Abbeyfield Society (The)

James House

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

We undertook an unannounced inspection of James House on the 23 February 2016.

James House is a residential home and is part of The Abbeyfield Society. It provides accommodation for up to 12 older people in single rooms. The home is situated within a residential area of the London Borough of Hillingdon. At the time of our visit there were 10 people using the service but two of them were in hospital.

We previously inspected James House on 29 April 2014 and the provider had met all the regulations that were inspected.

At the time of the inspection there was a registered manager in place. 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 2008 and associated Regulations about how the service is run.

People told us they felt safe when they received support and the provider had policies and procedures in place to deal with any concerns that were raised about the care provided.

The provider had processes in place for the recording and investigation of incidents and accidents. A range of risk assessments were in place in the support folders in relation to the care being provided.

The provider had an effective recruitment process in place. There was a policy and procedure in place for the administration of medicines.

The provider had policies, procedures and training in relation to the Mental Capacity Act 2005 and care workers were aware of the importance of supporting people to make choices.

Care workers had received training identified by the provider as mandatory to ensure they were providing appropriate and effective care for people using the service. Also care workers had regular supervision with their manager and received an annual appraisal.

People we spoke with felt the care workers were caring and treated them with dignity and respect while

providing care. Care plans identified the person's cultural and religious needs.

A range of activities were arranged at the home and people told us they enjoyed them.

Detailed assessments of the person's needs were carried out before they moved into the home and each person had a care plan in place which described their support needs. Care workers completed a daily record of the care provided.

The provider had systems in place to monitor the quality of the care provided and these provided appropriate information to identify issues with the quality of the service.

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. The provider had appropriate processes and training in place for the safe administration of medicines.

The provider had processes in place for the recording and investigation of incidents and accidents. A range of risk assessments were in place in the person's care folder in relation to the care being provided.

The provider had an effective recruitment process in place and the number of care workers required to provide appropriate care for a person was based on the assessment of the person's needs.

Is the service effective?

Good

The service was effective. Care workers had received the necessary training, supervision and appraisals they required to deliver care safely and to an appropriate standard.

The provider had a policy in relation to the Mental Capacity Act 2005. Care workers received training on the act and understood the importance of supporting people to make choices.

There was a good working relationship with health professionals who also provided support for the person using the service.

Is the service caring?

Good

The service was caring. People we spoke with felt the care workers were caring and treated them with dignity and respect while providing care.

The care plans identified how the care workers could support the person in maintaining their independence.

The care plans identified the cultural and religious needs of the person using the service.

Is the service responsive?

Good

The service was responsive. An initial assessment was carried out

before the person moved into the home to ensure the service could provide appropriate care. Care plans were developed from these assessments and were up to date.

The provider had a complaints process in place and people knew what to do if they wished to raise any concerns.

Care workers completed a daily record of the care provided.

Is the service well-led?

Good

The service was well-led. The provider had a range of audits in place to monitor the quality of the care provided.

People using the service and care workers felt the service was well-led and effective. There were regular team meetings and care workers felt supported by their manager.

James House

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 took place on the 23 February 2016 and the inspection was undertaken by one inspector.

Before the inspection, we reviewed the notifications we had received from the service, records of safeguarding alerts and previous inspection reports.

During the inspection we spoke with six people using the service and two care workers. We also spoke with the manager. We reviewed the care plans and daily records for three people using the service, the employment folders for three care workers, the training and support records for 16 staff and records relating to the management of the service.

Good

Our findings

People we spoke with said that they felt safe when they received support from the care workers and they had no concerns about their safety. We saw the service had effective policies and procedures in place so any concerns regarding the care being provided were responded to appropriately. We looked at the records of safeguarding concerns and we saw information relating to the concern, notes of the investigation, any actions taken and the outcome recorded.

We looked at how accidents and incidents were managed in the service. There was a policy in place and a flow chart describing the process of recording and investigating incidents and accidents. The registered manager explained a record form was completed when an incident or accident occurred. The record included information about the incident or accident, who was involved and what actions were taken. The registered manager reviewed the information and carried out an investigation if required. Changes would be made to the person's care plan if required following the investigation. We looked at records of recent incidents and accidents and saw they detailed and identified what actions were taken.

