

Brownlow Enterprises Limited

Abbeydale Residential Care Home - London

Inspection report

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London
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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

Abbeydale is a residential care home providing personal care and accommodation for people aged 65 and over, some of whom may be living with dementia. The home can support up to 21 people. At the time of the inspection there were 20 people living at the home.

The home is a large terrace house set in a residential area of Palmers Green, North London. Bedrooms are located across two floors with a well-kept and accessible rear garden.

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

Feedback from people and relatives was positive. Relatives felt people were safe and well cared for at Abbeydale. People's risks were assessed and staff given clear guidance. We saw people were given their medicines safely and on time. There were safely recruited, regular staff which meant people were able to build a rapport and good working relationship with them.

Relatives felt staff were well trained and we saw records of regular staff training. People were fully involved in choosing what they wanted to eat and both people and relatives were complimentary of the chef and the quality of food that was provided. People were actively supported to maintain their health and well-being through routine and specialist healthcare appointments.

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.

People greeted staff warmly and staff often sat and chatted with people. Relatives felt there was a family atmosphere within the home and staff knew people well. We saw people were fully supported in following their faith if they wished. Staff promoted people's independence in ways that meant something to the individual. There was a full activities timetable which people were able to take part in.

There was an open and inclusive culture within the home. People, staff and healthcare professionals were positive about how well the home was run. Feedback noted that communication was good and 'nothing is too much trouble'. People experienced good care due to the good management oversight. There were various audits and ways of gaining feedback completed by the manager. Staff worked in partnership with other healthcare agencies to improve and maintain people's quality of life.

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

Rating at last inspection

The last rating for this service was good (published 26 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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.

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 in 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.

Abbeydale Residential Care Home - London

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

This inspection was carried out by one inspector.

Service and service type

Abbeydale Residential Care Home is a 'care home'. 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 did not have a manager registered with the Care Quality Commission at the time of the inspection. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The manager knew the home well having worked there for several years and was in the process of applying to be the registered manager. This was completed on 9 December 2019.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and formal notifications that the service had sent to the CQC. Notifications are information that registered persons are required to tell us about by law that may affect people's health and wellbeing.

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 of this information to plan our inspection.

During the inspection

We spoke with two members of staff including the manager and activities coordinator. We spoke with six people living at the home and used observations to understand people's experience of their care. We also spoke with one healthcare professional and three relatives that were visiting the home at the time of the inspection. We looked at three care records and risk assessments, 19 people's medicine records, two staff files including supervision and recruitment records, and other paperwork related to the management of the service including staff training, quality assurance and rota systems.

After the inspection

We spoke with two relatives and two members of staff.

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. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities with regards to safeguarding and understood how to report any concerns.
- Staff had received training on safeguarding which was regularly refreshed.
- Relatives told us they felt people were safe living at Abbeydale and had no concerns about their safety.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's risks were assessed, and staff provided with clear guidance on how to minimise known risks. This included risk of fall, pressure ulcers, mobility and swallowing difficulties.
- However, we found two people who had an identified risk but no associated risk assessment was in place. We raised this with the manager. Following the inspection, we were sent the two updated risk assessments.
- Procedures relating to accidents and incidents were clear and available for all staff to read. Accidents and incidents were well documented, and learning was shared in staff meetings.
- The home had up to date maintenance checks for gas, electrical installation and fire equipment. Staff understood how to report any maintenance issues regarding the building.

Staffing and recruitment

- Staff were recruited safely. Staff files showed two written references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults.
- We observed there were enough staff to meet people's needs. The manager told us that she could increase staff numbers if people needed extra help. For example, to attend appointments.
- Staffing was discussed at each staff handover to check if there had been any changes and assess if extra staff were required.

Using medicines safely

- People received their medicines safely and on time.
- Staff had received medicines training and were competency assessed following training to ensure they were safe to administer medicines.
- There was clear information available to staff about people's medicines. This included guidance on 'as needed' medicines. As needed medicines are medicines that are administered when necessary such as pain or anxiety relief.
- Covert administration of medication (without the person knowing) for people who lack capacity was in

line with legislation and appropriate records were in place to support the process. There was also clear guidance for staff on how to safely administer the person's medicines.

- There were daily and weekly medicines audits. Where any issues were identified, these were addressed.

Preventing and controlling infection

- All staff had received training in how to prevent and control infection.
- There were safely accessible hand sanitisers for staff and visitors.
- We observed staff had access to gloves and aprons when conducting personal care.
- The home was clean and smelled fresh at the time of the inspection. We observed cleaning going on throughout the inspection.

