

Mr Jayendra J and Mrs Lata J Patel

Abbotsfield Residential Care Home

Inspection report

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Cumbria
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17 May 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

We carried out this unannounced inspection on 16 and 17 May 2018.

Our last comprehensive inspection of this service was in November 2016. At that inspection we assessed that the provider was meeting legal requirements. However, we found, although people were safe, improvements were needed to the assessment and recording of risks and to the use and auditing of medicines used in the home. We also found that people gave consent to any support they received but the processes to obtain and record consent needed to be improved. Although the provider had systems to assess the quality of the service these had not identified areas where the service required further improvement. We made recommendations that the provider took advice to improve these areas. We checked these areas at this inspection in May 2018 and found that the provider had taken action to address these issues.

Abbotsfield Residential Care 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 home provides accommodation and personal care for up to 26 older people and people who have dementia. At the time of our inspection there were 22 people living in the home.

The home is a large period property, set in its own grounds, that has been adapted for its present use. There is a main stair lift and two smaller chair lifts linking the accommodation on the ground and first floor of the property. The home has a range of equipment to assist people who live there.

There was a registered manager employed. 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 this was a good service and said they would recommend it. The staff knew people well and treated people with kindness and respect. People were asked for their views and action was taken in response to their comments.

People received the support they required to maintain their mental and physical health. The registered manager worked with appropriate services to ensure people continued to receive the support they required if their needs changed and when they were approaching the end of life.

People were safe and protected from abuse. The staff knew how to identify and report abuse and were confident to do so.

There were enough staff to provide the support people required. Safe systems were used when new staff were employed to check they were suitable to work in the service. The staff completed a range of training to give them the skills and knowledge to provide people's support.

People's rights were respected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were provided with meals and drinks they enjoyed. They had been asked for their views about the meals provided and menus had been changed in response to their feedback.

Care was planned and delivered to meet people's needs.

Visitors were made welcome in the home and people could see their friends and families as they wished.

The registered manager had a procedure for receiving and responding to complaints about the service. Information about how people could complain and agencies independent of the service that people could contact were displayed in the home.

There were arrangements in place to ensure the effective management of the home. People knew the registered manager and members of the management team and were confident approaching them as they needed. The registered manager and members of the management team carried out checks on the service to ensure people received a good quality of service.

The registered manager had informed us of significant incidents that had occurred in the home. This meant we could check appropriate actions had been taken.

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.

People were protected from abuse.

Risks to people's safety were managed.

There were enough staff to support people.

Medicines were handled safely.

Is the service effective?

Good 

The service was effective.

Staff were trained to meet people's needs.

Appropriate specialist services had been included in assessing and planning people's care.

People were provided with meals and drinks they enjoyed.

The principles of the Mental Capacity Act 2005 were followed and people's rights were respected.

Is the service caring?

Good 

The service was caring.

Staff were kind and caring to people. People were given prompt support if they felt anxious.

People's privacy, dignity and independence were respected.

Is the service responsive?

Good 

The service was responsive.

Care was planned and delivered to meet people's needs.

Visitors were made welcome in the home and people could maintain relationships that were important to them.

People were provided with information about how they could raise any concerns about the service provided.

Is the service well-led?

Good 

The service was well-led.

There were arrangements in place to ensure the effective management of the service. The registered manager was supported by a care manager and assistant manager. People knew the registered manager and members of the management team and were confident speaking to them as they wished.

People who lived in the home and the staff employed there were asked for their views and action was taken in response to their feedback.

The registered manager and members of the management team carried out checks on the service to ensure people received a good quality service.

Abbotsfield Residential Care Home

Detailed findings

Background to this inspection

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

The inspection took place on 16 and 17 May 2018. Our visit on 16 May 2018 was unannounced and focused on speaking to people who lived in the home, their visitors and the staff on duty. We also observed how the staff interacted with people and looked at care records for four people and medication storage and records. We arranged to return to the home on 17 May 2018 to look at records related the management of the service.

The inspection was carried out by one adult social care inspector.