We saw that risk assessments were in place in the care folders we looked at. Each person had a risk assessment which included information for care workers covering such areas as mobility, continence, falls and nutrition. If a specific risk was identified there was clear guidance for care workers on what actions were required to reduce any possible risks. The risk assessments were reviewed monthly or sooner if a change in support needs was identified. The risk assessments we reviewed were up to date.

We saw that during the day there was a senior care worker and another care worker on duty who were supported by the registered manager, a cook and a member of housekeeping staff. At night there was a senior care worker and a care worker on a waking shift to provide support. The registered manager explained the people currently living at James House had a low level of care needs and did not require the support of two care workers for personal care. The registered manager confirmed that assessments of each person's level of support were carried out regularly and staffing levels would be adjusted accordingly. We saw that the care workers on duty were able to provide the level of support required by people using the service in a timely manner.

The service followed suitable recruitment practices. The registered manager explained that as part of the recruitment process applicants were asked to provide the details of three references and to provide details of their employment history. We viewed four care worker recruitment files which detailed that the relevant checks had been completed before each person began work, these checks included suitable written

references which were also confirmed by telephone, interview records and a check for any criminal records had been completed. This meant that checks were carried out on new care workers to ensure they had the appropriate skills to provide the care required by the people using the service.

We saw the provider had a policy and procedure in place in relation to the administration of medicines. Medicines were stored securely and we saw all liquid medicines, eye drops and creams had the date of opening and when they should be disposed of recorded on the label. Medicines were provided in blister packs and when tablets were provided in their original packaging the senior care worker counted and recorded the number of tablets each day. During the inspection we looked at the Medicine Administration Record (MAR) charts for eight people. We saw these charts were completed clearly and showed that medicines were administered as prescribed.

People could choose to have either a pendant call bell which they could use around the home or a call bell in their bedroom to use in case of an emergency.

The provider had appropriate processes in place in relation to infection control. The care workers used appropriate equipment including aprons and gloves when providing support. There was also alcohol hand gel available for care workers to use. We saw care workers had completed infection control training. During the inspection we saw there was a member of housekeeping staff cleaning the communal areas and people's bedrooms.

Good

Our findings

We saw people were being cared for by care workers who had received the necessary training and support to deliver care safely and to an appropriate standard. The registered manager explained that new care workers completed up to five days shadowing of an experienced care worker depending on previous experience. New care workers completed a local induction in relation to the processes and procedures in place at the home. They were booked on the mandatory training courses which were run centrally by the provider and completed the Care Certificate during their three month probation period. The Care Certificate identifies specific learning outcomes, competencies and standards in relation to care. We saw Care Certificate workbooks had been completed recently by two care workers.

The provider had identified specific mandatory training courses to meet the needs of each staff role. The training included first aid, infection control, moving and handling and health and safety. We saw that the care workers had completed the training identified as mandatory for their role and they had been booked on refresher training when it became due. The registered manager told us, and records confirmed, that care workers had a supervision session every two months. The registered manager explained staff had an annual appraisal but the provider was in the process of introducing a new appraisal system. This meant that the annual appraisal was overdue for some care workers but they had regular supervision sessions and would be the first staff at the home to have an appraisal when the new system was introduced. Care workers we spoke with confirmed they had supervision with their manager and they told us they found it beneficial.

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. The application procedures for this in care homes and hospitals are 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 were being met.

The registered manager confirmed that people using the service were assessed to ensure they had capacity to make decisions about their care and treatment. There was one person who had a DoLS authorised by the local authority which was due to be renewed. The registered manager explained that following assessments

they felt the person no longer required DoLS in place so a new application would not be made but the person would be monitored in case there were any changes. Care workers we spoke confirmed they understood the Mental Capacity Act and the importance to supporting people to make choices.