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. 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

- Before moving into the home an assessment was completed which looked at the person's care and emotional needs and how these would be met.
- People, relatives and healthcare professionals were fully involved in the pre-assessment process.
- Once a pre-assessment was completed and a decision made that the person was suitable, information from the pre-assessment was used to create the care plan.

Staff support: induction, training, skills and experience

- New staff received a comprehensive induction. Within the first week staff received training in subjects such as safeguarding, food hygiene, manual handling and the Mental Capacity Act. Staff also shadowed more experienced staff for two weeks before being allowed to work alone.
- Staff were sufficiently well trained to perform their roles. Where staff did not have a care qualification before starting work, they were supported to complete the care certificate. The Care Certificate is a set of standards and principles that care staff should adhere to, to underpin good care delivery.
- Staff also received regular training. The manager had a system in place to ensure that staff refreshed training when necessary.
- Staff were supported through regular supervision and annual appraisal.

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

- People were involved in choosing what they wanted to eat. Menus were planned during residents' meetings and the chef asked people each morning if they wanted anything different. Where they did, we saw this was provided.
- Where people required help and support to eat, we observed staff did not rush people and communicated whilst helping people eat.
- We observed lunch during the inspection. The chef had made homemade fish and chips. People told us, "It was fish and chip Friday today. It was lovely. Like proper chippie food" and "I'm so full, I'm bursting. It's so good."
- Where people required special diets such as puree or soft food, this was provided. The chef was aware of each person specific dietary needs.
- Relatives and people were very complimentary of the chef and told us he knew people well and what they liked.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- People had access to healthcare and their care files showed that they saw dentists, opticians, psychiatrists and GP's as required. Where any action from appointments were identified, this was clearly documented and handed over to staff.
- Relatives told us the home was good at noticing any changes in people's health and ensuring timely and appropriate care.
- People received regular reviews of their healthcare, including any specialist needs such as diabetes and speech and language therapy.

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

- There were facilities that people with physical disabilities were able to access. This included an adapted bathroom, lift and ramp to the front door.
- The home was well decorated and bright. We saw people were able to decorate and personalise their rooms as they wished.

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.

- Where people could make decisions about the care they received, staff encouraged and supported people to be independent and offered choice in the care they provided.
- Staff had received training on the MCA which was refreshed yearly.
- Where people were subject to a DoLS this was clearly documented in their care plans and records showed when DoLS needed to be reviewed.
- Staff that we spoke with and the manager demonstrated a good understanding of the MCA and how this impacted on people that they worked with. One staff member said, [The MCA is the] "Ability of the residents to make a decision. That does not mean they cannot make a decision and we should always ask them."

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 good. At this inspection this key question has remained the same. 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

- We observed people were comfortable with staff and staff spent time chatting with people. During our observations one person said, "I'm happy", then reached out for a staff member to hug them.
- Relatives felt that staff were kind and caring. One relative told us about the staff, "Oh brilliant, they're really good. They can never ever do enough for my mum."
- The home had a warm family feeling and relatives told us they felt the home was family oriented. One relative said, "They feel like a family here." A staff member said, "I love the atmosphere here. It's not institution. The residents feel at home and this is our task to make it like that."
- People were supported to follow their faith. One person was accompanied to mass on Sundays by two staff. There was also a visiting Holy Sister and priest that conducted communion and services on religious holidays.
- One person was about to celebrate their 101st birthday. The staff were working with the family to plan a special day for the person.
- There were no restrictions on visiting. Relatives told us they could visit at any time and were always made extremely welcome by staff. We observed relatives visiting throughout the inspection.

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

- Care plans showed that people, where they were able, were involved in planning their care.
- Relatives told us they were involved in planning people's care and their views and opinions listened to. One relative said, "Yes, I'm always there, I attend the meetings."
- There were quarterly residents and family meetings where people and relatives were able to put forward their views.
- Staff involved people on a day-to-day basis on aspects of their care. This included what they wanted to eat, wear and do for the day.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence through their mobility. We observed a staff member encouraging a person to walk saying, "That's right, well done, that's beautiful!". A visiting healthcare professional also said that in between their visits, staff actively promoted people's mobility to enhance their independence.
- One person liked to keep their bedroom door locked. We saw that this was documented in their care plan and staff respected this choice.

- People were actively supported to keep in touch with family and friends. People's care plans documented who was important to people and we observed staff talking with people about their relatives during the inspection.

