

Mrs Rosemarie Nash

Abba Care Home

Inspection report

Wesley Old Hall
Old Clough
Bacup
Lancashire
OL13 8RA

Tel: 01706879042

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced inspection took place on 24 May 2017. Abba Care Home is registered to provide accommodation and personal care for up to six people with mental health conditions. The home is a detached house situated within fields, a small farm and gardens. Accommodation is provided in single bedrooms. At the time of the inspection six people were using the service.

At the last inspection on 11 February 2015, the service was rated 'Good'. At this inspection we found the service remained Good.

The service was not required to have a registered manager as the registered provider had day-to-day control of the service and was registered with the Care Quality Commission to provide the service. Registered providers 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.

Although people received medicines as prescribed, we did note an error with the administration of medicine for one person on the morning of the inspection. We have made a recommendation about this in the 'Safe' section of this report. Medicines were stored securely to ensure they were safe. There were risk assessments which identified risks to people and management plans had been put in place to ensure people's health and well-being were maintained.

People consented to the care and support they received. The service complied with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained and understood their responsibilities in relation to MCA and DoLS.

People were safeguarded from the risks of abuse and improper treatment. Staff had received training on safeguarding and they were knowledgeable on the procedure to follow if they had any concerns. There were sufficient staff available to safely meet people's needs.

People told us staff were kind and caring. We observed that staff treated people with respect and promoted their dignity. People were supported to communicate their views about how they wanted to be cared for.

People's nutritional needs were met. People told us they enjoyed the choice of food that was available to them. People had access to food and drinks throughout the day. People were kept occupied and encouraged to participate in activities.

Staff were trained on various areas to ensure they had the relevant skills, knowledge and experience to provide good care to the people they looked after. Staff received regular support and supervision to carry out their duties effectively.

The service liaised with various healthcare professionals to meet the needs of people.

People had their individual needs assessed and their care planned in a way that met their needs. People received care that reflected their preferences and choices. Reviews were held with people and their relatives to ensure people's support reflected their current needs.

People had opportunities to share their views and give feedback about the service and these were acted upon. The service was subjected to regular quality checks to ensure the service was of good quality and met people's needs.

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 remains 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

Abba Care Home

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 unannounced inspection took place 24 May 2017. The inspection team consisted of one adult social care inspector and an expert by experience. An expert-by-experience is somebody who has experience of using this type of service. The expert's area of expertise was mental health and sensory disabilities.

Before the inspection we studied information we held about the service that included notifications of events and incidents at the service. We planned the inspection with this information.

During the inspection we spoke with five people who use the service, four members of staff and the manager. We also spoke with the registered provider.

We looked at four people's care records and medicines administration record (MAR) charts for people using the service at the time of our visit. We also reviewed two staff recruitment records and other records relating to the management of the service including health and safety and quality assurance systems.

After the inspection, we received feedback from health care professionals involved in the care and treatment of people at the service.

Is the service safe?

Our findings

People continued to be safe at the service. People told us they felt safe and one person told us, "I feel safe here and have no worries. I don't feel threatened because it's so caring."

Although we saw evidence that people's medicines were managed safely, when reviewing all of the medicine administration records (MAR's) on the morning of the inspection we saw that one person's medicine had not been given but the MAR showed that it had been administered. This was immediately brought to the attention of the provider who took steps to resolve the matter and contacted the pharmacy to check on when the missed dose should be given. The provider said, "We recently had an external review of this person's medicine and I think that confusion has been caused by that. This would have been picked up at the time of the next administration of medicine and thereafter at the monthly audit when action would be taken to deal with any training needs."

We reviewed MAR's for all people who used the service for the week before the inspection and saw that the records were completed accurately to confirm they had received their medicines as prescribed and there was no medicine left over. We saw medicines were stored safely and regular stock checks were carried out. Staff we spoke with told us, and the training records confirmed they had received medicine management training and their competency to administer medicines had been checked.

Staff were clear about their responsibilities towards people and demonstrated a clear understanding of what constituted a safeguarding matter and how to report this. One member of staff told us, "I know the residents well and would recognise signs of abuse. I wouldn't hesitate to intervene if I thought people were at risk." Another member of staff said, "After ensuring that people were safe I would report concerns to the manager and provider. I'm sure this would be dealt with according to our safeguarding policy but if I had a concern about that I would escalate the concern to an outside agency."

