Mrs Linda Jane Harris

Abbeygrange Rest Home

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 carried out an inspection of Abbeygrange Rest Home on 13 and 14 September 2016. The first day was unannounced.

Abbeygrange Rest Home is a semi-detached property, located on the outskirts of Burnley. The service provides accommodation for up to 25 older people on three levels. There are four semi-independent living units which are used by people whose require limited staff support. At the time of the inspection there were 22 people accommodated in the home.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (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.

At the last inspection on 9 May 2014, we found the service was meeting the regulations which were applicable at the time. During this inspection we found the service was meeting the current legislation.

People living in the home said they felt safe and staff treated them well. Care delivery was supported by clear up to date care documentation which was personalised and regularly reviewed. Staff felt that training provided was effective and ensured they were able to provide the best care for people. Care plans and risk assessments had been completed to ensure people received appropriate care. These had been written using information sought from the person or their relatives if appropriate. This meant information was person centred and reflected people's personal choices and preferences.

Medicines documentation and relevant policies were in place. These followed best practice guidelines to ensure people received their medicines safely. Regular auditing, checks and staff competencies were carried out to ensure high standards were maintained.

Staff received training which equipped them for their roles and supported them in providing safe care for people. Appropriate recruitment checks were completed before staff began work. Staff demonstrated a clear understanding on how to recognise and report abuse and treated people with respect and dignity.

People's mental capacity to make decisions for themselves was assessed and reviewed with pertinent information in care files to inform staff of people's individual needs. People were encouraged to remain as independent as possible and supported to participate in daily activities. People were given choices and involved in day to day decisions about how they spent their time. People were asked for their consent before care was provided and had their privacy and dignity respected. People's nutritional needs were closely monitored and reviewed. People were given a choice of meals and staff knew people's likes and dislikes. Healthcare referrals were made appropriately to outside agencies when required.

The registered manager took into account the views of people and their relatives about the quality of care provided through daily conversations, meetings and satisfaction surveys. The registered manager used the feedback to make on-going improvements to 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.

People felt safe in the home and staff were aware of the processes involved in safeguarding vulnerable adults from harm.

Systems were in place for staff to identify and manage risks and respond to accidents and incidents.

The premises and equipment were managed to keep people safe.

There were sufficient numbers of staff on duty to meet people's needs. Safe recruitment practices were followed.

People's medicines were managed safely and administered by trained staff.

Is the service effective?

Good

The service was effective.

Staff were appropriately supported to carry out their roles effectively through induction and relevant training.

Staff understood the main provisions of the Mental Capacity Act 2005 and how it applied to people in their care.

People were supported to have a sufficient amount to eat and drink. People received care and support which assisted them to maintain their health.

Is the service caring?

Good

The service was caring.

People were involved in day to day decisions and given support when needed.

Staff knew people well and displayed kindness and compassion when providing care.

Staff respected people's rights to privacy, dignity and independence.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care was planned and delivered in line with their individual care plan.

People were provided with a range of social activities.

People had access to information about how to complain and were confident that any complaints would be listened to and acted upon.

Is the service well-led?

Good

The service was well led.

The registered manager had developed positive working relationships with the staff team, relatives and people living in the home.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people living in the home and their relatives.

Abbeygrange Rest 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 was 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 13 and 14 September 2016 and the first day was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, we contacted the local authority contracting team for feedback and checked the information we held about the service and the provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with the registered manager, the care manager, three members of staff, one healthcare professional, 11 people living in the home and two relatives. We made observations on how staff and people using the service interacted with each other and we looked around the premises.

We looked at a sample of records including three people's care plans and other associated documentation, two staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, complaints records, medicines records, maintenance certificates, policies and procedures and audits.

Good

Is the service safe?

Our findings

All people spoken with told us they felt safe and secure in the home. One person said, "I feel very secure because if I had any problems I know they would be resolved quickly" and another person commented, "I feel safe and know I can rely on the staff." These comments were supported by relatives visiting the home. One relative told us, "I feel [family member] is very safe and they are well looked after."

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from abuse. We found there was an appropriate policy and procedure in place which included the relevant contact number for the local authority. The staff understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would report any incidences of abuse and were confident the registered manager would act on their concerns. Staff were also aware they could take concerns to organisations outside the service if they felt they were not being dealt with. Staff said they had completed safeguarding training and records of training confirmed this. We also noted staff had undertaken an advanced course in safeguarding vulnerable adults which they had completed over an eight week period.