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. 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

- Care plans were person centred and included what care people needed and how staff could best meet their individual needs.
- Each person had a 'care plan summary'. This gave staff an overview of who people were and their needs. This ensured staff had a good understanding of the person and further detail was documented in the full care plan.
- Each person also had a 'keeping active plan' in their care file. This documented what it meant for the person to remain mentally and physically well and how staff should support them to achieve this.
- Care plans were updated yearly or as people's needs changed.

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 documented people's communication needs. For example, one person's care plan stated, "Able to communicate verbally, can get forgetful. Staff to allow [person] time and space to express [their] views."
- There were people of differing nationalities at the home including Polish and Italian. The home had staff that were able to communicate with people in their own language. One person with advanced dementia now only communicated in their mother tongue. Having staff that could communicate with the person meant they were able to express their needs.
- We saw people, where necessary, had pictorial aids to help communicate their needs.
- We found that menus were printed in small, pale grey font. This meant people with dementia may have difficulty reading them. We raised this with the manager who told us this would be reviewed.

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

- A member of staff had taken on the responsibility for planning and delivering activities. The staff member was passionate about stimulating people in a person-centred way.
- People were involved in planning activities through daily conversations and residents' meetings.
- Activities included gentle exercise, quizzes, music groups and reminiscence groups. There were also external entertainers that came to the home every Tuesday. People were also encouraged to go out and were supported when they wished to do so.

Improving care quality in response to complaints or concerns

- People and relatives had been given information on how to complain by the home.
- There had been no formal complaints since the last inspection.
- Relatives said that they would call the manager for 'little niggles' if necessary and were positive any complaints would be listened and acted on.
- The manager told us that people and relatives were encouraged to complain if they were not happy as this was a way to promote learning and change.

End of life care and support

- At the time of the inspection the home was not supporting anyone at the end of their lives.
- Where appropriate there were do not resuscitate orders [DNACPR] in place. People, where able, had been fully consulted. For people that were not able to consent, best interest meetings had taken place and relatives involved. One person who had capacity had a DNACPR in place which showed this had been their choice.
- Staff had received training in advanced care planning from North London Hospice. This provided staff with a clear understanding of how to plan and work with people at the end of their lives.
- The manager was in the process of updating peoples care plans with end of life wishes and guidance.

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. 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

- Good outcomes for people were achieved through good team work and quality monitoring. People experienced timely, supportive and kind care.
- The manager was visible around the home and we observed people greeting her warmly and having a chat. People and relatives were positive about the manager. One person said, "She's [the manager] lovely. I love her." A relative told us about the manager, "Well, the kindness goes a long way."
- Relatives told us they were happy with the communication they had with the home and said they were able to call at any time. One relative commented, "If anything changes I'm told, medication, doctors. It is too good to be true!"
- Staff felt there was an inclusive culture at the home. A staff member said, "She [the manager] does not make decisions on her own, she always involves the staff. She asks us always and everyone can give their opinion and approach."
- Each staff has been assigned a champion of something such as dementia, falls prevention, pressure area awareness, nutrition, first aid, fire marshal, infection control, activities and safeguarding. Where necessary, the organisation had provided training for staff in the areas they had an interest in.

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

- There was a clear staff structure in place and staff we spoke with were aware of how to report concerns and understood the home management structure.
- The manager completed regular audits around medicines, people's care records and health and safety. However, we found that there were not always documented action plans in place to say how issues may have been addressed. We raised this with the manager who said this would be addressed going forward.
- The manager understood their responsibilities to notify CQC of any incidents or concerns.

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

- Staff told us they felt supported by the manager and senior management of the organisation. A staff member said, "I like that our manager listens to us. We have a lovely communication. Head office are coming often to make sure things are alright."
- There were quarterly staff meetings which were organised so that night staff were able to attend as well. A staff member said, "They [management] always ask what the company can do for us and where we would

like to improve. They want to help you be best you can."

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; Working in partnership with others

- The home completed a 'Quality assurance review report' with people, relatives and healthcare professionals. Results from the November 2019 survey were found to be positive.
- Where there were any learning points, these were discussed in staff meetings and during staff handovers.
- Feedback from healthcare professionals was positive. One comment from the Quality assurance review report noted, 'This is a fantastic home and we always find helpful and happy staff'. Another healthcare professional told us, "They [staff] give me a handover in the mornings when I come. They know people's needs."
- The home worked with the Care Homes Assessment Team (CHAT), who visited every one or two weeks. CHAT supported the home with community psychiatrist nurses, continence nurses, palliative care, tissue viability nurses and other medical support.