

Abbotsford Residential Care Home Limited

# Abbotsford Residential Care Home.

## Inspection report

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Date of inspection visit:  
16 June 2022

Date of publication:  
07 July 2022

## 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

Abbotsford Residential care home is a care home for older people providing accommodation and care for up to 24 people. The service provides support to mainly older people some of whom are living with dementia-related conditions. At the time of our inspection there were 24 people using the service.

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

The home had a warm and welcoming atmosphere. On the day of the inspection we observed positive interactions between people and staff. Staff engaged with people in a meaningful way. People and relatives praised the friendly atmosphere in the home and described staff as kind, caring and respectful.

People told us they felt safe living in the home. People were protected from the risk of avoidable harm. The service had systems and processes in place for safeguarding people and managing incidents and accidents.

Medicines were managed safely, and people received their medicines as prescribed.

The home was clean, and staff followed appropriate infection prevention and control practices to minimise the spread of infections.

There were enough staff to assist people. People's needs were assessed to make sure their care could be provided by this service.

People were supported to eat and drink and to maintain a healthy diet. Menus were planned to include people's food preferences. People were supported to access appropriate healthcare services.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service upheld this practice.

People were supported by staff who knew people's personal and individual needs well. People received individualised support that matched their personal preferences. There was a range of activities in the home to support people's social inclusion.

The home had good working relationships with local health and social care agencies to support the needs and well-being of the people who live there.

The registered manager had good oversight of the home and an open culture was evident. Staff spoke positively about the registered manager and told us that she was caring, approachable and supportive.

Monitoring and auditing systems were in place to check the quality and safety of people's care. These were robust and were consistently carried out. The registered manager sought feedback from people and

relatives and made improvements where necessary.

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

#### Rating at last inspection

This service was registered with us on 3 March 2021 and this is the first inspection. Prior to this, the service was owned by a different provider.

#### Why we inspected

This was a planned inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 ●

# Abbotsford Residential Care Home.

## **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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors 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.

#### Service and service type

Abbotsford Residential care home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Abbotsford Residential care home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

## Notice of inspection

This inspection was unannounced.

## What we did before inspection

We reviewed information we had received about the service since it registered on 3 March 2021.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

## During the inspection

We spoke with eight people who used the service and one relative. We also spoke with seven staff including the registered manager, one team leader, four care workers and chef. We also obtained feedback from two relatives and one health care professional.

We reviewed a range of records. This included seven people's care records and multiple medicine records. We looked at five staff files in relation to recruitment. We also viewed a variety of records relating to the management of the service, including audits, policies and procedures.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems were in place to help protect the people who lived at the home.
- Staff understood their responsibilities to report any concerns and had training in safeguarding people.
- People told us they felt safe in the home and in the presence of care workers. One person told us, "I do feel extremely safe because I don't think I could be treated any better." Another person said that they felt safe in the home because "It's a quiet little place." Relatives told us their family members were safe and well cared for in the home. One relative said, "I prefer to know that the staff love what they are doing [and they do]." Another relative told us, "We absolutely believe [our relative] is getting excellent care in the home and carers are very cooperative and caring."
- On arrival at the home during the inspection we noted that the front entrance was secure. We were asked who we were before being allowed into the premises. This helped ensure that people in the home were safe.

Assessing risk, safety monitoring and management

- People's individual risks were assessed and risk management strategies were developed to minimise these risks and help keep people safe. These included preventative actions that needed to be taken to reduce the level of risk to people whilst balancing their wellbeing with the impact on others and the environment. Appropriate risk assessments were in place which included areas such as personal care, falls, diabetes, moving and handling and behaviour that challenges. Malnutrition Universal Screening Tool (MUST) risk assessments were in place where necessary. These are used to assess people with a history of weight loss or poor appetite. There was documented evidence that risk assessments were reviewed monthly and were updated when there was a change in a person's condition.
- Regular fire maintenance checks were undertaken. Risks to people from fire were reduced because the home conducted fire drills and evacuations to ensure staff and people knew what to do in the event of a fire. People had Personal Emergency Evacuation Plans in place which guided staff on how to help people to safety in an emergency such as a fire.

