

Holmleigh Care Homes Limited

# Abacus House Residential Care

## 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

### About the service:

Abacus House is a care home that was providing personal care to seven people with learning disabilities at the time of the inspection. The accommodation is spread over three floors in one adapted building.

### People's experience of using this service:

People living at Abacus House received safe care from skilled and knowledgeable staff. People told us they felt safe receiving care from the service. Staff fully understood their responsibilities to identify and report any concerns. The provider had safe recruitment and selection processes in place.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. Medicines were managed safely, and people received their medicines as prescribed.

The manager, deputy manager and staff worked hard to meet people's support needs and provide safe care and support. The manager worked closely with GPs, healthcare professionals and the local authority to ensure the service responded to people's changing needs safely and effectively. People's care was personalised and matched their needs, which promoted their wellbeing and improved their quality of life.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to maintain good health and to meet their nutritional needs.

We observed staff were very caring. People consistently received good care from staff who knew them well. People had access to a variety of personalised activities to prevent social isolation and promote their wellbeing. Events were provided that matched people's interests and abilities.

Abacus House was well-led by a manager who was registering with the Care Quality Commission and who continually looked for ways to improve people's lives. Staff culture was compassionate and caring and this had resulted in the provision of personalised and individualised care. The service had a clear management and staffing structure in place. Staff worked well as a team and had a sense of pride working at the service. The provider had quality assurance systems in place to monitor the quality and safety of the service.

### Rating at last inspection:

At our last inspection we rated the service Good. Our last report was published in March 2017.

### Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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

Details are on our Safe findings below

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below

# Abacus House Residential Care

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

Abacus House is registered to provide accommodation and personal care for up to seven people with learning disabilities. 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 service had a manager who was registering with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We also

reviewed the provider's previous inspection reports. In addition, we contacted the local authority commissioner of services to obtain their views. We used all of this information to plan our inspection.

#### During the inspection

Although some people had communication needs, we were able to speak with three people and one relative. We looked at three people's care and medicine administration records (MAR). We spoke with two care staff, the deputy manager and manager. We reviewed a range of records relating to the management of the home. These included staff files, quality assurance audits, incident reports, complaints and compliments. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe. One person said, "I feel safe here". A relative said, "Yes she [person] is safe".
- People were cared for by staff that knew how to raise and report safeguarding concerns. One staff member said, "I would report to the manager and call the local authority safeguarding".
- The provider had safeguarding policies in place and the manager worked with the local authorities' safeguarding teams and reported any concerns promptly.

Assessing risk, safety monitoring and management

- Risks to people's well-being were assessed, recorded and staff were aware of these. The risk assessments covered areas such as epilepsy, nutrition, medicines, environment and emotional wellbeing. For example, one person was at risk of seizures and staff were provided with guidance to manage this risk.
- The provider ensured there were systems in place to manage emergency situations such as evacuation in case of a fire.
- The provider had a system to record accidents and incidents, we saw appropriate action had been taken where necessary.

Staffing and recruitment

- The home had enough staff on duty with the right skill mix to keep people safe. Staff told us there were enough staff. One member of staff said, "We have plenty of staff here".
- Staff rotas confirmed planned staffing levels were consistently maintained.
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.

Preventing and controlling infection

- Staff were trained in infection control and had access to protective personal equipment such as gloves and aprons. We observed staff following safe, infection control practice.
- The environment was clean and free from malodours.

Using medicines safely

- People received their medicines safely and as prescribed.
- Protocols for 'as required' (PRN) medicines were in place. These guided staff on how to safely administer as required medicines.
- People's medicines were stored securely and in line with manufacturers' guidance.
- The manager ensured people's medicine were administered by trained and competent staff.

### Learning lessons when things go wrong

- The manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff.
- Systems to reduce the risk of accidents and incidents reoccurring were effective. For example, following one incident, new equipment was put in place to keep the person safe.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider ensured people's needs were assessed before they came to live at Abacus House to ensure those needs could be met and individual care plans put in place.
- Assessments took account of current guidance. This included information relating to National Institute for Health and Care Excellence guidance, data protection legislation and standards relating to communication needs.
- People's expected outcomes were identified, and care and support were regularly reviewed and updated.
- Appropriate referrals to external services were made to make sure that people's needs were met. Records confirmed, and relatives told us they were involved in the assessment and care planning process.

Staff support: induction, training, skills and experience

- People were supported by skilled staff that had ongoing training relevant to their roles.
- One relative said, "Those staff I have met seem to know what they are doing".
- Staff completed an induction and shadowed experienced staff before working alone.
- Staff told us they felt supported in their roles through supervision meetings with their line managers. One member of staff commented, "I think I am very well supported".

Supporting people to eat and drink enough to maintain a balanced diet

- Care plans contained details of people's meal preferences, likes and dislikes. Any allergies were highlighted.
- People were supported with their meals appropriately. One person said, "I like my meals, I help to make them". Another person told us, "I can eat what I want".
- Where people had difficulty when eating or drinking staff supported them appropriately.

Staff working with other agencies to provide consistent, effective, timely care to support people to live healthier lives and access healthcare services and support

- People were supported to live healthier lives through regular access to health care professionals such as their GP, dentist or optician.
- Where appropriate, reviews of people's care involved relevant healthcare professionals.

