

Abbeyfield Society (The)

Abbeyfield Care at Home (Stockport)

Inspection report

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20 December 2018

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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

This was an announced inspection carried out on the 11 and 20 December 2018. This was the first inspection of the service since registering with the Care Quality Commission (CQC) in May 2017.

Abbeyfield House offers supported living to older people wanting to retain their independence whilst still being part of a social and active community. The service provides two levels of support, Care at Home Stockport, which provides support with personal care and medication and High Lane, which provides more social support and help with cleaning. Not everyone living at Abbeyfield House receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'. Where they do we also consider any wider social care provided.

Accommodation comprises of two two-bedroom flats, 19 en-suite flats and one studio flat. People also have access to a communal lounge and dining room and kitchen, where all meals are provided. People's care and housing are provided under separate contractual agreements. At the time of the inspection there were 10 people receiving care and support from the service. Hours of support varied depending on the individual needs of people. The provider was also looking to expand the service providing care and support to people in the local and wider community.

The service had a manager who was registered with the CQC. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

The management team had clear oversight of the service. Opportunities had been provided for people and their relatives to comment on their experiences. Information gathered was to be consolidated to inform the services business improvement plan.

We found the system for managing and administering prescribed medicines was safe.

Suitable arrangements were in place to help safeguard people from abuse. Guidance and training was provided for staff on identifying and responding to the signs and allegations of abuse. Staff were able to demonstrate their understanding and were aware of their responsibilities in ensuring people were protected from the risk of abuse.

Appropriate fire and environmental risk assessments had been completed for the communal areas to promote the safety of people who used the service, members of staff and visitors. Risks were also assessed in relation to general safety issues within people's own homes. Procedures were in place to deal with any emergency that could affect the provision of care.

We found sufficient suitably trained staff, who were safely recruited, were employed to ensure people

received the support they required. We saw that staff received the essential training and support necessary to enable them to do their job effectively and be able to care and support people safely.

Staff received on-going training, development and support. This helped to ensure staff had the knowledge and skills needed to meet the specific needs of people who used the service.

Care records provided good information to direct staff in the support people wanted and needed. Where risks had been identified, plans had been put in place to help protect people. Records were stored securely ensuring confidentiality was maintained.

People were consulted and consented to their care and support. Where people needed help to make decisions, relevant lawful authorisations were in place. This helped to ensure people's rights were protected

People were provided with healthy and nutritious food. People had access to healthcare agencies so that they received the care and treatment they needed.

People told us they considered staff were kind, had a caring attitude and felt they had the right skills and knowledge to care for them safely and properly. People told us that staff treated them with dignity and respect. Their relatives were also complimentary about their experiences and the support staff provided for their family member.

People were encouraged and supported, where necessary, to take part in social activities. This helped to promote their emotional well-being as well as maintain their independence and community presence.

People, their relatives and staff spoke positively about the management team in place. People and their relatives told us the managers and staff were approachable and felt confident they would listen and respond if any concerns were raised.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Suitable arrangements were in place to help safeguard people from abuse and a safe system of medicines management was in place.

Assessments were undertaken around risks associated with people's health care needs and general safety issues within people's homes.

People were supported by sufficient numbers of staff. Recruitment checks were completed prior to new staff commencing work.

Is the service effective?

Good ●

The service was effective.

People were consulted and consented to their care and support. Where people needed help to make decisions, relevant lawful authorisations were in place. This helped to ensure people's rights were protected.

Opportunities for staff training and development were in place. People who used the service felt the staff had the right attitude, skills and experience to meet their needs.

People were supported to make healthy choices, so their nutritional needs were met. People had access to relevant healthcare professionals to help maintain their well-being.

Is the service caring?

Good ●

The service was caring.

People spoke positively about the support offered by staff. We were told staff were kind, caring and respectful towards them.

Those staff we spoke with were able to demonstrate they knew the people they supported well. People were encouraged to maintain their independence as much as possible.

People's records were stored securely so that confidentiality was maintained.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in planning the support they wanted and needed. People's care records included good information to guide staff about their individual likes, dislikes and preferences.

Opportunities were provided to promote people's social and emotional well-being.

Systems were in place for the reporting and responding to people's complaints and concerns. This demonstrated people would be listened to and any concerns acted upon.

Is the service well-led?

Good ●

The service was well-led.

The service had a manager who was registered with the Care Quality Commission. All the people we talked with spoke positively about the management team.

The management team had clear oversight of the service. Opportunities had been provided for people and their relatives to comment on their experiences. Information gathered was to be consolidated to inform the service's business improvement plan.