There were 22 people living in the home when we carried out our inspection. We spoke with 11 people who lived in the home, three visitors to the home, three members of the care team, three ancillary staff, the registered manager, care manager and assistant manager of the home.

During the inspection we looked at care records for four people and recruitment and training records for four staff. We also looked at records relating to how the registered manager assessed the quality and safety of the service.

Before the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks for key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, including the information in the PIR, before we visited the home. We also contacted local health and social care commissioning teams to gather their views of the service.

Is the service safe?

Our findings

Everyone we spoke with told us people were safe living in the home. One person said, "I'm very happy here, I feel totally safe." Another person told us, "I'm sure I'm safe here."

The visitors we spoke with told us they were confident people were safe living in the home. They said they had never seen or heard anything that concerned them that people were unsafe.

All the staff told us they knew how to identify abuse and would report any concerns about an individual's safety or wellbeing. One staff member said they had identified a concern about another staff member and had reported this to the registered manager. They said the registered manager had taken action in response to the issue they raised.

Registered providers of health and social care services have to inform us of allegations of abuse. The registered manager of the home had notified us of allegations as required. From the information we received we saw appropriate action was taken in response to any concerns raised. People who lived in the home were protected from abuse.

At our inspection of the service in November 2016 we found improvements were needed to the assessment and recording of risks. At this inspection in May 2018 we saw action had been taken and staff had appropriate information about how to protect people from harm. Where hazards to people's safety were identified appropriate action had been taken to manage and reduce risks.

People who lived in the home told us there were enough staff to provide support when they needed it. This was confirmed by the visitors we spoke with.

On the first day of our inspection we observed there was little staff interaction with people in one communal area for one period during the morning. We discussed staffing levels with the registered manager. He told us he used an assessment tool to guide how many staff were needed in the home to support people. The registered manager agreed to review staffing levels and staff deployment to identify if there were times additional staff were needed. This showed the registered manager was open to advice about further improving the service.

The registered manager had introduced a new electronic care planning and recording system. He told us this would reduce the time staff had to spend updating records and would give them more time to spend with people. The system had been introduced shortly before our inspection and was not fully operational. One staff member told us that, although the system was still being introduced, they had found it made recording more efficient and they were confident it would, once fully operational, release staff to be able to spend time with people.

Safe systems were used when new staff were employed. All new staff had to provide evidence of their good character and were checked against the records held by the Disclosure and Barring Service. The checks

helped to ensure new staff were suitable to work in the home.

At our inspection of the service in November 2016 we found improvements were needed to the records around the use and auditing of medicines. At this inspection in May 2018 we found improvements had been made. Medication was recorded in an electronic care planning system. A staff member we spoke with told us the electronic system supported them to audit medicines and medication records quickly and to identify any issues promptly so they could be addressed. We observed that people received their medicines safely and as they needed and there were robust records to help the registered manager to monitor this.

The registered manager had systems to analyse and learn from incidents and accidents in the home. Issues identified were shared with the staff team and other health and social care professionals as appropriate to ensure shared learning to protect people who lived in the home.

The registered manager and staff team carried out regular checks on the premises and equipment used in the home to ensure they remained safe for people to use. We observed the care staff used equipment safely and saw they gave people guidance about maintaining their safety as they supported them to move around the home. The staff had also received training related to providing care safely including the use of equipment to support people, protecting people from the risk of infection and handling food safely.

Is the service effective?

Our findings

People who lived in the home made many positive comments about the staff who worked there. They told us the staff were "skilled" and "good at their jobs". One person told us, "The staff are very good, they certainly know what they are doing."

Some people who lived in the home had complex needs. Appropriate health and social care professionals had been included in assessing and planning people's care to ensure this was in line with best practice. People's care records included guidance from appropriate agencies to ensure their needs were met. We saw the staff knew people well and were skilled at providing their support.

The care staff we spoke with told us they had completed appropriate training to give them the skills and knowledge to support people. They told us they had also been supported to complete qualifications relevant to their roles and training to meet people's specific needs. This was confirmed by training records were looked at.

