

Nellsar Limited

Abbotsleigh Dementia Nursing and Residential Care Home

Inspection report

George Street
Staplehurst
Kent
TN12 0RB

Tel: 01580891314
Website: www.nellsar.com

Date of inspection visit:
09 January 2017

Date of publication:
07 February 2017

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 inspection took place on 9 January 2017 and was unannounced.

Abbotsleigh Dementia Nursing and Residential Care Home provides nursing and personal care to up to 61 older people, some of whom may have dementia. (suggestion is made to write some of whom maybe living with dementia).

At the time of our inspection the provider confirmed they were providing care to 30 people. A large section of the building was undergoing a refurbishment so that the service could increase the amount of people living there and receiving a service.

There was not a registered manager in post. The service had a manager who was going through the registration process with the Care Quality commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had a good understanding of abuse and the safeguarding procedures that should be followed to report abuse. The staff we spoke with were confident in following safeguarding procedures and keeping people as safe as they could be.

People had risk assessments in place to support them and staff to manage the risk that was present within their lives. Staff were confident that risk assessments addressed all the risks and were easy to follow.

Staffing levels were adequate to meet people's current needs. The service had enough staff on shift to cover everyone's needs, and used agency staff on occasions to cover shifts.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. All the staff we spoke with, and documents we looked at, confirmed that all staff were safe to work within the service.

Staff received an induction training when starting work at the service. They also received on-going training to ensure they had the skills, knowledge and support they needed to perform their roles.

People told us that their medicines were administered safely and on time. We saw that all medicines were kept securely within a locked trolley, in a locked room. All the medication administration records we looked at was accurately recorded.

Staff were well supported by the registered manager and senior team, and had regular one to one supervisions. The staff were confident in their roles and told us they felt well supported and able to receive

help when needed.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met.

People were able to choose the food and drink they wanted and staff supported people with this. Fresh food was prepared and served to people daily and drinks were regularly offered. People were supported to access health appointments when necessary and had detailed health information recorded within their files.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. Staff interacted with people in a positive manner and gave people the time they needed to communicate.

People were involved in their own care planning and were able to contribute to the way in which they were supported. Family members were involved in making decisions around people's care when they were not able to themselves.

The service had a complaints procedure in place to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required. The people we spoke with knew how to use it.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed.

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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been safely recruited within the service.

Systems were in place for the safe management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff had suitable training to keep their skills up to date and were supported with supervisions.

People could make choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good ●

The service was caring.

People were supported make decisions about their daily care.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good ●

The service was responsive.

Care and support plans were personalised and reflected people's

individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Is the service well-led?

Good ●

The service was well led.

People knew the registered manager and were able to see him when required.

People were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective

Abbotsleigh Dementia Nursing and 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 9 January and was unannounced.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also contacted the Local Authority for any information they held on the service.

We spoke with twelve people who used the service, four relatives of people that use the service, one nurse, four support workers, the manager who was going through the process of becoming the registered manager, and the regional manager. We reviewed five people's care records to ensure they were reflective of their needs, five staff files, and other documents relating to the management of the service, including quality audits.

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe. A relative said, "I'm very happy that my mother is safe and very well looked after". Other people we spoke with made similar positive comments.

The staff we spoke with all had a good understanding of the signs of abuse and how to report it. One staff member said, "First of all I would speak to the manager, and make sure everything relevant is recorded. The manager would take it from there. If I had any further concerns, I would speak with the police or the local safeguarding team." Other staff we spoke with had the same knowledge around safeguarding and whistleblowing procedures. Staff told us they had received training on safeguarding procedures and we confirmed this by reviewing the training records.

People had risk assessments in place to address any risks that were present. A staff member said, "I think we risk assess very well, and we review them monthly to make sure they are relevant and up to date for people's changing needs." We saw that risk assessments had been put together to areas such as moving and handling, use of bed rails, medication, nutrition, skin integrity and more. All the risk assessments we saw had been regularly updated by senior staff.

We saw that fire safety equipment was regularly checked and that fire drill procedures and personal evacuation plans were present and up to date. The service used maintenance staff to attend to any environmental issues.

Staff were recruited safely into the service. One staff member told us, "I had to have a full Disclosure and Barring Service check (DBS) and also provide references before starting work." We saw that identification and right to work checks were carried out to ensure that all staff were suitable to be employed within the service. Records showed that all necessary checks had been verified by the provider before each staff member began to work within the home. The staff files we observed during inspection confirmed the checks had taken place.

People told us they felt there was enough staff on duty to meet their needs. A staff member told us, "It's pretty good with staffing, there are enough of us around to manage." The manager showed us the rotas for the upcoming weeks. These were consistent with the amount of staff on duty at the time of our inspection. There was a good mix of staff skill across the service, with carers, nurses, activity coordinators, domestic, maintenance and kitchen staff all present during our inspection. We saw that people were responded to promptly and staff had the time to talk with people and not rush.