Abbeyfield Care at Home (Stockport)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection was carried out on the 11 and 20 December 2018 and was announced. We gave the service notice of the inspection visit as we needed to be sure that managers would be available. On the first day of our inspection we contacted people and their relatives by telephone to seek their feedback about the service provided. On the second day we visited the office location to meet with managers as well as review records about the service.

The inspection was undertaken by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider sent us a completed Provider Information Return (PIR). This is a form, which is requested on an annual basis and asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We also reviewed information we held about the service, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law.

Prior to the inspection we also contacted the local authority and Healthwatch Stockport to seek their feedback about the service. No comments were received.

During our inspection we spoke with six people who used the service, the relatives of two people, a support worker, the care manager and the registered manager. We also reviewed the care files for two people,

medication administration records (MARs), two staff recruitment files and training and development records as well as information about the management and conduct of the service.

Is the service safe?

Our findings

People told us they felt safe with the support they received, and if they had any concerns they would always call the office. People told us; "I feel very safe that they [staff] come and see me", "I feel the staff know my needs, so I feel safe" and "I have the same carers which makes me feel safe."

As part of the inspection we looked at how the service protected people from abuse. We saw that policies and procedures were available to guide staff in safeguarding people from abuse. This was supported by a programme of training. Those staff we spoke with told us they had received training in safeguarding and were able to tell us signs of abuse, what they would do if they suspected abuse and who they would report it to. A review of training records confirmed what we had been told.

Suitable arrangements were in place for the safe management and administration of people's medication. Policies and procedures were available to guide staff along with a programme of training. People took responsibility for the ordering and delivery of their medicines. Information to guide staff in the support required was detailed in the person's care plan and a risk assessment was completed

At the time of the inspection only two people were assisted by staff with their prescribed medicines. Records were completed to evidence the administration of medication. Body maps were also in place to identify where items such as topical creams were to be applied. We discussed with managers the use of body maps to record where medication patches had been used, so the site of the patch was rotated. We were told these would be introduced. This helped to ensure people received their medication as prescribed so that their health and well-being was maintained.

The service provides two levels of support, Care at Home Stockport, which provides support with personal care and medication and High Lane, which provides more social support and help with cleaning. The Care at Home team consisted of the registered manager, care manager and two support staff.

A discussion with the registered manager, care manager, staff and people who used the service showed that sufficient numbers of staff were employed to ensure people received the support they required. People we spoke with told they received reliable and consistent support. Staff were said to be good at time keeping and always stayed for the agreed amount of time with people. People's comments included, "Continuity is excellent" and "I have the same staff which is great." People's relatives also spoke positively about the team, adding, "Having the same team of staff is great", "Fantastic care staff" and "The continuity is great."

We found there was a safe system of recruitment in place. We looked at two staff personnel files. Both paper and electronic records were held. Records and checks included an application form, references, interview record, copies of identification documents and terms and conditions of employment. A Disclosure and Barring Service (DBS) check was also completed prior to staff commencing employment. These were updated every three years in line with the providers policy. A DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff.

Systems were in place to ensure the premises in which people lived were safe. Individual environmental risk assessments were carried out to make sure people's properties were safe. Records seen showed regular health and safety checks were carried out as well as servicing of equipment and mains electric and gas. Further policies and assessments were available in areas of health and safety. These included slips and trips, bad weather and lone working.

At the time of our inspection most people were able to manage their own personal care with minimal or no support from staff. However, information to guide staff on infection control procedures, training and protective clothing were available. This helped staff prevent, detect and control the spread of infection.

Relevant checks and assessments were completed with regards to fire safety. We found that regular fire safety checks were carried out and a 'grab file' including relevant information about people was available close to the main entrance. We were told a recent incident had occurred, where the fire alarm sounded. Whilst this was a false alarm, people living at Abbeyfield responded quickly to the alarm and were aware of the evacuation procedure to follow.

We saw that the main door to the building was kept locked at all times and visitors had to ring to gain entry to the office or individual flats. This helped to keep people safe by ensuring the risk of entry into the buildings by unauthorised persons was reduced. We were told that no staff were on site after 6pm in the evening. People were said to wear pendants and had access to on-call should they need further assistance, or an emergency arose.

People's records showed that risk assessments were in place in relation to assessing whether people had problems with certain aspects of their health, such as a need for support with moving and handling or having a history of falls. Staff had written down what action they would need to take to reduce or eliminate any identified risk.

These systems demonstrated the provider had taken seriously any potential risks to people's health and well-being and put in place information to guide staff on how to reduce or eliminate identified risks.

Is the service effective?

Our findings

We looked at what systems were in place for the induction, supervision and training of staff. We looked at records and spoke with the managers and staff. We found opportunities were provided to help staff develop their knowledge and skills. People we spoke with said staff were well trained and felt their individual needs were met, adding "The staff know what they are doing, I'm very happy." One person's relative also commented "Training seems consistent as the staff are good" and "Very efficient carers."