Staffing and recruitment

- Staff had been recruited safely. Systems were in place for the safe recruitment of staff. Sufficient checks were carried out prior to recruiting staff to make sure staff were suitable to work with vulnerable people.
- There were sufficient, appropriately trained staff on duty to make sure people received the support they needed. On the day of the inspection, we observed that staff were not rushed and were able to spend time speaking with people in the home whilst carrying out duties.
- People were supported by a consistent team of staff. Staff knew people's needs well which enabled them to build meaningful relationships.
- People and relatives told us there were enough staff to support people in a safe way. One person said, "It's

easy to get help if I ask. There's a bell." One relative told us, "There seems to be enough staff."

#### Using medicines safely

- People's medicines were safely administered.
- Staff responsible for administering medicines had completed training to dispense medicines and had their competency checked to ensure safe practice.
- We found there were appropriate arrangements in place for ordering, storing, administering and recording medicines, which helped to ensure they were given to people safely. Medicines were safely stored in a locked medicines cabinet which was temperature controlled.
- People's records contained information about their prescribed medicines and how they should be supported with taking their prescribed medicines. There was also detailed guidance for staff about giving people 'when required' medicines, which included personalised information about why, when and how a person should be given 'when required' medicines.
- We looked at a sample of medicine administration records and found these were completed accurately.
- The registered manager completed monthly audits of medicines to ensure procedures were followed and any errors identified. Where issues were identified appropriate action was taken.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was following current government visiting and infection prevention and control guidance. People received visitors. There were several visitors during the inspection.

#### Learning lessons when things go wrong

- There was a system in place to record accidents and incidents. These were recorded and audited to identify trends and implement strategies to prevent any further or similar occurrences.
- Staff we spoke with felt that any issues were communicated clearly with the staff team, to ensure lessons were learnt.



# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People's needs were assessed prior to commencing care. Each person's needs were assessed before they came to the home to ensure the right care could be provided.
- People's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.
- Peoples' care plans were comprehensive. People's individual preferences and likes and dislikes were assessed and recorded. Care plans contained sufficient information for staff to know about people's individual choices and wishes.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills they needed to carry out their roles and responsibilities. Staff completed a comprehensive induction. Newly recruited staff were supported to undertake the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff told us, and the training matrix showed, all staff were up to date with their training. This included areas such as safeguarding, moving and handling and first aid.
- Staff received effective supervision. These sessions were held regularly and provided an opportunity for management to meet with staff, feedback on their performance, identify concerns and provide learning opportunities. Staff spoke positively about the support they received from the registered manager. One member of staff told us, "[The registered manager] has a calming and positive energy. She is very supportive." Another member of staff said, "I have a good relationship with my manager. I feel supported definitely."

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

- People were supported to eat and drink safely in line with recommendations received from Speech and Language Therapists (SaLT) and dieticians. People were protected from risks of choking with modified food and fluids following appropriate assessments.
- People had a personalised dietary plan in written and picture format. This summarised each person's dietary needs and preferences.
- There were enough staff to support people to eat and drink, either in the dining room or in their own rooms. People who required assistance with their meals were supported by care workers who gave them the time they needed to enjoy their meal. We observed staff persevered in a kind manner to encourage people to eat well.

- People were offered a variety of fresh fruits. We saw plates of fresh fruit cut up into bitesize pieces, which were to be offered to people mid-afternoon.
- People were complimentary about the quality of food provided in the home. One person told us, "The standard of cooking in this establishment is second to none. I can't fault [the chef] in any way. He deserves credit." Another person said, "I'm perfectly satisfied with the food."
- People's nutritional well-being was monitored closely and the service liaised with dietitians and GPs where necessary. One person's care plan detailed that they had a low body mass index. We saw that there was clear guidance for staff on how to support this person with their nutritional needs and preferences. We also noted that there was evidence the service liaised with dietitians and GPs where necessary.

