

Golden Care (UK) Limited

Abington Park View

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 ●

Summary of findings

Overall summary

About the service

Abington Park View is a residential care home providing personal care for up to 27 people in one adapted building. It specialises in supporting older people, some of whom are living with dementia. At the time of our inspection, there were 24 people living at the home.

People's experience of using this service

People told us they felt safe with staff and they were treated well. People were protected from abuse and staff were knowledgeable about safeguarding procedures. The management team completed in depth investigations following accidents and incidents to help prevent similar occurrences. People's medicines were safely managed.

Risk assessments were in place to manage risks within people's lives, and staff we spoke with had a good knowledge of how to meet people's needs. There were enough staff to meet people's needs and staff recruitment procedures ensured that appropriate pre-employment checks were carried out. Staff had access to the support, supervision and training they required to work effectively in their roles.

People's nutritional needs were monitored, and people were supported to eat and drink well. Healthcare needs were met, and people had access to health professionals as required. Care plans outlined any support people required to manage their healthcare needs.

People's consent was gained before any care was provided. People were supported in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice

Staff were friendly and caring; they treated people with respect and maintained their dignity. Staff encouraged people to maintain their independence. A complaints system was in place and used effectively. Information could be provided to people in an accessible format to enable them to make decisions about their care and support.

The service had a positive ethos and an open culture. The provider and registered manager were approachable, understood the needs of people, and listened to staff. There were effective systems in place to monitor the quality of the service and drive improvements.

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 was good (published 26 September 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 effective 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 responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Abington Park View

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 carried out by one inspector.

Service and service type

Abington Park View 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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with nine members of staff including care staff, senior care staff, housekeeping staff,

maintenance staff, the registered manager and the provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and several medicines records. A variety of records relating to the management of the service, including policies and procedures and quality assurance records were reviewed.

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.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff that supported them. One person said, "I've never been treated badly since I came here, I feel safe." Another person's relative told us, "Yes, I do think [person's name] is safe here, I have no worries at all about safety."
- Staff had training to enable them to recognise signs of abuse and understood how to keep people safe. One member of staff said, "I would report to the registered manager or other senior staff. However, if they didn't act I could use the whistleblowing policy and would report to the local authority."
- Records showed the registered manager had worked with the local safeguarding authority when concerns were raised, and action was taken to keep people safe.

Assessing risk, safety monitoring and management

- People had risk assessments in place which addressed possible risks to their safety and enabled them to be as independent as possible.
- Staff were knowledgeable about people's risks and took action to keep them safe. For example, by supporting people to reposition regularly or supporting them as they moved around the home.
- Risk assessments were updated and reviewed regularly or when people's needs had changed.

Staffing and recruitment

- People were supported by enough staff who understood their needs. People told us staff responded promptly when they needed help. One person said, "I have a call bell and I use it, if I ring they come quickly."
- Staffing levels at night were discussed with the provider and reviewed during the inspection. Two staff were deployed at night and following discussions the provider increased staff 'on-call' availability to ensure sufficient staff would be available in an emergency. The provider needs to continue to monitor these arrangements to make sure they are sufficient and increase staffing levels if the needs of people increase.
- Safe recruitment practices were followed. Staff files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered jobs.
- People were involved in the recruitment process as they were invited to meet applicants and give their opinion on their suitability to work with them.

Using medicines safely

- The provider had systems and procedures in place designed to ensure people's medicines were safely managed.
- Staff were trained in the safe administration of medicines and understood how to administer and record people's medicines safely.

- People's care plans recorded how people liked to take their medicines and staff supported people with this.

Preventing and controlling infection

- The home was visibly clean at the time of the inspection. People told us they thought the home was clean. One person's relative said, "[Person's name's] room is always clean and tidy." Another said, "The home is spotlessly clean."
- Cleanliness and infection control were reviewed as part of regular checks of the environment.
- Staff completed training in infection prevention and control and food hygiene. Staff understood their responsibilities to keep the home clean and minimise the risk of infection.