Staff told us and rotas we saw confirmed that people were supported by a sufficient number of staff with the appropriate skills, experience and knowledge to meet people's needs. We noted that the home did not use agency staff and had sufficient numbers of permanent staff to cover the absence of staff because of holidays and sickness.

The registered provider had robust recruitment processes in place to ensure staff were able to provide people with safe and efficient care. Staff had completed an application process and the registered provider had completed pre-employment checks to ensure the suitability of staff. The registered provider had undertaken criminal records checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people. Staff recruitment records included the documents used in the application process and personal identification and employment references.

Risk assessments identified people's risks and provided staff with clear guidance on how to manage them. Examples included health-related issues, behavioural challenges, mobility and safety awareness. The

assessments enabled staff to support people in a safe way whilst assisting them in activities or interests of their choice. It was noted that the risk assessments were reviewed at regular intervals or in response to incidents or changes in behaviour.

There were effective infection control procedures in place. These included food hygiene procedures and checking food labelling on food in the refrigerator. There were in-house Control of Substances Hazardous to Health (COSHH) and environmental risk assessments. All accident and incidents were appropriately recorded.

A fire evacuation plan was in place and we noted that people's support plans included fire safety risk assessments as well as personal evacuation emergency plans (PEEP's). Each document was individualised to the person concerned. We noted that the last evacuation drill was in March 2017 and that the service had resolved an issue that arose during that practice session.

Is the service effective?

Our findings

People's needs were met by staff who had the relevant skills, competencies and knowledge. People who used the service said that staff were well-trained and knew their needs. One person said, "The staff are very good at dealing with me and if they can't deal with something, they quickly sort out a referral or visit from my specialist."

The provider followed the Care Certificate induction programme for new staff. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. This meant the provider was following good practice as part of staff induction into social care. Staff told us that after their induction they were supported to obtain nationally recognised qualification in care.

People were supported by staff who had supervision sessions with senior staff and staff told us that these were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff said, "We are a small close knit group. This enables us to raise any issue when it happens but we have formal sessions as well." Another said, "The home encourages me to get my qualifications and I have regular mentoring sessions."

Staff told us, and training records confirmed that staff received on-going training. A senior member of staff said, "We have regular training. We have face-to-face sessions and some on-line training. The first aid is very comprehensive."

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. We checked whether the service was working within the principles of the MCA. Mental capacity assessments and best interest meetings had taken place and had been recorded as required.

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). At the time of our inspection DoLS applications had not been made for any person who used the service.

People were involved in planning their meal menus and we noted that all of the residents had been consulted in arranging the four-week revolving menu. People could also choose meals not on the menu if they wished. The wide range of dietary options helped people to maintain a healthy diet and therefore prevented deterioration in their health. We noted that people who used the service did not require support to eat and drink and that they could access the kitchen whenever they wanted to make drinks and snacks.

People's care records showed relevant health and social care professionals were involved in people's care, such as their GP, Community Nurses and members of the local Community Learning Disability Team. We

saw people's changing needs were monitored, and any changes in their health needs were responded to promptly. One person said, "I get to see my specialist regularly and staff take me to any appointments."

Is the service caring?

Our findings

The service consistently provided service to people in a caring manner. People were relaxed in the company of staff and were confident seeking out staff throughout our inspection. We noted that staff were kind and respectful with everyone using communication methods that worked for each person. We heard laughter from some people with staff joining in a joke and on another occasion, staff were quiet with another person. We noted these different approaches were reflected in care plans describing people's communication and psychological needs. One person said, "It's a very caring environment. We are all like a family here." A healthcare professional said, "I have found the staff to be very professional but also caring in their manner."

People were supported and enabled to make choices and the care provided reflected this. People were encouraged to choose what activities they joined and day-to-day decisions such as when they got up and when they went out. We saw people initiating trips out, having snacks and time spent in meaningful activity. People's independence was promoted and staff described how they only helped when needed and encouraged people to take on responsibilities such as cleaning their rooms and looking after the home's pets. One person said, "I get to go out and do voluntary jobs and we've just come back from our holidays which we all enjoyed."

