

Abbeycliffe Limited

Abbeycliffe Residential Care 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

Abbeycliffe Residential Care Home is a purpose built home situated in a residential area of Radcliffe. The home is registered to care for up to 36 people who require personal care including those living with dementia. At this inspection there were 34 people living there.

At the last inspection completed on 22 April 2015 we identified one area where the provider was not meeting the requirements of the law. The provider did not have effective infection, prevention and control systems in place. This was a breach of Regulation 12 (2) (h) of the Health and Social Care Act (HSCA) 2008 Regulated Activities) Regulation 2014. At this inspection we found that improvements had been made and that the provider was now meeting the requirements of the law.

At the last inspection the service was rated good. At this inspection we found the service remained good.

People continued to remain safe from harm, abuse or ill-treatment. Staff members supporting them had received training and knew how to recognise and respond to such concerns.

People were supported by enough staff to meet their needs. People had their medicines when they needed them and were supported by trained staff who had been assessed as competent to do so.

The provider followed safe recruitment procedures when employing new staff members.

People were assisted by a staff team who had the skills and training to effectively meet their needs.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems at Abbeycliffe supported this practice.

People continued to receive care that was personalised to their individual preferences and circumstances. When changes occurred in people's needs, care and support plans were reviewed to reflect the changes.

People were valued as individuals and supported in a caring and respectful way. Their privacy and dignity was valued by those providing assistance.

Staff members knew people's likes and dislikes and supported them in the manner they preferred. People and their relatives knew how to raise any concerns or complaints and were confident they would be appropriately responded to. The provider had systems in place to address any issues raised with them.

The management team at Abbeycliffe was approachable and supportive to people and staff members.

The provider had systems in place to monitor the quality of service they provided and, where necessary, made changes to drive improvements.

Further information is in the detailed findings below

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 is Good.

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Abbeycliffe 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.'

This inspection took place on 3 and 4 July 2017 and was unannounced.

This inspection was completed by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning.

We observed care and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who were unable to talk with us.

We spoke with seven people, one visitor, one visiting healthcare professional, the registered manager, the senior manager, three care staff members, the cook, the kitchen assistant and one domestic support staff member.

We looked at the care and support plans for three people including assessments of risk and records of medicine administration and weight monitoring. We confirmed the safe recruitment of two staff members.

Is the service safe?

Our findings

At our previous inspection on 22 April 2015 the provider was in breach of the regulation relating to infection prevention and control. The systems in place were not effective to prevent the potential spread of infection. The provider sent us an action plan to tell us what they would do meet this requirement. This action has been completed. At this inspection we found that the provider had taken the appropriate measures. Staff had access to hand hygiene equipment and followed safe guidance for handling soiled laundry.

People told us they were safe and protected from the risks of harm from abuse and ill-treatment. One person said, "I am very safe, well and looked after." Staff members told us they had received training on how to identify and respond to concerns of potential abuse. We saw information available to people, staff and visitors on how to raise any concerns they had. The registered manager had made appropriate referrals to the local authority in order to keep people safe.

People we spoke with told us they felt safe and secure living at Abbeycliffe. One person said, "They (staff) always make sure I have my frame with me at all times so I don't trip over." Staff we spoke with could tell us the risks associated with people's care. These included risks associated with falls, skin integrity, diet and nutrition.

Repairs to the environment and equipment were quickly completed to prevent the risk of injury to people. For example, at this inspection we saw the registered manager identify a fault with one of the fire door closures. This was reported and we later saw the repairs being completed.

Any incidents or accidents were reported by staff members and monitored by the registered manager and the provider. This was to identify any trends or patterns which required further action. This included making referrals to healthcare professionals for further assessment.

People told us, and we saw, that there were enough staff to support them safely and to assist them to do what they wanted. The provider followed safe recruitment procedures when employing new staff members. These checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable staff from working with people.

People we spoke with told us they received their medicines when they needed. One person told us, "They (staff) never miss my tablets. It is very reassuring to me." Staff members told us they received training in the safe handling of medicines and were assessed as competent before assisting people with their medicines.

Is the service effective?

Our findings

People told us they felt the staff assisting them had the skills and knowledge to meet their needs. One relative said, "Staff are very good and I have a lot of trust and faith in them."

Staff members we spoke with said they were supported by the management team as well as their colleagues. They had access to training that helped them complete their job. This included moving and handling, end of life, infection prevention and control.