Learning lessons when things go wrong

- Systems were in place to ensure action was taken when things went wrong. For example, the registered manager and senior staff regularly monitored the electronic care planning and medicines system for alerts of possible medicines errors or care not provided. Prompt action was taken and changes to practice made when concerns were identified.

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

- People's care and support needs had been assessed before the service began supporting them. This was to make sure people's needs could be met effectively, and to determine if the service could meet their requirements.
- Assessments and care plans considered all aspects of a person's needs including protected characteristics such as lifestyle choices, cultural needs and religious preferences.

Staff support: induction, training, skills and experience

- New staff received an induction into care which helped to prepare them for their role. Staff spoke positively about their induction and how it equipped them to effectively support people.
- Staff received training in a variety of care areas focussed on people's care needs. For example, staff had received training in supporting people living with dementia.
- We looked at training records and found these were mostly up to date. The provider was aware of the staff whose training was due to be refreshed and was making arrangements for this.
- Staff received regular and helpful supervisions which gave feedback about their performance. Staff felt supported and told us they always felt they could ask for additional support. One member of staff said, "I have supervision with [registered manager]. It's good and gives you a confidence boost about how you're getting on."

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

- People were supported to eat a healthy, balanced diet and were able to choose varied meals from the menus. One person told us, "The food is good, there are two cooks and they're both very good. You get a choice; the choice is on the board and the staff come around and ask what you want then they record what you had."
- Staff had a good knowledge of the dietary needs of each person using the service and worked with healthcare professionals as required to monitor and support people's nutrition. Information was recorded in care plans as to what support people needed with eating and drinking and whether people had any specific requirements.
- We saw that meal times were a relaxed, social time, with people and staff chatting together as people enjoyed their meals.

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 access other health and social care professionals such as a GP or

community nursing staff and that staff responded well if they needed emergency healthcare. One person said, "When I fell, they kept me comfortable until the ambulance came."

- Information in care records confirmed the service liaised with other professionals when required to ensure people had access to the right support and help.
- People had clear information in their care plans about the support they required to manage their healthcare and oral healthcare needs. For example, staff supported people to clean their teeth or dentures, and ensured people had support from healthcare professionals when required.

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.

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. We found they had done this.

- People's mental capacity was assessed. Where people did not have the capacity to make decisions, best interest decisions were made and recorded.
- People were encouraged and involved in making decisions for themselves. For example, what food they ate and how they wished to spend their day.

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

- The home was suitable and accessible to the people living there. The layout of the building ensured that the environment offered plenty of personal as well as shared space.
- In response to people's feedback the garden had been re-landscaped. This was a large, pleasant space, with comfortable areas set aside for people to sit.

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 were treated well and enjoyed the relationships they had with staff. One person said, "The staff always have a smile and ask how they can help, they've got a good team here." Another person said, "I'm happy here we're well looked after."
- People's relatives told us staff were kind and friendly and they were made to feel welcome when they visited. One person's relative said, "All the staff make you feel welcome, they give you cups of tea or offer you lunch."
- Staff enjoyed their work and we saw they interacted with people in a gentle, kind and caring manner.
- People's equality needs were considered during their assessment, and staff respected these as they provided people's support.

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

- People were encouraged to make decisions about their care. One person said, "I am involved in all decisions and they always keep me informed."
- People and their relatives were involved in writing their care plan and deciding how their support would be provided. One person said, "[Registered manager] reviews my care plan with me regularly."

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their privacy and dignity. We saw that people's bedrooms were respected as their own private space by staff.
- People's independence was promoted. Staff ensured people were encouraged to do as much as they could for themselves. People were supported to access the equipment they needed to continue to be as independent as possible.
- People's information was stored securely, and all information stored electronically was password protected. Staff were aware of the importance of keeping people's personal information secure.