When asked about the food at the home one person told us "the food varies and is not always good but I have made suggestions. Anything I have asked for that is not on the menu they have got for me. I know what I prefer and they get what I like and listen when I ask." Other people commented "The food is very nice. The chocolate sponge was very good" and "The food is very good." We saw the menu options were displayed on a chalk board in the lounge and people were able to choose their meal option in advance but could also change it when the food was served. The menu board also included a list of possible allergens that could be found in the meals. The cook had a list of all the people's food preferences and allergies in the kitchen. We saw people could choose to eat in their room or in the dining room. During the inspection we observed three people had chosen to eat their lunch in the dining room. We saw the care worker and cook serve the food and people were given a choice throughout the meal as well as being encouraged to eat. The registered manager explained that people were involved in selecting their preferred meals twice a year for the summer and winter menus.

We saw there was a good working relationship between the service and health professionals who also supported the individual. The support plans we looked at provided the contact details for the person's General Practitioner (GP). We saw each person has a hospital passport document which provided details about their care and support. This document was regularly reviewed and a copy would be taken if the person visited or was admitted to the hospital. There was a record of professional visitors in each person's care folder which included visits by the General Practitioner (GP), district nurse and chiropodist.

Good

Our findings

We asked people if they felt the support they received from the care workers helped them to maintain their independence. People told us "If I ask for help they do help but if I can do it myself they let me get on with it. Once you stop doing something you don't get that ability back. They help when needed", "If I go out with my family I can come back any time I want even really late" and "I do as much as I possibly can for myself but when I can't do things I can ask them for help." We also asked care workers how they helped people maintain their independence. They said "I encourage people to do as much as they can to look after their own needs for example I will wring out the flannel if they can't do it but they wash their own face" and "Positive comments are good but it is important to help when needed. Encourage the person but not pushing them to do too much and upsetting them."

People using the service were asked if they felt the care workers were kind, caring and treated then with dignity and respect when they provided support. People commented "All the staff are extremely kind, you can't fault them anyone. They treat you with respect and kindness", "They don't come into the bathroom when you are in there on your own but they knock and ask if you are alright" and "I like all the staff, they are lovely." Other people said "The staff are very respectful and I feel safe here. They look after me very well." During the inspection we saw the care workers demonstrated how they treated people in a caring manner and respected each person's privacy and dignity. We saw the care workers spoke to people in a kind way and asked if they were happy and if they needed anything. The care workers knocked on people's bedroom doors before entering and ensured people could make choices throughout the day for example about meals or activities.

A care worker commented "This is really a home from home because there are only 12 people you can sit with them and spend time with them. You get to know people really well after spending time with them every day."

The care plans identified the person's cultural and religious needs. We saw care workers were provided with information about the personal history of the person they were supporting. The information included which members of their family and friends knew them best, the person's interests and hobbies as well as their work and family history.

Good

Our findings

When asked about the activities arranged at the home people said "They have a little shop here which I like. If they arrange anything, I go. Some things are more enjoyable than other things but I go" and "We made a letter box when we did a craft session which we use to post our own letters. It really looks like a real one." We saw an activity list was displayed around the home for each month. In January the activities included meals out, craft afternoon, a quiz and a movie afternoon. In addition other activities were organised each day and during the inspection we saw a quiz was being run by a care worker with four people. This then turned into a discussion about what people did when they were younger and where they lived. We saw people were engaged with the activity and enjoyed chatting with other people and the care worker. During the inspection a mobile library visited the home and the care workers supported people to access the vehicle or selecting books if they were unable to personally visit the library. We also saw a care worker support a person to go for a walk around the local area and they also promised to take another person the following day to visit where they once lived which was close to the home. People could also choose to watch television or listen to music in the lounge. If a person wished to stay in their room the care workers would regularly visit them to see if they wanted some company or to do an activity. This meant that people were able to choose how involved they were with the activities and to select something they enjoyed.

People's needs were assessed prior to them using the service. We saw detailed assessments were carried out before a person moved into the home to identify if the appropriate care and support could be provided. These assessments reviewed their individual support needs including mobility, social and health issues and were kept in the person's care folder. This information was used in the development of the care plans.

