

Lifeways Community Care Limited

Abbeymoor Neurodisability Centre

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

Abbeymoor Neurodisability Centre is a care home which provides nursing and residential care for up to 41 people. Care is primarily provided for people living with acquired brain injuries or genetic disorders that impact their cognitive functioning. At the time of our inspection there were 26 people using the service.

People's experience of using this service and what we found

Since the last inspection the provider and registered manager had made significant improvements to the operation of the service. Action had been taken to ensure equipment was appropriately checked and useable; and improve fire safety practices, care records, meal time experiences and the use of covert medicines. Staff now had time to place people at the heart of the service.

The registered manager and staff demonstrably showed people were valued and respected. People were involved in the recruitment of new staff. They had access to technological solutions to assist them communicate and were regularly consulted about how the home operated. Until their recent retirement the activities coordinators provided a range of opportunities for people to engage in meaningful activities. A new activity coordinator was in the process of being employed.

We found staff were committed to delivering person-centred care. Staff were making a difference to people's wellbeing by working well as a team, and by sharing the same values and principles. They actively promoted equality and diversity within the home. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

Staff took steps to safeguard people and promoted their human rights. Incidents were dealt with appropriately and lessons were learnt, which helped to keep people safe. People's health and social care needs were thoroughly assessed. External professionals were involved in individual's care when necessary.

Staff had received a wide range of training and checks were made on the ongoing competency of staff. Appropriate checks were completed prior to people being employed to work at the service.

The cook had received training around meeting people's nutritional needs. Staff effectively supported people to eat a nutritious diet and drink ample fluids. A range of menu choices were available.

The registered manager took appropriate action to deal with any concerns and complaints. The service was well run. The senior managers and registered manager carried out lots of checks to make sure that the service was effective. The registered manager constantly looked for ways to improve the service.

For more details, please see the full report which is on CQC website at www.cqc.org.uk

Rating at last inspection

Requires improvement (report published 19 October 2018).

Why we inspected

This was a planned inspection based on the rating at the last inspection.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Abbeymoor Neurodisability Centre

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

One inspector completed this inspection.

Service and service type

Abbeymoor Neurodisability Centre is a care home. People in care homes receive accommodation and nursing and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered 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 was an unannounced inspection.

What we did

We reviewed information we had received about the service, which included details about incidents the provider must notified us about, feedback from the local authority and professionals who work with the service. 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 used all the

information to plan our inspection.

During the inspection

We spoke with seven people who used the service and three relatives to ask about their experience of the care provided. We also 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. We spoke with the regional manager, the registered manager, two nurses, six care staff, a cook, and the administrator.

We reviewed a range of records. This included five people's care records, medication records and various records related to recruitment, staff training and supervision, and the management of the service.

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 comprehensive inspection in September 2018 this key question was rated as requires improvement. We had found the provider's documentation needed to be enhanced to assist staff to identify all clinical risks. Works were needed to improve the environment, fire risk management plans and fire routes.

At this inspection we found these issues were resolved. The key question has improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had implemented an effective safeguarding system. Staff understood what to do to make sure people were protected from harm or abuse and received appropriate and effective training in this area.
- People felt staff would make sure they were kept safe. A person commented, "The staff are good. It's so much better with [name of registered manager], they know how to make sure we are treated properly."

Assessing risk, safety monitoring and management; learning lessons when things go wrong; preventing and controlling infection

- The provider and registered manager critically reviewed all aspects of the service and determined if and where improvements could be made. Staff were supported to learn from what worked well and not so well.
- Staff understood where people needed support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- The environment and equipment were safe and well maintained. Emergency plans were in place to ensure people were supported in certain events, such as a fire.
- The home was clean, and people were protected from the risk of infection.

Staffing and recruitment

- There were always enough staff on duty to meet people's needs. Two nurses and eight care staff worked during the day. At least one nurse and five care staff were on duty overnight. Additional staff provided one-to-one support, where this was required. The registered manager, deputy manager and ancillary staff worked at the service across the week.
- The provider operated systems that ensured suitable staff were employed. People who used the service were actively involved in the recruitment process. One person said, "I'll be on the panel interviewing for the new nurses and activity coordinator. The manager really listens to what I have to say about the applicants."

Using medicines safely

- People's medicines were appropriately managed. Medicines were safely received, stored, administered and destroyed. Clear protocols were in place for the use of 'as required' medicines.
- Records showed, and staff confirmed they had received training in medicines management and they had

been assessed as competent in this area.

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 comprehensive inspection in September 2018 this key question was rated as requires improvement. We had found improvements had been made to the assessment tools, but they needed further work, staff had not received training around working with people who lived with learning disabilities or mental health needs, and staff needed to embed practices around promoting people's independence.

At this inspection we found these issues were resolved. The key question has improved to 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, staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The assessment tool supported staff to provide detailed information about people's needs. Staff regularly reviewed and updated, where needed, the assessment records.
- Staff ensured people's physical, mental and social needs were fully assessed, and their care was delivered in line with evidence-based guidance, including NICE and other expert professional bodies.
- The registered manager and staff ensured this informed the care plans so staff could support people to achieve effective outcomes.
- Staff supported people to access healthcare services. Records showed people had been able contact other professionals including doctors and nurses.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a decision and 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the DoLS. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager ensured staff followed all the principles and guidance related to MCA and Deprivation of Liberty Safeguards (DoLS) authorisations.
- Staff ensured that people were involved in decisions about their care and knew what they needed to do to make sure decisions were taken in people's best interests.
- Staff asked people for consent before providing them with assistance and asked them what their choices were for meals and drinks.

