

# Abbeyfield Somerset Society Limited

# Abbeyfield (Somerset)

# Society

## Inspection report

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Date of inspection visit:  
28 February 2017

Date of publication:  
03 April 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

Abbeyfield (Somerset) Society is a care home which is registered to provide care and accommodation to up to 44 people. The home is able to provide care for older people with a variety of needs. One part of the home, Quantock, provides care for people living with dementia, the main part of the home provides care to older people with personal care needs and there are six apartments for people who wish to live a more independent lifestyle within the safety and security of the care home.

At the time of the inspection there were 34 people living at the home

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good

People remained safe at the home. There were adequate numbers of suitable staff to meet people's needs and to spend time socialising with them. One person said "There's enough of them [staff] to keep us all entertained and amused." Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. People received their medicines safely.

Improvements had been made to ensure people received effective care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff had the skills and knowledge required to effectively support people. People told us their healthcare needs were met and staff supported them to attend appointments.

The home continued to provide a caring service to people. People told us, and we observed, that staff were kind and patient. One person commented "They [staff] are unfailingly kind and courteous." People, or their representatives, were involved in decisions about the care and support they received.

The service remained responsive to people's individual needs. Care and support was personalised to each person which ensured they were able to make choices about their day to day lives. There was an excellent programme of activities which made sure people could continue with their hobbies and interests. Complaints were fully investigated and responded to.

The service continued to be well led. People told us the management within the home were open and approachable. The registered manager and provider continually monitored the quality of the service and made improvements in accordance with people's changing needs. People lived in a happy environment because staff morale was good.

Further information is in the detailed findings below

## The five questions we ask about services and what we found

We always ask the following five questions of services.

|   |               |
|---|---------------|
| <b>Is the service safe?</b><br>The service remains Good               | <b>Good</b> ● |
| <b>Is the service effective?</b><br>The service have improved to Good | <b>Good</b> ● |
| <b>Is the service caring?</b><br>The service remains Good             | <b>Good</b> ● |
| <b>Is the service responsive?</b><br>The service remains Good         | <b>Good</b> ● |
| <b>Is the service well-led?</b><br>The service remains Good           | <b>Good</b> ● |

# Abbeyfield (Somerset) Society

## **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 checked 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 was an unannounced comprehensive inspection carried out by two inspectors.

Before the inspection we looked at information we held about the service which included notifications of significant events and previous inspection reports.

During this inspection we spoke with 12 people living at the home and one visiting relative. We also spoke with five members of staff. The registered manager was available throughout the inspection. Some people were unable to fully express themselves verbally due to their dementia. We therefore spent time observing care practices in communal areas of the home.

We looked at a number of records relating to individual care and the running of the home. These included five care and support plans, two staff personal files and records relating to medication administration and the quality monitoring of the service.

# Is the service safe?

## Our findings

The service continues to provide safe care. People told us they felt safe at the home and with the staff who supported them. One person said "I feel completely safe here." Another person told us "I am safe here. Without a doubt." A relative told us "I am totally confident they are safe and well looked after."

The area of the home known as Quantock cared for people who were living with dementia. Some of these people were unable to fully express their views. We saw people were comfortable and relaxed with the staff who supported them. People sat close to staff members and asked for support and reassurance when they required it.

There were adequate numbers of staff in all parts of the home to keep people safe and spend time socialising. One person said "Staff here are very good indeed and very helpful." Another person said "There's enough of them to keep us all entertained and amused."

Risks of abuse to people were minimised because the provider had a robust recruitment procedure and staff were trained in how to recognise and report abuse. One member of staff said if they had any concerns they would go straight to the registered manager or deputy. They were confident action would be taken to protect people.

People's medicines were safely managed and administered by staff who had received appropriate training. There were systems to audit medication practices and clear records were kept to show when medicines had been administered or refused. The home had recently been audited by the dispensing pharmacy to further make sure that practice was safe for the people using the service. The pharmacist's audit showed the staff looked after people's medicines in accordance with up to date good practice guidelines.