Staff spoke confidently about people's likes and dislikes and were aware of people's social histories and relationships. During our inspection we were able to talk with a person who said, "Staff know me well and my main carer is always keen to understand more about me." Staff told us this information helped them understand people better.

There was a communal atmosphere promoted by staff when people were together in groups. We saw that staff acknowledged and respected the relationships people had forged with each other and supported communication between people.

Staff said they made sure information about people was kept locked away so that confidentiality was maintained at all times. We saw that all personal documentation including care plans and medicines records were locked away in the main office and this meant that only authorised staff accessed people's records.

We saw there were arrangements in place for people to be involved in making decisions about their end of life care. Some residents had been consulted and had expressed preferences that were recorded in their care plans.

Is the service responsive?

Our findings

The service continued to provide care and support to people that met their individual needs. People told us, and care records confirmed, that the service carried out initial assessments of people's needs before they were accepted to stay at the service. Assessments covered areas such as physical health, mental health, personal care and social needs. Information about people's background and preferences was also included.

Information to guide staff on how to support and care for people was reviewed regularly to reflect people's current needs. It was noted that these reviews also incorporated the views of health care professionals. A person who used the service said, "I was involved in my care plan and sign the reviews we have but I don't need a copy." Another said, "I know my social worker gets involved but I don't need to see them as I get all I need here." A healthcare professional said, "The staff have gradually got to know my client and have used various strategies to engage with them."

There was a range of activities people enjoyed to engage and occupy them. On the first day of the inspection we saw people watching TV and staff told us that one person was at 'keep fit' with the registered provider and another was out walking the home's pet dog. We observed that other people were sitting quietly in their rooms reading. A person said, "I work in a charity shop and the home supports me with that." Another said, "I like to go to bible study with my friend here."

During the inspection we saw photographs from a recent holiday that most of the residents had attended and a weekly night out where people had visited a local restaurant. One person said, "We go out every week to somewhere different and recently we all went on a steam train and river trip."

We noted that activities were planned individually and were based on what mattered to people. Staff understood the role of activities for people, both as a tool for developing relationships and as independent leisure opportunities. They shared people's experiences of activities when people indicated this was ok with them and gave people space when they wanted to be alone.

People told us they knew how to make a complaint. The service had a robust complaints procedure. Complaints records showed that the provider followed their procedure. We noted that the policy involved acknowledging the complaint, investigation within a timeframe specified in the procedure and a written response provided to the complainant. We noted that the home had not received a formal complaint since the last inspection. One person said, "I don't need to make a complaint. If there are any issues we sort them out straight away or at our meetings when we all get together."

Is the service well-led?

Our findings

The service continued to operate in an open and transparent manner. There was a positive culture within the home and the registered provider had a good knowledge of all the people living at the home. The registered provider was familiar with each person's individual needs and they were also knowledgeable about the staff team they supported and had a clear understanding of their roles. A healthcare professional said, "When I visit I am always impressed with the organization at the home and leadership. Records and policies are always up to date."

Staff told us the provider had clearly defined roles and responsibilities and worked as part of the team and that they felt supported and listened to. A member of staff told us, "We work well as a team and we all know our roles". Another said, "The provider lives next door and is always available. There is an open and approachable attitude with staff and the provider."

We reviewed the service's policy and procedure files that were available to staff in the office. The files contained a wide range of policies and procedures covering all areas of service provision with both people and staff taken into account. We saw the policies and procedures were up-to-date and regularly reviewed.

There were regular meetings that were used to keep staff and people up-to-date with any changes and to reinforce the values of the organisation. Minutes from a meeting in January 2017 supported that people expressed preferences over the location of a spring holiday and in a meeting with staff in May 2017, the provider and staff discussed concerns over a person whose health condition may be deteriorating and a potential referral to a specialist.

People were encouraged to share their views and suggestions with staff and the registered provider through a quality assurance survey. The provider analysed the survey responses people made. People provided positive feedback that demonstrated they were happy with the service and the care provided.

The registered provider was responsible for completing regular audits of the service. These included assessments of kitchen and fridge checks, training compliance, staff supervision and environmental checks.