Staff support: induction, training, skills and experience

- Staff had the skills and experience to support people. They received a comprehensive programme of training. Staff found the training enabled them to work effectively with people.
- New recruits completed a comprehensive induction and initially shadowed experienced staff.
- Staff had regular supervision meetings and appraisals. They told us they felt supported.

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

- Staff encouraged people who were under-weight to eat fortified foods. The cooks had completed a wide range of nutritional training, including how to prepare appetising adapted diets.
- People had access to healthy diets and ample portions of food at mealtimes.
- A person commented, "Food is first rate and I get as much as I want. I love food and always want lots."

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

- The provider had been completing a full refurbishment of the home. We found the environment had been significantly improved and was now homely.
- People had been supported by staff to make their accommodation homely.

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 comprehensive inspection in September 2018 this key question was rated as requires improvement. We had found although some improvements had been made staff still adopted paternalistic behaviour and objectified people.

At this inspection we found these issues were resolved. The key question has improved 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; Respecting and promoting people's privacy, dignity and independence

- Relatives and people commended the staff for their delivery of care to people. A relative commented, "I find staff are really fantastic, extremely kind and caring. They are always at hand and treat us like family."
- Staff consistently displayed kindness and a caring attitude when working with people. Throughout every interaction staff chatted to people and let them know what was about to happen.
- Staff were motivated and committed to respecting people's equality, diversity and human rights. Staff told us were proud to work at the home. They discussed how the registered manager had promoted people's right to equal treatment and empowered people to choose how they wanted to live.
- Staff spoke passionately about the importance of supporting people to enhance their emotional and physical well-being. For example, staff had changed their practices to more readily assist people to remain as independent as possible. They no longer operated set times for drinks and more freely spent time working with people to improve their skills.
- Staff supported people to maintain relationships with their family and friends/

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

- Staff encouraged people to be involved in the design their own care. People told us they were consistently asked about their aspirations, preferences and what they would like to do.
- The staff showed they cared about people's views. The registered held regular 'resident' and relative meetings.' Relatives said staff closely listened to every person's views and their suggestions were taken on board.
- The registered manager ensured, when needed, people received support from advocacy services. An advocate helps people to access information and to be involved in decisions about their lives.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

At the last comprehensive inspection in September 2018 this key question was rated as requires improvement. We had found care records needed further improvement and staff needed to record relevant information about people's religious and cultural practices.

At this inspection we found these issues had been resolved. The key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; 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 asked to express their opinions about what was on offer and given choices. Where people had limited verbal communication skills technological solutions such as lightwriters. Lightwriters are a type of speech-generating device. The person who cannot speak types a message on the keyboard, and this message is displayed on two displays, one facing the user and the other facing the communication partner.
- People were encouraged to enjoy meaningful activities and go out in the community. Until their retirement the week before the activity coordinators had organised a wide range of stimulating activities and entertainment. People and relatives told us the new activity coordinator would have 'big act to follow.'
- People's needs were identified, including those related to equality, and care plans created were detailed and individualised.
- People and relatives told us care was delivered in the way they wanted and needed it. A relative commented, "Staff let us know if there are any concerns. They also make sure I'm alright and ring to check that nothing has happened if I have not visited as I usually do."

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.

- Reasonable adjustments were made where appropriate and the service identified, recorded and shared information about the communication needs of people, as required by the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- People had access to information on how to make a complaint. The registered manager outlined how they would thoroughly investigate any complaints and worked with people to resolve any issues.

End of life care and support

- Staff implemented good practice and guidance for caring for people at the end of life.

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 comprehensive inspection in September 2018 this key question was rated as requires improvement. We had found the registered manager had been reviewing the service and making changes not all the issues had been resolved. We again found the quality assurance procedures were not effective.

At this inspection we found these issues had been resolved. The key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: continuous learning and improving care

- The registered manager's vision and values were imaginative and person-centred. They made sure people were at the heart of the service. They had supported staff to consider all the small details of people's daily lives as a means of assisting people to retain a sense of control and be engaged in meaningful occupation.
- The provider had established processes that would enable them to maintain clear oversight of the service and a regional manager regularly visited. They critically reviewed the service to determine how further improvements could be made.
- The registered manager constantly kept abreast of new developments within care and ensured the latest best practice guidance was implemented. They were committed to creating an innovative service.
- Staff were dedicated to ensuring people were assisted to have choice and control over their own lives. People expectations about choice and freedom had risen.
- Staff told us they felt listened to and that the registered manager was approachable.
- The provider and registered manager positively encouraged feedback and acted on it to continuously improve the service. For example, following feedback from people they had assisted staff to improve their understanding of how to meet people's diverse needs.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements: 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 service was well-run. Staff at all levels understood their roles, responsibilities and their accountability. They were held to account for their performance where required.
- The registered manager provided strong leadership and their constant critical review of the service had led to noticeable improvements.
- All appropriate reporting had been carried out to alert CQC and local authorities when incidents occurred.

Working in partnership with others

- The service worked in partnership with external agencies to deliver good care for people. One staff

member said, "We do work well with other agencies such as the local Huntington's team."