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

- Staff knew people's needs well and ensured that any changes in a person's condition was noted and discussed with the healthcare professionals, as well as keeping families informed.
- Staff worked well as a team, sharing information with each other as necessary to ensure effective care was consistently provided.
- People had access to healthcare services when required. The service had good relationships with local healthcare professionals. One health care professional told us, "Abbotsford has a lovely calm atmosphere. The care that is provided is very good. Staff treat the clients with respect and dignity."
- Comprehensive oral health care plans were in place for people. These clearly detailed what support people required with their oral hygiene and provided guidance for staff.

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

- Since the provider had registered with the CQC, they had undertaken a programme of refurbishment throughout the home which included the communal areas, kitchen, laundry room, office, bedrooms and the introduction of a visiting room for people and relatives. We also noted that new flooring had been installed through parts of the home. Some areas of the care home remained on the provider's maintenance to-do list and was in the process of being carried out during the time of this visit. People's bedrooms were being redecorated with their involvement. People were fully involved in choosing their own styles of decoration. We will monitor the provider's progress on this and follow up at the next inspection.
- Appropriate risk assessments were in place for the refurbishment works carried out in the home. These were to help protect people and ensure the works caused minimal disruption to people in the home.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff understood people's rights to make their own decisions and sought their consent. In the small number of cases where people lacked capacity, applications for DoLS had been made appropriately.

- The registered manager and staff were able to demonstrate a good understanding of the principles of the MCA and understood what actions to take if someone had refused care.
- Best interests' assessments were completed. These assessments were updated as required, and the registered manager was arranging best interests' meetings where needed. We saw examples of people being asked about their care and consent was always sought to provide personal care.
- Staff had received training in MCA and DoLS and told us about the core principles of the MCA.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 respectful and caring staff. All staff received equality and diversity training. The registered manager told us they have a diverse workforce at the home and regularly had discussions with staff to educate them on different cultures.
- Staff knew people and their preferences but told us they would always check with the person what assistance they would like.
- People told us they were treated with care and kindness. They spoke positively about the caring relationships staff had formed with them. One person told us, "The majority of the staff are excellent. Nothing is too much trouble. They're a friendly bunch of [people]. Whatever I ask within reason they will do it for me." Another person said, "They're looking after me very well, thank you. I haven't had a problem with the staff at all. The staff are very cooperative." This was confirmed by relatives. One relative told us, "Staff are courteous and polite."

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

- People were encouraged to make their own choices and decisions, and these were respected.
- Staff supported people in the way they wanted and respected their daily routines.
- People's care records included clear information about each person's wishes and how they communicated their choices.
- No concerns were raised by people about involvement or contributing to their care or making decisions about their daily lives. They all said that staff listened to them and respected their thoughts and opinions.
- We observed staff were caring, kind and patient with people. They were sensitive to their wishes.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect, and their independence was promoted. People were cared for by staff who understood their rights to privacy and dignity. Staff took action to promote this by knocking on people's doors to seek permission to enter people's rooms and by ensuring people's curtains were closed before providing personal care.
- We observed staff show warmth and respect when interacting with people. Staff took the time to communicate with people.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 received a personalised service that met their individual abilities and needs. Staff were familiar with each person's wishes, capabilities and their preferred way of being supported.
- Records showed care plans were periodically reviewed and reflected any changes in a person's care needs.
- People's care plans had information about their previous occupations, interests and lifestyle choices described. This helped staff to understand people more and to aid in conversation.
- Verbal and written handovers were completed at the start and end of each shift, these gave an overview of the care people had received and summarised any changes in people's health and well-being.
- The registered manager explained that their analysis of trends found that urinary tract infections (UTI) increased in the summer months. The service took action to help reduce the risk of this by encouraging people to drink more fluids throughout the day. The home had a hydration station in the lounge with various drinks to encourage people to have drinks throughout the day. The registered manager also explained that ice lollies were popular in the home and a way for people to stay hydrated.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard (AIS) tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed as part of their initial assessment and care plan. Where people needed specific support, this was recorded and made available through staff support.
- Staff had a good understanding of people's individual communication needs and described how they helped people to understand written and verbal information given.