Some people were prescribed medicines, such as pain relief, on an 'as required' basis. During the inspection we saw these medicines being offered to people and staff respected people's decisions to take these or not.

Risk assessments were carried out to ensure people's health and well-being and to promote independence. For example one care plan we looked at had a risk assessment because the person wished to bath independently. Control measures to enable the person to retain their independence with minimum risk had been put in place. Other risk assessments included risks associated with people's mobility, nutrition and pressure area care and again control measures were in place to minimise risks.

# Is the service effective?

## Our findings

At the last inspection of the service we found improvements were needed to make sure staff had a clear understanding of the how to support people who lacked the mental capacity to make decisions for themselves. At this inspection we found the required improvements had been made.

All staff had received further training about the Mental Capacity Act 2005 (MCA) and there was information on notice boards to remind staff of their responsibilities. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

Staff spoken with were aware of the need to assess people's capacity to make specific decisions. Where appropriate they had involved family and professional representatives to ensure decisions made were in people's best interests. Care plans contained assessments of people's capacity to make certain decisions and where necessary, for example the provision of some equipment, a best interest decision had been made.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had a policy and procedure to support staff in this area. The registered manager had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe.

People were supported by staff who had undertaken training in health and safety and subjects relevant to the people who used the service. Staff were competent in their roles and told us they received good training. One member of staff told us how useful recent training about nutrition in older people had been. They said "We were given loads of information about how to fortify people's food if we have concerns about their nutrition or weight. We are now doing much more of this because we are more aware." Another member of staff talked about some practical training they had attended to help them to understand what difficulties some older people may encounter in their everyday life. They told us "It really made you think and has changed how I help people. I'm definitely more understanding now."

People had access to healthcare professionals according to their individual needs. During the inspection we attended a staff handover meeting. This demonstrated how staff constantly monitored people's health and well-being and sought advice for ongoing health issues and acute illnesses. One person said "When I was poorly I was looked after very well. They got the doctor to me quickly." Another person told us staff helped them to attend hospital appointments.

The staff followed advice given by health and social care professionals to make sure people received effective care and support. One person had been seen by a speech and language therapist who had

recommended their food and drinks were served at a specific texture to minimise the risks of the person choking. At lunch time we saw this person received their meal in accordance with the recommendations made.

People were general complimentary about the food and all said they received plenty to eat and drink. Where people had particular preferences these were catered for. One person said "Food is very good and plenty of it." Another person said "I've put on weight since I've been here. That's because the food is lovely, especially the cakes."



## Is the service caring?

### Our findings

The home continues to provide a caring service to people. People were very complimentary about the staff who worked at the home. One person said "Staff are very kind and I'm very comfortable." Another person said "It seems that nothing is ever too much trouble for the staff here." One person commented "They are unfailingly kind and courteous."

Thank you cards echoed these comments. One person wrote their relative had been cared for with "Love, care, laughter and joy." Letters also showed where people at the home had taken part in fundraising for charities which enabled them to continue to positively contribute to their local community.

During the visit we saw kind and patient interactions between staff and the people they were supporting. No one was rushed and staff helped people at their own pace. One person said "They have such patience."

In the area known as Quantock there was a calm and quiet atmosphere and staff chatted to people throughout the day. One member of staff sat with a person and read the newspaper to them. They were both laughing together about what was being read. One person told us "I got a bit upset this morning but I talked to [staff member's name] and now it all seems alright. They have time to listen."

People's privacy and dignity was respected. Care plans gave information about how people wanted to be addressed and staff respected this. When people required assistance with personal care this was provided discreetly to maintain people's dignity.

People were well dressed and clean showing staff took time to support them with their personal care needs. We noticed people wore jewellery and had their hair done which all helped to promote people's individuality and dignity.

People or their representatives were involved in decisions about their care and support. Care plans were regularly reviewed with people and some had signed to say they had been involved in decisions about how they wished to be supported. A visitor said they had gone through their relatives' needs and preferences with a member of staff.

## Is the service responsive?

### Our findings

The service continues to be responsive. People said they were able to continue to follow their own routines. One person said "You can please yourself." Another person, who lived in the apartments, said "There are no restrictions. I'm a completely free agent."