We saw that supervision was provided regularly and sessions explored areas such as; aspects of practice, philosophy of care and personal/career development.

All staff completed an induction programme, which was aligned with the care certificate, on commencement of their employment. Specific information in relation to the service was also provided. The care certificate, developed by Skills for Care and Skills for Health is a set of minimum standards that social care and health workers should apply to their daily working. Staff spoken with confirmed they had received an induction as well as being 'shown round' and introduced to people.

Staff spoken with confirmed they received on-going training and development and felt supported by managers. Staff said they had the knowledge and skills needed to support the people they visited and had completed all relevant training. Their comments included; "There's lots of training", "Regular contact with each other" and "Supportive boss." A review of staff records showed that recent training had included topics such as; medication, fire awareness, health and safety, virtual dementia, emergency first aid, moving and handling, safeguarding and infection control.

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

During this inspection we checked to see if the provider was working within the principles of the MCA. The service had policies and procedures to guide staff with regards to capacity and consent. A review of training records and discussion with staff confirmed training in the MCA had been provided. Staff we spoke with were able to demonstrate their understanding of the MCA and described how they afforded people choice and control where decisions needed to be made.

A review of people's records evidenced that people had been involved and consulted in planning their care and support. People we spoke with confirmed that staff sought their permission before providing care and support. Their comments included, "The staff encourage me to make decisions" and "They listen to me, I feel valued."

Where people needed help to make specific decision about their care and support we saw that appropriate

support was provided by family members who had lawful authorisation to act on their behalf, such as a Lasting Power of Attorney for health and wealth (LPA). Copies of the relevant authorisations were held on the people's file.

We were told that people's flats comprised of basic kitchen facilities such as kettle, toaster, microwave and fridge. People would prepare their own breakfast, with lunch and evening meals provided by High Lane staff in the large communal kitchen. Alternatively, people made their own arrangements. People told us they enjoyed the meals provided, adding "I'm always asked what I would like to eat or drink" "I like all my carers and they always ask me what I would like to eat and drink" and "The choice of food is good." People's relatives also commented, "Food is fantastic."

Information showed a food hygiene inspection had been carried out in January 2018 on the communal kitchen. The service was awarded an overall rating of five, which is the highest award.

People we spoke with told us they had access to health and social care professionals. People said that staff would provide support for appointments, if requested. A basic information sheet detailing people's needs, medication and relative's details was held in their flats so that relevant information would be available to emergency services, if required. We were told people had good support from the local GP practice, with regular visits from the district nurse where additional care and monitoring was required.

The layout of the building ensured that all areas were easily accessible with the majority of people's flats being situated on the ground floor. There was a communal lounge and dining room with a large kitchen on the ground floor.

Is the service caring?

Our findings

We asked people if staff provided the care and support they wanted and needed. People told us they felt they were listened to and appropriately supported by staff. Their comments included, "Staff listen to my needs", "Staff are amazing", "The staff really do care", "Nothing is too much trouble", "Very accommodating care staff" and "Very caring staff, they cannot do enough for me."

People's relatives also spoke positively about the standard of care provided for their relative. Their comments included, "The overall care is excellent", "Really happy with the staff", "Care staff are very caring" "Wonderful care staff" and "The staff are great."

People told us that the staff who visited them were kind and would always ask them how they were feeling and what they would like help with. Staff said they always considered people's privacy and dignity and would respect people's wishes. Staff said they would not enter a person's flat without prior permission. All the people we spoke with told us that staff were always polite and respectful towards them and their property. People said, "Staff respect me and my home" and "Care staff treat me with respect." One person's relative added, "They [staff] treat my mum with respect."

The majority of people living at Abbeyfield were independent and maintained contact with their family and friends as well as links with the local and wider community. The service was close to local amenities including the GP's surgery, library and supermarket, which people regularly accessed.

Staff spoke in a caring and compassionate way about people who used the service. They had a good knowledge and understanding of people and were able to tell us what was important to them.

We looked at how the provider considered areas of equality and diversity when planning people's care and support. We were told, and care plans showed that consideration was given to people's 'emotional well-being' including their religious, cultural and spiritual needs. This helped to promote people's human rights.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We were told that aids to alert people in the event of an emergency arising, who may have a hearing impairment were provided, these included items such as, flashing lights and vibrating pillows.

People's paper care records were kept securely, and electronic devices were password protected. This helped to ensure information about people was kept confidential.

Is the service responsive?