The risks involved in delivering people's care had been assessed to help keep them safe. We found individual risks had been assessed and recorded in people's care plans and management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner. Examples of risk assessments relating to personal care included moving and handling, nutrition and hydration, tissue viability and falls. Records showed that risk assessments were reviewed and updated on a monthly basis or in line with changing needs. We also noted a poster was displayed on the wall in the senior's office highlighting specific risks, for instance, people at risk of falls, social isolation, malnutrition and dehydration. This meant staff had a point of reference to remind them of the risks to people's care and well-being.

Environmental risk assessments had been undertaken by the provider in areas such as fire safety, infection control and the management of hazardous substances. These were updated on an annual basis unless there was a change of circumstances. We saw regular safety checks were carried out including fire alarms, fire extinguishers, call system, portable electrical appliances, hoists, wheelchairs and baths. The provider had also achieved a level five rating at the last Food Standards Agency check.

The management team had carried out a detailed audit of the environment and had developed a comprehensive plan to improve the premises. We noted work had already been carried out which included the refurbishment of the lounge and conservatory. Several bedrooms had also been redecorated, a new carpet had been fitted in the extension corridor and a new call system had been installed. The provider had arrangements in place for ongoing maintenance and repairs.

We saw there were plans in place to respond to any emergencies that might arise and these were understood by staff. The registered manager had devised a business continuity plan. This set out emergency plans for the continuity of the service in the event of adverse events such as loss of power or severe weather. We also noted all people had a personal emergency evacuation plan, which set out the assistance they

would need in the event of an urgent evacuation of the building.

We saw records were kept in relation to any accidents or incidents that had occurred at the service, including falls. All accident and incident records were checked and investigated by the registered manager to make sure that responses were effective and to see if any changes could be made to prevent incidents happening again. The registered manager had made referrals as appropriate, for example to the falls team. A detailed analysis of accidents involving falls was carried out on a monthly basis in order to identify any patterns or trends.

People told us there were sufficient staff available to help them when they needed assistance. One person told us, "The staff are very busy, but I don't have to wait long if I press my buzzer." The home had a rota which indicated which staff were on duty during the day and night. We noted this was updated and changed in response to staff absence. Staff spoken with confirmed they usually had time to spend with people living in the home. During the inspection, we observed staff responded promptly to people's requests for assistance. The registered manager told us the staffing levels were flexible depending on people's needs.

Staff recruitment records provided assurance that appropriate pre-employment checks had been satisfactorily completed. These checks included a record of staffs' previous employment history, references from previous employment, their fitness to do the job safely and an enhanced criminal records check. Staff told us about their recruitment and the documents they had to supply. This meant the registered manager only employed staff after all the required and essential recruitment checks had been completed. We noted from the interview records that staff were asked a series of questions which included the importance of maintaining people's well-being and safety.

People told us they were satisfied with the management of their medicines. The level of assistance that people needed was recorded in their care plan alongside guidance on the management of any risks. During the inspection, we observed medicines being offered to people safely, and with due regard to good hygiene. We also noted people were given time to take their medicines without being rushed. Staff designated to administer medicines had completed a safe handling of medicines course and undertook competency tests to ensure they were proficient at this task. Staff had access to a full set of policies and procedures which were readily available for reference. The registered manager had also obtained a copy of the NICE (National Institute for Health and Care Excellence) guidelines for the management of medicines in care homes.

Medicines were stored securely in a locked cupboard and there were appropriate processes in place to ensure medicines were ordered, administered, stored and disposed of safely. The management team had picked up any shortfalls as part of their regular checks and audits. The medicine administration records were pre-printed by the supplying pharmacist and were well organised and presented. All records seen were complete and up to date. We found suitable arrangements were in place for the storage, recording, administering and disposing of controlled drugs. Controlled medicines are more liable to misuse and therefore need close monitoring. A random check of stocks corresponded accurately with the controlled drugs register.

Good

Is the service effective?

Our findings

People and their relatives told us the staff were appropriately trained and had the necessary skills and abilities to meet their needs. One person said, "The staff are very efficient and know what they are doing" and a relative commented, "All the staff are very obliging and knowledgeable."

We looked at how the provider trained and supported their staff. We found all staff completed induction training when they commenced work in the home. This included an initial orientation induction, training in the organisation's policies and procedures, mandatory training and where appropriate the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Staff newly recruited to the home were initially supernumerary to the rota and shadowed more experienced staff to enable them to learn and develop their role. We noted all new staff completed a checklist which included all elements of the induction training as well as observations of their care practice.