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; 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 had care plans in place which reflected their care needs, likes and preferences. Care plans were reviewed and updated regularly, or as people's needs had changed. We saw people received care as outlined in their care plan.
- During the inspection people told us about the activities they took part in and enjoyed. For example, going out on the local community, knitting and playing games. One person's relative told us, "[Family member] joins in all the activities. When they were at home they didn't do anything, but now they're here they join in all the games and activities, I do think there is enough to do."
- Staff understood the importance of enabling people to pursue their interests and meet their social needs. We saw staff chatting and laughing with people and people enjoying varied activities. For example, people enthusiastically taking part in a weekly exercise class and having a manicure or make up applied in the new 'beauty area'. We saw items used for activities were freely available in the home and staff supported people to access these.
- People's religious needs were met, and a weekly religious service was held in the home.

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.

- During the assessment process people's communication needs were assessed and discussed and a care plan was completed which supported people's requirements.
- The provider complied with the Accessible Information Standard, they ensured people with a disability or sensory loss had access and understood information they were given. For example, pictorial information was used to aid one person's communication and information such as activity planners were available in different formats.

Improving care quality in response to complaints or concerns

- People were clear how to raise any concerns or complaints about the service and were confident these would be addressed.
- There was a complaints procedure in place. Records showed complaints were dealt with in line with the provider's complaints procedure.

End of life care and support

- No one was in receipt of end of life care at the time of inspection.
- Staff understood people's needs, were aware of good practice and guidance in end of life care. Staff respected people's personal, cultural and religious beliefs and preferences.
- People were provided with the opportunity to discuss their preferences and these were recorded in their care plans.

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

- There was a positive and open culture in the service. It provided people with a happy and homely atmosphere, where their independence and choices were promoted, and their well-being was the central focus for staff.
- People's relatives and staff told us the provider and registered manager knew people well and were available to them. One person said, "I often talk to the owners, I know them well. We wanted [type of drink] recently and they got it for us." Another person said, "[Registered manager's name] is the registered manager. I speak to her if I have any problems. I went to her last week because my [bedding] felt too heavy and she had it changed."
- Staff were proud of working for the service and of the quality of care provided. They spoke about providing a good quality of life for people and staff working well together as a team. One member of staff said, "It's excellent teamwork here, I can't fault it. [Registered manager] is a brilliant manager, she's very approachable and she helps us. Any issue you can speak to her."

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

- Staff were clear about their roles and responsibilities towards the people they supported and felt supported in their role. They had regular supervisions, which ensured they provided the effective care and support to people.
- The management team carried out audits of the service to maintain the safety and quality of the service and drive improvement.
- The registered manager notified CQC and other agencies of any incidents which took place that affected people who used the service.

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

- People's feedback about the service was captured through regular meetings and surveys. One person told us, "I go to the residents' meetings, we talk about things and anything we mention they do." People gave us examples of the provider and registered manager listening to their feedback and making improvements as a result. One person told us, they had suggested moving the dining room around to make access easier. Their suggestion had been implemented.
- Staff attended regular meetings to discuss the running of the service. These meetings were used to share

ideas and keep staff updated with best practice.

- The registered manager produced a regular newsletter for people, relatives and staff to keep them updated on events in the home and provide useful information.
- The registered manager worked hard to promote community involvement. Students from a local college attended placements at the home to provide a practical element to their learning. We saw a letter written by a student thanking the registered manager and staff for their support and guidance.

Continuous learning and improving care

- The culture of the home was one of continuous learning and improvement. We saw many examples of initiatives that promoted reflection and learning from past events.
- Staff attended regular meetings to discuss the running of the service. These meetings were used to share ideas and keep staff updated with best practice.

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 management team understood information sharing requirements and demonstrated an open and transparent approach when something went wrong. We saw that information was correctly shared with other agencies. For example, when the registered manager identified concerns, they raised these with the appropriate authorities.

Working in partnership with others

- Staff worked well with other partnership agencies including the local authority and healthcare services. Staff followed advice to help provide good quality care for people.