The registered manager was supported by a care manager, assistant manager and senior care staff. All of the staff we spoke with said they felt well supported and were able to speak to a senior staff member if they required guidance or advice about how to support individuals.

People told us they enjoyed the meals and drinks provided. One person told us, "The meals are generally very good." On the first day of our inspection we observed the midday meal being served and saw people enjoyed the meal and dessert provided.

Some people had chosen to take their meals in their rooms. We saw the staff checked on people regularly to ensure they were safe and able to enjoy their meal. Where people needed small items of equipment to enjoy their meal we saw the staff ensured these were provided.

The cook on duty during our inspection told us she had been supported to make changes to the meals provided, taking account of the views of people who lived there. She said she attended meetings with residents and their families to discuss menus and to gather people's views. People who lived in the home told us they had enjoyed the different meals provided following the meetings.

People were supported to access appropriate local and specialist health care services as they needed. People who lived in the home and their relatives told us the staff monitored individuals' health and contacted appropriate services as they required. One relative told us, "The staff are good at monitoring [relative's] health and contact the GP if needed."

The premises and equipment were suitable to meet people's needs. People were able to move around the home independently or with staff support and there was suitable equipment to support people.

New technology such as translation Apps and access to the internet had been used to promote positive

outcomes for people who lived in the home. One person had been assisted to use the internet to choose and buy items. The registered manager was also introducing electronic care planning and medication records. These would improve the recording of people's care needs and the support provided and identify issues promptly so these could be addressed.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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.

Throughout our inspection we saw that people were included in all decisions about their care and were asked before any support was provided. The registered manager had identified if restrictions needed to be placed on people's liberty to ensure their safety and had applied, as required, to the local authority as the supervisory body, for an appropriate authorisation. We saw any restrictions were kept to a minimum and only used to ensure people were safe and received the support they required. This helped to protect people's rights.

Is the service caring?

Our findings

Everyone we spoke with told us the staff, owners and management team in the service treated people in a kind and caring way. One person told us, "It's [the home] a good place and there are nice people in it." Another person told us, "All the staff are kind, and the owners, everyone is so kind."

The home was owned by the registered manager and his wife. People who lived in the home and the visitors we spoke with commented that the home had a "family feel" and said this was important to them.

People told us the registered manager's wife visited the home most days and one person said, "She's a lovely person, she speaks to everyone." During the first day of our inspection the registered manager's wife visited the home. We saw she took time to speak with people in communal areas and we saw people enjoyed this.

Some people were living with dementia and could experience periods of anxiety. We saw that staff identified promptly if people were anxious and gave patient and calming reassurance until the individual's anxiety reduced.

During our inspection we heard a lot of laughter shared by people who lived in the home and the care staff and management team. One staff member told us this was usual for the home and said visitors often commented on the laughter and happy atmosphere in the service.

The staff working in the home knew the people they supported well. We saw they used their knowledge of people's families and interests to engage individuals in conversation. We observed this helped to support people's wellbeing.

People were included in agreeing to the support they received and the decisions they made were respected. We saw the staff asked people if they had enjoyed their meals and drinks and if they were happy with the support provided.

The staff supported people to maintain their independence. People were given the time they needed to carry out tasks themselves with the staff discreetly providing support as they needed.

People's privacy and dignity were protected. The staff ensured doors to toilets were closed while people were using them and asked people discreetly if they wished to use the toilet before their meal. We observed all the staff knocked on the doors to private areas before entering.

The registered manager was aware of local advocacy services that could be contacted if people required support to make important decisions about their lives or to express their views.

Is the service responsive?

Our findings

People who lived in the home told us they were asked about the support they wanted and received this as they required. One person told us, "The staff know the support I need." Another person said, "I was asked about the care I need and this was written down." Relatives we spoke with told us the staff involved them, as they wished, in meetings to discuss the support provided to their family members.

Each person who lived in the home had a care plan that gave guidance for staff about the support they needed. The registered manager had purchased an electronic care planning and recording system which was being introduced at the time of our inspection. Some people's care records had been uploaded to the system and others were still using a paper file system. One of the staff on duty showed us care records that had been uploaded and said the system made it easier and more efficient to record, review and revise people's care records. This would help ensure staff had accurate information about people's care and the choices they had made about their support.