Each person had a care plan which outlined their needs and personal preferences. This ensured staff had information about, not only the support people needed, but also how they wished to be helped. Care plans were reviewed regularly to make sure they were reflective of people's up to date needs. Some care plans we saw contained old information which was no longer relevant to the person. This could be confusing for staff, especially new staff.

Care and support was responsive to people's changing needs. One visitor told us "The care has been evolving and they are really pro-active in noticing and responding to changes." Handover meetings were used to make sure staff had up to date information about each person.

Care provided was very person centred. For example; during the handover meeting staff discussed the preferred routine of a person who had recently moved in and how they could accommodate their specific wishes. We spoke to this person who told us "I'm settling in fine. They are very accommodating and extremely kind."

We also heard staff discussing the needs of another person who had dementia. They had an excellent knowledge of the person's social needs and interests and were working with local groups to make sure these needs were met. They had contacted local walking groups and other community groups to make sure the person was able to maintain their interests.

Everyone had access to activities and entertainment that matched their interests. The provider placed a high emphasis on ensuring people received high levels of stimulation and occupation. People told us how much they appreciated the activities and said their interests were taken into account when things were planned. One person was a keen dancer and told us "I've tried to teach the girls [staff] a few steps. They are keen and we had a good laugh." Another person told us "Every day there is something you can do."

In Quantock, where people were living with dementia, there were items around for people to interact with if they wished to. These included soft toys, magazines and books, puzzles and games. There were also some items and pictures on show to provoke memories and discussions. There was an activity timetable in picture format and we heard staff asking people if they wished to attend any specific activities and a number of people did so. Staff spent time chatting and socialising with people who chose not to join in. During the inspection there was a very relaxed and quiet atmosphere in this area of the home.

There were good links with the local community which enabled people to access facilities outside the home and share some activities with local residents. These included people attending a singing group, activities with pre-school groups and coffee and bingo with neighbours. The home was part of a project which linked

local schools to care homes to enable them to share activities. At the time of the inspection people were enjoying pancake making with a group of school children.

There were regular meetings for people which enabled them to share ideas and make suggestions for activities and outings. At one meeting someone had suggested a trip to a local farm shop which had a café and a trip took place on the afternoon of the inspection. Another suggestion had been swimming and this had been arranged. Minutes of staff meetings showed that if people had mentioned particular activities this was followed up with activity staff.

The provider had a complaints procedure which was displayed in the home. People said they would talk with a member of staff if they were not happy with their care or support. One person told us "I could absolutely raise any questions or complaints. " Another person commented "Any one of the staff would listen if you were worried." Where complaints had been made these had been investigated and responded to.

## Is the service well-led?

### Our findings

The service continues to be well led. There was a registered manager in post. 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.

The registered manager had managed the service for a number of years and had an excellent knowledge of the people who used the service and the staff. People told us the registered manager and deputy were very approachable and they could always speak with them if they needed advice or support.

The registered manager's attitude created a warm and welcoming atmosphere throughout the home. There was a stable staff team and morale was good which all helped create a friendly, happy environment for people. One person commented "Everything here is very friendly." A visitor said they were always made welcome and found all staff to be extremely approachable and friendly."

The registered manager was an active member of local provider groups which enabled them to keep up to date with local initiatives and share good practice with their own staff and other providers. They took part in training and reading to enable them to make sure practice within the home was up to date and in accordance with relevant legislation.

The provider had quality assurance system which enabled the quality of the care and the environment to be monitored and improved. We looked at some in house audits which included infection control and medication administration. These showed good standards were being maintained.

People lived in a building which was maintained to a high standard and provided a comfortable and safe environment. The provider was aware of, and responsive to, people's changing needs and expectations and planned for the future. At the time of the inspection work was being undertaken to increase the size of some rooms and en-suites. There were also plans for a possible extension. The registered manager told us this was in regard not just to increased expectations of people but also took account of people's more complex needs which often meant they required additional space and equipment to adequately support them.