We saw that medication was administered in a safe manner. A staff member told us, "It is just nurses who administer the medication. We have had the training that we need to make sure everything is done properly." We observed that the medication was stored securely in a locked trolley, in a locked room which had temperature control checks in place. The files we looked at all contained a front sheet with a person's details on and photograph. Medication Administration Records (MAR) were present and accurate in all the files we saw. The individual medicines we checked were all In date, stored correctly, and an accurate

amount of stock was present. Appropriate disposal procedures were in place. We saw that medicine audits had taken place regularly by staff who worked within the service.

Is the service effective?

Our findings

The staff were well trained and confidently carried out their roles. One person said, "The staff are very good." A relative we spoke with said, "The staff work very hard, they are good at their job." We saw that staff had the skills and knowledge to understand people's preferences. We observed that the staff were very attentive to people's needs and were able to assist people as they required or find another staff member if they could not.

All staff completed a mandatory induction training package before starting work. One staff member told us, "I had to complete some training courses to begin with, which included in house trainers and some online. I was then paired with a buddy to shadow them and see how they worked here. It enabled me to get to know the people and the team." The manager told us that all staff were put on a three month probationary period where they were observed and assessed to make sure they were suitable to work at the service. Staff also told us that they regularly attended refresher training and also had the opportunity to complete National Vocational Qualifications (NVQ's). All the staff we spoke with felt that the training they had received enabled them to give effective care to people. We reviewed a training matrix which confirmed staff had attended both mandatory and optional training, and were booked in for various updates and refreshers to keep their knowledge up to date.

Staff were receiving supervision from more senior staff to support them within their roles and allow the opportunity for feedback. One staff member said, "Yes I have regular supervision which I value. It is always good to be able to sit and talk about your work and raise any problems." We saw that supervisions were taking place regularly and included discussion with staff about subjects such as training, future targets, health and safety, keyworker responsibilities and general updates.

Staff sought consent from people before carrying out any care. During our inspection we saw that staff were regularly chatting with people and asking them for permission before doing anything. For example, we saw that a staff member asked a person if they were ready for some food, and if it was ok ay to move their table away from them and replace it with another table that could be used to eat from.

The mental capacity act (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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that staff had received training in MCA. The service had sought and gained authorisation from the appropriate authorities to lawfully deprive some people of their liberty. This ensured that people were cared for safely, without exposing them to unnecessary risks.

People told us they enjoyed the food that was on offer and that they had choice. One person said, "Yes I like

the food here." A staff member told us, "I think the food is really nice and always fresh." During our inspection we saw that staff approached some people with pictures of the particular food options available. This enabled those who could not speak, either point or nod to choose what they wanted to eat. A staff member told us, "Sometimes people are not able to choose themselves, but we make sure we find out from family what their preferences are and record everything so all the staff know." We saw that drinks were regularly offered to people throughout the day. People who needed assistance with eating and drinking were supported appropriately and the environment in which people ate was calm and not rushed. People were able to eat and drink at their own pace.

People were able to see health professionals as and when required. One relative said, "[Person's name] has all the health input they need. The staff make sure of it." A staff member said, "A GP comes every Friday morning and checks everyone and talks to the staff about the residents. If anyone is poorly, we call the doctor straight away." Files we looked at showed that all visits from doctors and other health professionals had been recorded. We also saw that the service recorded people's health needs in detail. We saw that temperature, pulse, weight, behaviour and food and fluid monitoring were all recorded where necessary.

Is the service caring?

Our findings

People made positive comments about the care they were receiving. One person said, "The staff are very kind." A relative told us, "The staff are lovely. They know my mum and me very well and I have got to know them very well." All the people we spoke with said that the staff team had a caring and positive approach.

The staff had a good amount of knowledge about people's likes, dislikes and background. One staff member said, "I have worked here for many years and I have got to know the residents very well. I love doing this job. It's important to me that the people feel well cared for and happy." All the staff we spoke with had a positive attitude about the people they cared for. We saw that people's care plans had their photographs in, and contained information about their personal history and background. We saw that staff interacted with people in a caring manner during our inspection, for example, we saw that a staff member had the time to sit and comfort a person who had become upset. The person was made comfortable by the staff member and was not rushed in their communication.

People were involved in their own care and support, and family members were involved when they could not be. The manager told us that no advocacy services were currently being used but could be if required. A relative told us, "The staff always chat to me about [Person's name] care and involve me in everything. I would like to have looked after them myself, but as that is not possible, this is the next best thing".

People and their relatives were able to express their thoughts in meetings within the service. We saw minutes from meetings that had taken place that covered various topics such as service updates, events, activities, and staffing. We saw that people's opinions were recorded and actions were collated as a result of things that people had said within the meetings.

All the people we spoke with said that staff respected their privacy and dignity. We saw that care plans contained prompts which reminded staff to consider a person's privacy and dignity and reduce the chance of any embarrassment being caused during personal care. During our inspection we saw that staff would always use a privacy screen when supporting people to be hoisted from chairs that were within communal areas. This showed that people's dignity was considered when they were being hoisted. We also saw that a senior carer was regularly going around the communal area checking on people's needs, and offering assistance to people that needed it.