Adapting service, design, decoration to meet people's needs

- People could move around freely in the communal areas of the building and the gardens.

- People's rooms were personalised and decorated with personal effects, furnished and adapted to meet their individual needs and preferences.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff worked to the principles of the MCA. We observed staff seeking people's consent in a routine fashion. One staff member said, "I presume residents have capacity to make decisions and I always offer them choices".
- Records relating to the MCA were reviewed, accurate and up to date. Where people were being deprived of their liberty, appropriate applications had been submitted to the supervisory body.
- Where people struggled to make decisions staff worked in their best interests and involved healthcare professionals, family and advocates.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has now deteriorated to good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were kind and caring. One person told us, "I like it here, I like the staff". Another said, "They [staff] are kind". A relative said, "Oh the staff do care".
- Staff knew people well and used their knowledge to ensure people were treated as individuals. One member of staff supported a person to talk about their interests. The interaction had a positive impact on the person's well-being.
- Staff spoke respectfully when speaking with and about people. One member of staff told us, "I love it, it is different every day. The service users [people] are brilliant and all different as individuals".

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were fully involved in their care. Records showed staff discussed people's care on an on-going basis.
- Throughout the inspection staff gave people choices about how they wished to be supported. For example, offering to support people to engage in an activity or allowing them to choose where they sat.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One staff member said, "I always knock on doors before I enter a room and with personal care I keep them covered up as much as possible".
- Staff ensured people's privacy was respected. Staff were respectful and spoke discreetly with people when supporting them with personal care.
- People were encouraged to maintain and improve independence. One person's care plan noted, 'I can choose what I want to wear' and 'I can wash my own clothes'.
- People's records were stored securely to ensure personal information was protected. Where records were stored electronically, systems were password protected to enable only authorised staff to access them.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People benefited from personalised care that valued them as individuals. One staff member told us, "I believe residents should be treated as individuals. They are all so different"
- Care plans detailed people's needs and how people wished their needs to be met. For example, one person liked a shower every morning. The care plan guided staff to respect the person's decision.
- Where people's needs changed, care plans were reviewed and updated to ensure they were accurate and reflected people's needs.
- The providers policy on 'sexual orientation' provided staff with guidance relating to people's individual sexual preferences. This also included guidance relating to 'same and cross gender' characteristics.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans detailed people's communication needs and how staff should communicate with people to ensure they understood the information being given. One person's care plan detailed how the person had difficulty communicating. Staff were guided to use short concise sentences, so the person could understand. All written information was provided in a picture format.
- We observed staff communicated well with people, ensuring they understood what was being said and the choices they were being offered.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships that were important to them. Visitors were made welcome and some people regularly visited their relatives.
- People enjoyed a wide range of activities that were chosen by people and coordinated by staff. This included trips to the shops, cinema, clubs, day centres and horse riding. People also enjoyed activities in the home and staff ensured they had personal time in their rooms when they chose.
- One person said, "I go out a lot, I like going out".

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. Where complaints were raised these were investigated and responded to in line with the policy.

- A relative told us, "I think they would listen and do something if I complained".
- Details of how to complain were available to people and provided in an easy read, picture format.

#### End of life care and support

- At the time of the inspection there was no one being supported with end of life care.
- Due to people's conditions it was considered inappropriate to discuss end of life with them. The manager told us discussions with relatives and advocates had taken place.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was not a registered manager in post. The service was led by manager who was registering with the Care Quality Commission. They told us, "Myself, the deputy manager and the staff are working on improvements we have identified. It is a work in progress, but I think we have already made clear, tangible improvements to our residents' lives".
- Throughout our visit we saw the manager interacting with people and staff. It was clear people knew the manager and they engaged with them in a familiar and relaxed manner. People greeted the manager with smiles and were keen to talk to them.
- A relative spoke about the new manager and deputy manager. They said, "The service has significantly improved recently. The deputy manager is good, I'm impressed".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear leadership structure which aided in the smooth running of the service. Staff were aware of their roles and responsibilities and took pride in their work. Staff supported each other to ensure good care was provided.
- The manager had effective quality assurance systems in place. These included, audits of medicine records, care planning, staff files and quality satisfaction surveys. This allowed the manager to drive continuous improvements. For example, one audit identified that a staff member required support following a medicine error. This support was provided.

Continuous learning and improving care

- We found an open and transparent culture, where constructive criticism was encouraged. Managers and staff were enthusiastic and committed to further improving the service delivered for the benefits of people using it.
- The registered manager had an action plan to take forward improvements to the service based on feedback they gained from a variety of sources and the findings from quality audits.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider successfully maintained an open and transparent culture which contributed to staff work satisfaction and in turn the staff delivering good care for people.

- The duty of candour regulation sets out that a provider must be open and honest with service users and other relevant persons when things go wrong with care and treatment, giving them reasonable support, truthful information and a written apology. The manager understood their responsibilities in relation to this regulation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider involved people in various ways. People and their relatives had opportunities to attend meetings and raise any comments. There was also an open-door policy allowing people to speak with the manager or deputy manager at any time.
- Surveys were regularly conducted. The results from the latest survey were positive. Actions from surveys were used to improve the service. For example, one survey identified some relatives wished to change the décor in areas of the home. We saw this work had commenced and was scheduled to be ongoing.

Working in partnership with others

- Records showed the provider worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- The provider also worked closely with the local authority.