We also saw that staff were given information verbally about each person at the beginning of their shift. Each staff team passed on information about individuals to the next team during handover meetings. This gave the staff the opportunity to ask for further information as well as gaining information from people's care records.

The service had a notice board that was displayed near the entrance to the home. This held important information for people such as the activities planned for each day and the menus for each meal. People told us about recent celebrations that had been held including a party to celebrate one person's birthday. They told us the home was arranging for a party to celebrate the royal wedding that was taking place the next weekend. They told us they were looking forward to the celebration. During the afternoon of the first day of our inspection we saw people who wished to be supported to make union flags for the royal wedding celebrations.

For most of our inspection we saw the staff engaged with people and observed that individuals enjoyed this and how the interactions enhanced people's wellbeing. We observed one period during the morning where staff were busy providing care to individuals and were not able to engage with those people sat in communal areas. Two people told us during this period that they were "bored". We discussed this with the registered manager. They arranged for staffing levels and staff deployment to be reviewed to ensure staff were able to spend with people.

People told us their families and friends were made welcome in the home and said they could see their visitors as they wished. Visitors we spoke with confirmed they were made welcome. People were able to maintain relationships that were important to them.

The registered manager had a procedure for receiving and responding to complaints. People who lived in the home told us they would speak to the staff or a member of the management team if they had any concerns. A copy of the complaints procedure was displayed on the notice board at the entrance to the

home. This meant it was available for people and their visitors if they needed to refer to it.

The notice board also had information about other agencies people could contact to share their views including contact details for CQC and Healthwatch Cumbria. Healthwatch Cumbria is the consumer champion for health and social care in Cumbria. People can share their views with Healthwatch Cumbria and they can take up issues brought to them by local people. This meant people had access to information about agencies independent of the home if they wished to raise any concerns or share their experience of the care provided there.

The home provided care to people up to the end of their lives. The care staff had received training in how to support people reaching the end of their lives and worked with local health and specialist services to ensure people were comfortable as they reach the end of life.

Is the service well-led?

Our findings

People told us this was a good home and a nice place to live. One person told us, "This is a very nice place to live, I think we get a good service." A visitor we spoke with told us, "I'd happily recommend this home, we have been very happy with the care provided to [relative]."

The home was owned and run by the registered manager and his wife. He was supported in the day to day management of the home by a care manager and assistant manager. Everyone we spoke with knew the members of the management team and told us they were good at their jobs. We also saw people knew the registered manager and management team and were comfortable and confident approaching them as they wished. People told us the registered manager set high standards for staff to work to.

The management team worked in the home alongside the staff, this meant they had oversight of the quality of the service and people's experiences of living in the home. People told us the home had a "family feel" and said this was important to them.

The registered manager asked people who lived in the home and their families for their views using formal and informal methods. Meetings had been held with people who lived in the home and their relatives where the service, activities and meals provided had been discussed. We saw action had been taken in response to people's views including changes to the meals following people's feedback.

We also saw that the registered manager and members of the management team asked people for their views as they worked with the staff in the home. People were asked if they had enjoyed their meals and drinks and if they were looking forward to the planned royal wedding celebrations.

The staff we spoke with said they were supported to make suggestions for how the service could be improved. We saw records of meetings that had been held with the staff team to share information and to gather their views of how the service could develop.

The registered manager ensured checks were carried out on the safety of the premises and the records completed by the care staff. Where issues were identified action had been taken to ensure the quality and safety of the service were maintained.

Providers of health and social care services are required by law to notify us of significant events that occur in their services such as serious injuries to people and allegations of abuse. The registered manager of the home was knowledgeable about the events that must be reported and had ensured these were notified promptly. This meant we could check appropriate actions had been taken.

The registered manager worked with local health and social care agencies to ensure people received the support they required if their needs changed. They knew how to contact specialist services to support people with their physical and mental health needs. We saw advice from health and social care professionals had been incorporated into individuals' care plans to ensure they continued to receive the

support they required.