We spoke to relatives of people that used the service who told us that they could come and go whenever they wanted to. One relative told us, "This is a brilliant home. I'm here all of the time. The staff work very hard. They are all very kind and courteous." During our inspection we saw a lot of visitors come in and out of the service. Staff interacted in a friendly way to everyone's family members. Visitors were able to spend time with family members in their rooms or within some of the communal areas within the service.

Is the service responsive?

Our findings

People received an assessment of their needs before moving in to the service. The manager told us that he would usually receive a referral and some basic information about a person from the local authority. He would then visit them and their family to assess their needs and decide if the placement was suitable. If possible, people were then able to visit the service and make a decision or be supported by family with the decision. The manager told us, "If possible, we can try to make a person's room familiar to them by bringing in any items of furniture of theirs or decoration similar to where they have been living." We saw that pre assessment paperwork was present within people's files.

People received personalised care to meet their specific needs. All the staff we spoke with were able to talk about the people they were supporting and clearly understood their needs, preferences, like and dislikes. One staff member told us, "Everyone here is treated as an individual. People would not be happy if we did not respect and understand all the little things that are important to them." We saw that people had a 'signs of wellbeing' form which monitored and recorded people's expression, assertiveness, social interaction, affection, self-respect, humour and relaxation. This meant that staff could identify when a person's mood or feeling had changed and support them appropriately.

We saw that people's care plans were personalised towards their needs and contained information about their likes and dislikes. For example, one person's file explained the television programmes that they liked to watch, the way they like their drinks, and their food preferences. This meant that staff could get to know what people liked and disliked when they were not able to always verbally express it.

People's needs were regularly reviewed. People's care plans were regularly reviewed and updated as required. One staff member said, "I review the care plans monthly. If any changes are required, I speak to the manager and make sure everyone knows about it." A relative said, "The staff let me know of any changes. They tell me everything that is happening, what she's been doing, eating, and how she is. I am always here so I think I would know if there was anything wrong, even with the other residents." More formal social work led reviews of people's care also took place as and when required.

The service employed activity coordinators who ran activities and events for people. One of the visitors said "They always have parties which my mum loves". During our inspection we saw that there were two activity co coordinators who were playing games and doing puzzles with people. There was a poster on the wall from the manager asking the staff if anyone had any hobbies or skills, or if they had any friends who had any talents that could come in and entertain people. We saw there were many folders full of photos of events, Christmas parties, summer garden parties and special events such as celebrating the Queen's 90th birthday.

The service listened to people's concerns and complaints. People we spoke with were aware of the formal complaints procedure in the home. A relative of a person told us, "I'm sure that if I had to complain about something, it would be dealt with. I've never felt the need to complain, quite the opposite, in fact." A complaints folder was kept where all complaints were recorded. We saw that actions and responses were

created and carried out for each of the complaints made.

Is the service well-led?

Our findings

The people we spoke with told us that the manager was easy to talk to, visible around the service, and approachable. One relative of a person said, "The manager is very friendly, hands on, and very approachable." Staff also told us that they felt well supported by the manager and very much enjoyed working at the service. One staff member told us, "There has been a change of management and a lot of new staff but it's all for the good." Another staff member said, "The manager has an open door policy, I can speak with him whenever I need to." During our inspection, we saw that the manager and other senior staff were able to interact with staff, people and their relatives in a positive and relaxed manner.

The service was organised well and staff were able to respond to people's needs in a proactive and planned way. We saw that when people asked for a drink, that a staff member was able to quickly respond, and there were enough staff around to support people. The manager was able to tell us about the areas of the service which he intended to improve and progress, which included the new part of the building which had been completely refurbished in order to increase the amount of people living at the service and receiving care. Our observations were that the relationships between the manager and the staff were open and transparent. He was aware of the staff skill and culture, and was approachable to the staff team when needed.

The staff were aware of the visions and values of the service and felt positive about continuing to improve the service. We observed staff working well as a team, providing care in an organised, and calm manner. We saw that the service had a staff structure that included a regional manager, a manager going through the registration process, nurses, senior carers and carers. None of the staff we spoke with had any issues with the running of the service or the support they received. The staff we spoke with told us they took pride in working for what they consider to be a good service.

Accidents and incidents were recorded and appropriate actions were taken. An analysis of the cause, time and place of accidents and incidents was undertaken to identify patterns in order to reduce the risk of any further incidents. We saw any issues were discussed at staff meetings and learning from incidents took place. We confirmed the registered provider had sent appropriate notifications to CQC as required by registration regulations.

Staff meetings were held so that staff could share information, receive updates on the service and feedback. One staff member told us, "Our meetings are quite regular. It is helpful to have them and get an update on everything going on because it can get very busy." We saw that minutes of meetings were held which included topics such as staffing levels, equipment, team working, service updates, training and activity scheduling.

Quality questionnaires had been sent out to people and their relatives. The results had been collated into charts for analysis so that actions could be created from the information. The service carried out quality audits in several areas including an audit which looked at the same key questions that the Care Quality Commission (CQC) inspected by. This meant the service had a good understanding of the expected

standards of care. We found that there were action plans in place to address any areas for improvement.