When the person moved into the home an interim care plan was developed which was used for the first six weeks. The registered manager explained that after the initial six weeks they would meet with the person using the service and their relatives to discuss if they are happy with the care provided and to agree the care plan. During the inspection we looked at the care plans for three people using the service. Each person had a care plan folder which was kept securely in an office. The care plan folder included a photograph of the person, the contact details for their relatives, GP and social worker if they had one. There were a range of care plans in place including social contact and activities, health and wellbeing, nutrition and continence care. We saw the care plans were developed using three different templates. The registered manager explained that they were in the process of transferring the care and support information from all the care plans onto a new template. The care plans we looked at were up to date and provided detailed information for the care workers on how to provide appropriate care.

Care workers completed a daily record of the support and care they provided for each person using the service. The records included if the person had received personal care and what they did during the day. We looked at the daily records of care for three people and saw they were up to date and clearly written.

People using the service confirmed they knew how to make a complaint in relation to the care provided. We saw there was a complaints policy and procedure in place. Information on how to make a complaint was included in a folder in each person's room. Information relating to any complaints received was kept in a folder with any related correspondence, investigation and the outcome of the complaint. People using the service and relatives could raise concerns or make formal complaints and the registered manager confirmed any issues received were dealt with as soon as possible.

People using the service and their relatives could provide feedback on the quality of the care provided. The registered manager explained comment slips were located around the home in communal areas. People using the service could complete the feedback slip and leave them for the registered manager who would review the comment and take appropriate action. We saw that the completed comment slips had been stored in a folder and any action taken had been recorded. We looked at four comment slips that had been received and three of them related to people not being happy that sweet potato had been added to the menu and they did not like it. The registered manager confirmed that after this feedback sweet potato had been removed from the menu but people could still request if they wished.

There were questionnaire forms left in each person's room which their relatives could complete if they wished to provide feedback on the care provided for their family member. The relatives were asked to comment on their initial impressions of the home, if the staff were approachable and if they were happy with the care provided. The registered manager confirmed that the information from the completed forms was reviewed and any actions required were identified. The completed forms we looked at contained positive comments from relatives.

We saw regular residents meetings were held which included discussion about possible outings and activities, new staff, health and safety and how to make a complaint. We looked at the notes from the meeting held in November 2015 and saw they were a detailed contemporaneous record of the meeting. Each staff member signed to confirm they had read the notes of the resident's meeting.

Good

Our findings

We asked people if they thought the service was well-led and they said "The manager is very good. All the staff are very good from top to bottom", "The staff are doing their very best" and "You are not a number here, you are a person and that is what really counts." We also asked the care workers if they felt the service was well-led and if they felt supported by management. They told us "The manager is really fair and their door is always open. I feel really comfortable here", "I feel really supported, 100% supported and absolutely nothing to complain about" and "The manager is really good, very cooperative with service users and staff. They give choice to everyone, it is not about showing authority."

There were regular care worker meetings and this was confirmed by the care workers we spoke with. We looked at the notes from the recent staff meeting and saw policies and procedures, activities, medication, training and safeguarding were discussed. All the care workers signed to confirm they had read the minutes of the meeting.

The service had a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

The provider had effective quality monitoring system in pace to identify issues and a range of audits were regularly carried out.

The registered manager completed a quarterly health and safety risk assessment which included checks to ensure the environment of the care home was appropriate and safe. An infection control audit was also carried out annually with the most recent audit in September 2015. The audit identified actions to be taken and when these were completed.

We saw a monthly medication audit was completed where the MAR charts of each person using the service were checked to ensure they were completed accurately and clearly with medicine being administered in line with how it was prescribed.

The registered manager completed a monthly audit of each care folder which involved a check that the information was up to date, the contact details for next of kin were correct and that the daily records had been recorded accurately and clearly. When an audit form was completed for each person it was kept in their care folder for a month.

There was a 'Service User Guide' in each bedroom which included information about the home, the provider's mission statement, values and statement of purpose. We spoke to one person who told us "I have read the service user guide and understood it. I read everything."