New staff who had not had experience of working in care were supported to complete the Care Certificate. The Care Certificate is a nationally recognised training programme aimed at training staff to recognise the standards of care required of them. In addition to training, new staff members also worked alongside other more experienced staff members. This was in order to meet people and become familiar with their new role.

Staff members had the appropriate skills to communicate important information between themselves and other professionals providing care. One visiting healthcare professional told us, "I always get a comprehensive update on [person's name] whenever I come here." This helped people receive consistent care from those involved in supporting them.

People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible. The policies and systems at Abbeycliffe supported this practice. When someone could not make decisions for themselves, the provider and staff knew what to do in order to protect the individual's rights. This included involving families and healthcare professionals in order to make decisions in people's best interests.

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 Mental Capacity Act. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had made appropriate applications. The provider had systems in place to review and if needed re-submit applications.

People told us, and we saw, that they were supported to have enough to eat and drink to maintain their well-being. People said they had choice and if they didn't like something an alternative would be provided. If needed people's weights were monitored by staff and if there were concerns healthcare advice was sought. One person said, "They (kitchen staff) will always knock you up some egg and chips if you want it."

People had access to healthcare services when they needed it. This included access to GP services, district nurses and foot health specialists.

Is the service caring?

Our findings

We saw that people continued to be assisted by a caring and supportive staff team. Those we spoke with described staff as, "Lovely," "Marvellous," and "Very, very kind". Staff spoke about those they supported with warmth, respect and admiration. Throughout this inspection we saw people and staff sharing jokes and life experiences. People told us, and we saw, that staff took an interest in them and treated them like they mattered.

We saw one person become ill and express some distress when in a communal area. Staff immediately responded to this person and helped them to a more private area. We saw staff reassuring this person throughout and supported them as they wished.

People told us they were involved in making decisions about their care which included how they wished to be supported, what they wanted to eat and what activities they wished to engage in. We saw staff members encouraging people to make decisions. This involved presenting options for lunch and coming back to them when they had time to consider what they wanted.

People told us, and we saw, that their privacy and dignity was respected by those supporting them. People told us staff asked their permission before doing anything to assist them. For example, we saw one staff member noticed someone's slipper had fallen off. The staff member went over to this person and asked for their permission before assisting them to replace their footwear.

People's information was kept confidential and stored securely.

Is the service responsive?

Our findings

People and relatives told us that they were involved in the development of their care and support plans. We went through one person's care plan with them. They told us that it accurately reflected how they wished to be supported. One relative said, "When [relative's name] first came I was asked about them and their history. I think this was so the staff could get to know them a little better."

Staff members we spoke with could tell us about those they were supporting. This included what people liked and disliked and their personal backgrounds. One person told us, "It's the small things they get right. Like knowing I have sweetener and not sugar in my tea."

When changes occurred in people's preferences or needs the care and support plans were revised to reflect these changes. For example, following one person starting to become more unsteady when walking their risk assessments were updated. This included additional support from staff when moving around. We saw staff members supporting this person in accordance with their revised assessment.

We saw people involved in a number of activities throughout this inspection. These included knitting, reading, bingo, board games and skittles. People told us they enjoyed the activities that they did. People also had access to trips out to places of interest or walks in their local community.

People told us they knew how to raise a complaint or a concern if they needed to do so. One person said, "I can just tell anyone of them (staff) and they will listen to me. I have never had to make a complaint. Everything is just fine." The registered manager and provider had systems in place to respond to concerns which included investigation and contact with those involved.

Is the service well-led?

Our findings

People told us they knew who the registered manager was. They went on to say that they were approachable and that they saw them frequently. At this inspection we saw the registered manager and the senior manager supporting people when they needed it. The management team had a good understanding of the day to day activities at Abbeycliffe.

People and their families were encouraged to be involved in their home and had the opportunity to attend resident meetings with the management team. During these meetings they could discuss things that were important to them. We saw that following discussions with people a new menu was being tried to see if people liked it. Those we spoke with told us they were in favour of the changes made by the kitchen staff.

Staff members told us they felt valued by the management team and that their input was encouraged. Regular staff meetings took place where staff could talk about things that affected their work and those they supported. One staff member told us, "I suggested that the tables in the dining room were changed around. This was so people could sit in a more interactive way. The management team agreed and we went ahead with the move which people found much easier."

The registered manager and the provider undertook regular checks to drive quality. As part of one of these checks the management team identified that some dates had not been included on opened home remedy creams. At this inspection we saw that this had been corrected and staff members were aware of the need to date such items.

A registered manager was in post and present at this inspection. They understood the requirements of registration with the Care Quality Commission. The registered manager had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.