There was a rolling programme of training available for all staff, which included, safeguarding vulnerable adults, the Mental Capacity Act 2005, fire safety, infection control, health and safety, moving and handling, food hygiene, safe handling of medicines and first aid. Staff also completed a number of specialist training courses which included dementia awareness, nutrition and hydration and end of life care. We saw the staff training records during the inspection and noted there was a robust system in place to ensure staff completed their training in a timely manner. The variety of training offered meant that staff were supported to have the correct knowledge to provide effective care to the people. All staff spoken with confirmed their training was beneficial to their role.

Staff spoken with told us they were provided with regular supervision and they were well supported by the registered manager. The supervision sessions enabled staff to discuss their performance and provided an opportunity to plan their training and development needs. We saw records of supervision during the inspection and noted a range of topics had been discussed. Staff also had an annual appraisal of their work performance and were invited to attend meetings. Staff told us they could add to the agenda items for the meetings and were able to discuss any issues relating to people's care and the operation of the home.

The Mental Capacity Act (MCA) 2005 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. Where people had been assessed as lacking capacity to make specific decisions about their care the provider had complied with the requirements of the MCA 2005.

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 2005. 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 2005. We found the provider

had policies and procedures on the MCA and staff had received appropriate training. The registered manager and the staff spoken with had a good knowledge of the principles of the Act and how it applied to their work. They understood the importance of assessing whether a person had capacity to make a specific decision as well as the process they would follow if the person lacked capacity to make decisions. Staff said they always asked for people's consent before providing care, explaining the reasons behind this and giving people enough time to think about their decision before taking action. We observed staff spoke with people and gained their consent before providing support or assistance. We noted all people had a mental capacity assessment and this was recorded as part of their care plan.

Whilst the registered manager understood when an application for DoLS should be made and how to submit one, there had been no applications made at the time of the inspection. However, we noted the registered manager was in the process of gathering information in order to submit the applications. We received written correspondence following the inspection to confirm three DoLS applications had been submitted to the local authority for consideration.

We looked at how people living in the home were supported with eating and drinking. People told us they enjoyed the food and were given a choice of meals and drinks. One person said, "I really like the food. The staff know exactly what I like" and another person commented, "The food is very well cooked." Refreshments and snacks were observed being offered throughout the day and jugs of juice were available at all times in the lounge in order to promote good hydration.

People had been consulted about their likes and dislikes and the menu had been devised to take account of their preferences. We noted weekly menus were rotated every two weeks and changed every three months in accordance with people's choices. We observed lunch and saw that the dining tables were set with place settings and condiments. The meals looked appetising and the portion sizes were ample. All meals were prepared daily from fresh ingredients. Staff interacted with people throughout the meal and we saw them supporting people sensitively.

People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to the GP, dietitian and speech and language therapist as needed. Food and fluid charts had been maintained for all people living in the home. The service used a Malnutrition Universal Screening Tool (MUST) to monitor people's nourishment and weight. MUST is a five-step screening tool that identifies adults who are malnourished or at risk of malnutrition. The tool includes guidelines which can be used to develop people's care plans. We noted the care manager had devised a comprehensive system to monitor people's nutrition in addition to the assessments carried out as part of people's care plans. This meant there was ongoing monitoring to ensure care was effective and to identify the need for additional advice and support from the GP or dietitian.

We looked at how people were supported to maintain good health. Where there were concerns people were referred to appropriate health professionals. We spoke with one healthcare professional during the inspection who told us staff were knowledgeable about people's needs and they made prompt medical referrals as necessary. The professional said, "The staff provide consistently good care and know people very well." They also confirmed staff always acted on advice and maintained monitoring records as requested.

Records looked at showed us people were registered with a GP and received care and support from other professionals, such the district nursing team, chiropodists and speech and language therapists. We noted an advanced nurse practitioner visited the home three times a week and the staff had access to a telemedicine system which enabled contact with a hospital via a computer link. People's healthcare needs were considered as part of the care planning process. We noted assessments had been completed on physical

and mental health. This helped staff to recognise any signs of deteriorating health. From our discussions and review of records we found the staff had developed good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. In case of emergency packs known as ICE packs had been developed to provide ambulance and healthcare staff with essential information in the event a person was transferred to or attended hospital.

Good

Is the service caring?

Our findings

People told us the staff treated them with respect and kindness and were complimentary of the support they received. One person said, "I think the staff are very nice and caring" and another person commented, "I feel very comfortable and well looked after." Relatives also gave us positive feedback about the service. One relative said, "The staff are very good and do their best to look after [family member]."

