, [family member] always looks nice and clean and [family member] has had [their] haircut."
- We had received concerns relating to personal care and staff interaction. This was followed up generally, including observations and speaking with people and relatives. We found staff were caring and attentive to people's needs and choices.
- Staff told us there was a positive culture in the service and their comments were listened to. One staff member said, "Got a good crowd... it is a close-knit family run business, but I can go and chat to the manager and to the owner."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their roles and responsibilities relating to the duty of candour.
- Records demonstrated that investigations had been undertaken and relatives informed when and why things had gone wrong.

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

- The registered manager understood their role and responsibility in providing good quality care to people and the requirements of their registered manager role. The registered manager had a good understanding of what was happening in the service.
- Staff spoken with understood their role and the ethos of the service.
- There was a programme of audits in place which assisted the registered manager to identify any shortfalls and address them.
- Staff meeting minutes demonstrated that staff were kept updated with any changes in the service and any shortfalls which required addressing. Staff were reminded how to support people appropriately, including with their continence care and choices. In a recent meeting staff were reminded that people who used the

service were someone's parents and to treat people as they would treat their own family.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were questionnaires for relatives and visitors to help themselves to in the entrance hall of the service. We saw the results from satisfaction surveys completed by people using the service and visitors. Action plans demonstrated that people's comments were valued and acted on.
- A person's relative told us how the service engaged them, "I came to the fete, was great, lots of family and friends came, was well supported. Once or twice a year they have family meetings, last one May June time."
- Another person's relative told us how the service had acted as a result of their comments, "I did not have to plead for a bigger room, they moved [family member] to accommodate the bed, that pleased me."
- Staff meeting minutes reviewed showed that comments from people identified that there were not always staff available in the communal areas, staff were advised to make sure there was a staff member around. During our inspection visit, staff were visible and available when people required support.
- One staff member told us how the provider had acted promptly when they had said equipment was required, "He got the stand aid for downstairs within minutes when I said the large one that is upstairs was difficult to get into the lift. He sorted it within minutes, he listened."

Continuous learning and improving care

- Staff received training and support to meet people's needs.
- Staff meetings and handover meetings between shifts assisted the staff to identify and address any changes in people's wellbeing and needs. In addition, staff told us they could speak with the registered manager about changes. One staff member said, "I often speak to the manager, for instance about different residents and say that this resident needs an OT assessment."

Working in partnership with others

- The registered manager told us they had positive relationships with other professionals involved in people's care. This included commissioners and health professionals.
- A commissioner told us that the service worked well with them and accepted suggestions and offers of assistance, such as workshops, to improve the outcomes to people.
- The registered manager told us how they attended groups with other registered managers in the area and the local authority, where they shared examples of good practice and any challenges.