Our findings

We asked people and their relatives if they were involved in the care planning process so that information reflected their views and how they wished to be supported. People we spoke with said they had been involved in planning their care and support, adding, "I was involved in the care plan and reviews" and "Care plan was very good, I was involved in all the planning." People said they had copies of their care records along with information about the agency. People's relatives said they too were consulted with, where appropriate, about their relative's care and support. They told us, "I'm involved in the care plans" and "They keep me in the loop."

The care manager told us that prior to agreeing support a comprehensive assessment would be completed. This information would then be used to inform the development of the person's care plan.

We reviewed the care records for two people. Assessments of the person had been completed prior to support commencing. Care records provided lots of information about each person including personal details, care plan, medication plan and risk assessment, specific risk assessments, hospital passport, correspondence and information from other professionals. Additional records would be completed in relation to food and fluid charts and finance records, where this support was provided. Care plans provided good person-centred information about people's routine and what support was wanted and needed during each visit. This information helped to guide staff in meeting the individual needs and wishes of people. There was also evidence that plans were kept under review and included discussions with the person and other relevant parties.

The majority of people were independent and followed routines of their own choosing. However, activities and social gathering were arranged should people wish to meet up and spend time with their neighbours. This helped to promote people's emotional well-being and community presence. We were told activities included, quizzes, crafts, a raffle and knitting for the local women's refuge. A local brass band had recently visited the service and a group of people had visited a local school attending a 'Choir and Cake' event. Consideration was also given to people's religious and cultural needs with communion held monthly for those people who chose not to visit church or wished to take part in an additional service. Prior to the inspection people had enjoyed a Christmas party with family and friends and other opportunities were being planned for over the holiday period. One person told us, "The activities are great." A staff member also commented, "It's a warm and inviting place" and "There's a community feel."

We looked at how the service reported and responded to people's complaints or concerns. We saw a complaints procedure was displayed on the notice board close to the communal lounge. Information was also detailed in the providers statement of purpose, which were distributed to all those who used the service. We were told no complaints had been raised with management about the service.

People we spoke with confirmed information about how to complain was provided. They told us, "Any issues I would call the office", "Any problems the office deal with it", "Really happy with my carers", "If I need to complain I call the office" and "They always listen."

People's relatives also commented, "They respond to any concerns", "I have no complaints", "Any issues I would call the office" and "I would be confident If I had any concerns they would deal with them."

Is the service well-led?

Our findings

The service had a manager who was registered with the Care Quality Commission. The registered manager had day to day responsibility for a residential home nearby, which is also owned by the provider. The day to day management of Abbeyfield Care at Home was overseen by a care manager with support from the registered manager, who visited the service on a regular basis.

We asked people and their relative's their views about the management and conduct of the service. Everyone we spoke with said they had confidence in the management and that the service was well-led. People's comments included; "[Care manager] goes that extra mile", "Very responsive" and "Amazing company." Their relatives also told us, "I feel Abbeyfield is well led and provides an outstanding service", "Communication is excellent", "When I need care I will choose Abbeyfield" and "The service is excellent."

Staff spoken with were also complimentary of the care manager. They told us, "She goes above and beyond sometimes", "One of us", "Very caring" and "I respect her."

The management team had clear oversight of the service. Systems were in place to monitor and review the quality of service people received. These included checks to care records, medication, areas of health and safety including fire safety. The registered manager also completed a 6-monthly quality audit tool which, explored areas such as, people who used the service, care plans, training and recruitment, policies and service delivery. Any action required was identified and followed up by the care manager and registered manager. We were told that as the service expanded additional monitoring, such as spot checks would be completed to ensure people's satisfaction with the service.

We discussed with the registered manager and care manager the development of a business improvement plan, identifying work priorities, particularly as the service grows and expands out into the local community. This helps to demonstrate the service is making continuous improvements so that people experience good quality care.

We looked at how the service sought feedback from people about the quality of the service they received. A recent survey had been distributed to people and their relatives to comment on the services provided. We saw one response had been received. Their comments included; "The service I receive has been so helpful and I have been encouraged to stay at home" and "The staff have become very good friends to me. I couldn't praise the service more."

We were told that as the team was very small the care manager and staff worked together on a daily basis. Therefore, information sharing about people's current and changing needs were regularly discussed. Occasional team meetings had also been held so that the team could discuss areas of their work. Staff spoken with said communication was 'effective' and "The team communicated well with each other."

The service had policies and procedures in place, which were kept under review. There was a statement of purpose and information leaflet which provided people who used the service and other interested parties

with details of the services provided by Abbeyfield Society.

Before our inspection we checked the records, we held about the service. We had not received any notification of incidents or events involving people who used the service. During the inspection the registered manager and care manager confirmed there had been no reportable incidents or concerns. The management team were aware of their legal responsibility to report such issues should they arise so that we are able to see if appropriate action had been taken to help keep people safe.