Relatives spoken with confirmed there were no restrictions placed on visiting and they were made welcome in the home. We observed relatives visiting throughout the days of our inspection and noted they were offered refreshments.

We observed the home had a friendly and welcoming atmosphere and we saw people were treated with respect and dignity throughout the inspection. For example, staff addressed people with their preferred name and spoke in a kind way. In addition to responding to people's requests for support, staff spent time chatting with people and interacting socially. People appeared comfortable in the company of staff and had developed positive relationships with them. Staff assisted people and ensured they were using their mobility aids safely. Staff spoken with understood their role in providing people with compassionate care and support. One member of staff told us, "I find my job very rewarding. I really like caring for people."

There was a 'keyworker' system in place. This linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. We noted all people had a poster on their bedroom wall explaining who their keyworker was. Staff spoken with were knowledgeable about people's individual needs, backgrounds and personalities. They explained how they consulted with people and involved them in making decisions. We observed people being asked for their opinions on various matters and they were routinely involved in day to day decisions, for instance how they wished to spend their time and what they wanted to eat. People were involved in the planning of their care. Relatives had also been consulted about their family member's likes and dislikes, and personal history.

The registered manager and staff were considerate of people's feelings and welfare. The staff we observed and spoke with understood the way people communicated which helped them to meet people's individual needs. People told us staff were always available to talk to and they felt staff were interested in their well-being.

People's privacy and dignity was respected. Each person's bedroom was fitted with an appropriate lock. People told us they could spend time alone if they wished. We observed staff knocking on doors and waiting to enter during the inspection. There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting. There was also information on these issues in the service user's guide known as a welcome pack. People were provided with a personal copy of the pack on admission to the home. This presented an overview of the home and the services provided and included information about advocacy services.

We observed staff supporting people in a manner that encouraged them to maintain and build their independence skills. For instance people were supported to maintain their mobility. Further to this, the registered manager explained the staff had worked closely with the integrated therapy team and specialist nurse practitioner to help a person regain their strength and confidence following a period in hospital.

People were supported to be comfortable in their surroundings. People told us they were happy with their bedrooms, which they were able to personalise with their own belongings and possessions. This helped to ensure and promote a sense of comfort and familiarity.

People were encouraged to express their views by means of daily conversations, residents meetings, one to one conversations with the registered manager and satisfaction surveys. The residents' meetings helped keep people informed of proposed events and gave them the opportunity to be consulted and make shared decisions. We observed a residents' meeting on the second day of the inspection and noted a variety of topics were discussed including the menu and activities.

Compliments received by the home highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. We saw several messages of thanks from people or their families.

Good

Is the service responsive?

Our findings

People told us they received the care and support they needed and that staff responded well to any requests made for assistance. One person told us, "I only have to ask and they will do their best to help" and another person said, "The staff are very interested in how I am feeling and usually ask me several times a day." Relatives felt staff were approachable and had a good understanding of people's individual needs.

We looked at the arrangements in place to ensure people received care that had been appropriately assessed, planned and reviewed. We examined three people's care plans and other associated documentation. From this, we noted an assessment of needs had been carried out before people moved into the home. We found the completed assessments covered all aspects of the person's needs. Wherever possible, people had been involved in their assessment of needs and information had been gathered from relatives and health and social care staff as appropriate. This process helped to ensure the person's needs could be met within the home. People were invited to visit the service before making any decisions. This allowed them to meet other people and the staff and experience life in the home.

We noted all people had a person centred care plan which was underpinned by a series of risk assessments. The care plans were split into sections according to specific areas of need, for instance personal care, communication, mobility, moving and handling, medical history, medicines and mental health and cognition. People had also completed a life story booklet which provided the staff with an insight into their life experiences and significant achievements. Staff felt the care plans contained enough information to be able to understand people's needs and preferences. Staff told us they read people's care plans on a regular basis and felt confident the information was accurate and up to date. We found the care plans contained information about what people's needs were as well as details about how they wished to be supported. We noted the care plans were reviewed at monthly intervals or more frequently if there was a change of needs or circumstances.

The provider had systems in place to ensure they could respond quickly to people's changing needs. For example staff told us there was a handover meeting at the start and end of each shift. During the meeting, staff discussed people's well-being and any concerns they had. This helped to ensure staff were kept well informed about the care of people living in the home.