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 had good support to keep in touch with relatives and the wider community.
- The home had an activity co-ordinator who arranged various events, crafts and trips out.
- The home had a varied monthly activities programme which was devised based on people's interests. There were different daily activities which included picnics in the garden, yoga, chair exercises and quizzes.
- On the day of the inspection we observed people participate in an activity of exercises with a ball. One person had a manicure which they seemed to thoroughly enjoy. Other people were seen reading newspapers. The home had a beautiful garden and several people spent time sitting in the garden.

#### Improving care quality in response to complaints or concerns

- Systems were in place to review complaints or concerns to reflect on how care quality could be improved as a result.
- People and their relatives told us they felt comfortable raising any concerns and had confidence that the management team would act on them.
- The registered manager confirmed that they had not received any formal complaints about the service since it was registered with the CQC.

#### End of life care and support

- The registered manager confirmed that the home had previously provided end of life care to people but at the time of the inspection, nobody was receiving end of life care.
- Care plans about people's preferred last wishes were very personalised and respectful. Staff had training and experience in supporting people with their palliative care needs.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager told us, and records confirmed, audits were consistently carried out and action plans were in place where areas of improvement were identified.
- We saw an extensive training matrix was in place which clearly detailed what training staff had received and when they were due refresher training. The registered manager used this to monitor staff training and ensure staff kept up to date with their training.
- Staff understood their responsibilities and what was expected of them. They told us they participated in team meetings and received regular supervision. We saw notes reflected this. This gave staff the opportunity for learning and development.
- Staff were clear about their roles and knew who to report issues to. They told us they felt confident issues would be addressed.
- The registered manager had notified CQC of events which had occurred in line with their legal responsibilities.

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

- The service promoted a positive, friendly and uplifting environment where people's individual care needs were at the heart of the service. One person said, "We're well looked after. I wouldn't say there's anything bad. They are trying to please a lot of residents."
- People praised the home and how it was run. One person said, "I think it's well run." Another person told us, "The manager, on the whole, is very much on the ball." One relative said, "Although it's a business, you mustn't forget the personal side too [and Abbotsford doesn't forget]."
- The staff and registered manager demonstrated a person-centred approach for the people they supported. People and families told us they had choice and control and were involved in day to day decisions.
- Management promoted an open-door policy and invited people, relatives and staff to speak with them whenever they wanted to.
- Staff spoke positively about working at the home. They told us there was a positive environment and staff worked well together. One member of staff told us, "The staff team work well together. There is a good working environment here." Another member of staff said, "The home runs well. It is organised and very professional. [The registered manager] is very nice and she is professional. She is very supportive. There is a good atmosphere."

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

- People had opportunities to give their views during monthly residents' meetings. People were able to discuss the running of the home and provide feedback. We noted that various areas were covered during these meetings which included upcoming activities, the food menu as well as important policies.
- Staff were encouraged to speak to the registered manager about their feedback, ideas and concerns. Staff had opportunities for providing their views at individual supervisions and group meetings.

Continuous learning and improving care; 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 registered manager was committed to continuous improvement of the service for the people who lived there.
- The registered manager was aware of the duty of candour and their legal responsibility to be open and honest.
- There was a culture of continuous learning and development embedded within the service. The registered manager was passionate about delivering high quality care to people and support staff with their learning and development in this area.

Working in partnership with others

- The service worked alongside other health and social care professionals who were involved in people's care.
- The home had good links with the local community, and this helped people to be included within the local town.