We saw charts were completed as necessary for people who required any aspect of their care monitoring, for example, falls and food and fluids. Records were maintained of the contact people had with other services and any recommendations and guidance from healthcare professionals was included in people's care plans and records. Staff also completed daily records of people's care which provided information about changing needs and any recurring difficulties. We noted the records were detailed and people's needs were described in respectful and sensitive terms.

People had access to various activities and told us there were things to do to occupy their time. The registered manager explained an activities organiser had recently been appointed and they were due to start work at the end of September 2016. There were activities arranged on a daily basis and information

about forthcoming activities was displayed in the home. Activities included flower arranging, card games, painting, arts and crafts, musical entertainment and reflexology. People were also supported to continue with their hobbies for instance one person enjoyed gardening and they were supported to maintain a flower bed. People also had the opportunity to go on occasional trips out of the home.

We looked at how the service managed complaints. People spoken with told us they had not needed to make a complaint and any minor issues were dealt with informally and promptly. One person said, "I wasn't sure how to make a complaint, but I asked a member of staff and they explained everything to me." Relatives spoken with told us they would be happy to approach the registered manager or the staff in the event of a concern. Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any given situation in an appropriate manner.

The provider had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. We noted there was a complaints procedure included in the welcome pack. We looked at the complaints records and found the registered manager had received two complaints during the last 12 months. We noted there detailed records of the investigations and appropriate action had been taken to resolve the concerns in a timely manner.

Good

Is the service well-led?

Our findings

People and their relatives told us they were satisfied with the service provided at the home and the way it was managed. One person told us, "The managers are very helpful. I see them often and I am always welcome to speak to them" and a relative commented, "I think the home runs smoothly. The manager works with me and resolves any problems quickly."

The service was led by a manager who is registered with the Care Quality Commission. The registered manager had responsibility for the day to day operation of the service and was visible and active within the home. People were relaxed in the company of the registered manager and it was clear she had built a good rapport with them. During the inspection, we spoke with the registered manager about the daily operation of the home. She was able to answer all of our questions about the care provided to people showing that she had a good overview of what was happening with staff and people who used the service.

There was an 'open door' policy which meant that people and members of staff were welcome to go into the office to speak with the registered manager at any time. Members of staff told us they felt confident in the management of the home. The registered manager carried out regular supervision checks and observations of staff at work to ensure good standards of practice were maintained. The registered manager told us the staff worked well as a team and they were dedicated to caring for people to a good standard.

Staff spoken with described their roles and responsibilities and gave examples of the systems in place to support them in fulfilling their duties. Staff spoken with were aware of the lines of responsibility and told us communication with the registered manager was good. They said they felt supported to carry out their roles in caring for people and felt confident in carrying out their duties. Staff were aware of the lines of accountability and who to contact in the event of any emergency or concerns. If the registered manager was not present, there was always a member of staff on duty with designated responsibilities. There were also on call arrangements in place out of office hours.

The registered manager told us she was committed to the on-going improvement of the home. At the time of the inspection, she described her achievements over the last 12 months as devising and implementing a new care planning system, sourcing and introducing a new medicines management system and developing the ICE (in case of emergency) packs. The registered manager also described her plans over the next 12 months as completing appropriate DoLS (Deprivation of Liberty Safeguards) applications, increasing the frequency of residents' meetings and continuing to develop the staffs' knowledge. This demonstrated the registered manager had a good understanding of the service.

People and their relatives were regularly asked for their views on the service. This was achieved by means of daily conversations, meetings, one to one discussions with the registered manager and satisfaction surveys. The last satisfaction questionnaire had been distributed in January 2016. We looked at the evaluation and analysis of results and noted people had indicated they were satisfied with the service. Several people had also made positive comments, for instance one person had written, "A home from home." Feedback from people was displayed on a notice board in the hallway. We noted action had been taken to suggestions for

improvement. For example people had raised issues about the management of the laundry, as a result a laundry assistant had been appointed and they were due to start work in October 2016.

The registered manager and care manager used various ways to monitor the quality of the service. This included a programme of audits of the medicines systems, health and safety arrangements, incidents and accidents, staff training and staff supervisions, complaints and infection control. These checks were designed to ensure different aspects of the service were meeting the required standards. We noted the audits included action plans where any shortfalls had been identified and the actions were monitored and reviewed to ensure they were completed. The provider supported the registered manager in the operation and management of the home and visited the service on a daily basis.

We saw there were organisational policies and procedures which set out what was expected of staff when caring for people. Staff had access to these and they were knowledgeable about key policies. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed they would report any concerns and felt confident the registered manager would take appropriate action. This demonstrated an open and inclusive culture within the service.