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# Abbotsfield Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

We carried out this inspection on 29 and 30 November 2016. The inspection was unannounced.

We last inspected this service in February 2015. At that inspection we found breaches of legal requirements. We found that people were not always safe because action had not been taken to protect them from foreseeable risks, people had not always been supported in a way that maintained their dignity, care had not been planned to meet people's needs and the systems for assessing the safety and quality of the service had not been robust.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. At our inspection in November 2016 we looked at the actions the provider had taken and found that legal requirements had been met.

Abbotsfield Residential Care Home provides accommodation and personal care for up to 30 older people and people living with dementia. The home is a large period property, set in its own grounds, which has been adapted for its present use. Accommodation is provided on the ground and first floor of the building. There is a main stair lift and two smaller chair lifts linking the accommodation on the ground and upper floor. There were 22 people living in the home at the time of our inspection.

There was a registered manager employed at the home. 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.

Everyone we spoke with told us that people were safe living in the home. There were enough staff to provide support as people required. The staff were trained and knowledgeable about how to protect people from abuse.

The staff treated people with kindness and respect. People were asked for their views and included in decisions around their care.

People's privacy and dignity were respected and they were supported to maintain their independence. They were included in agreeing to the care they received and support was planned and provided to meet people's needs.

People received a choice of meals, snacks and drinks and were supported to eat and drink enough to maintain their health. They could see their visitors as they wished and were provided with a range of activities that took account of their interests and preferences.

Risks to people's safety had been identified and there was information for staff about how to protect people

from risks such as falls and fire. Some risk assessments had not been completed properly and one emergency evacuation plan was out of date. However, the staff we spoke with understood how to protect people from harm.

We have made a recommendation about the assessment and recording of risks.

People were supported to access appropriate health care services. They received their medicines as they needed and in a discreet way that protected their dignity. Some information for staff about the use of "as required" medicines required more detail to guide staff on their use. We also saw that the systems used to check medicines required more detail of the checks that had been completed.

We have made a recommendation about the use and auditing of medicines held in the home.

People received support from staff who knew them well and who had completed training to give them the skills and knowledge to provide their care. The staff felt well supported and were given opportunities to discuss their practice with members of the home's management team.

People gave consent to the care they received and their rights were respected. Records around consent had not always been signed by people with the appropriate valid and legal authority.

We have made a recommendation about the processes used to obtain consent.

People knew the registered manager and the members of the home's management team. They said they would be happy to speak with one of the managers if they had any concerns about the service provided.

The managers in the service had taken action to make and sustain improvements in the areas we identified at our inspection in February 2015. They had carried out checks on the service but these had not identified areas where the service needed to improve further.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The safety of some aspects of the service required improvement.

Although people received their medicines as they needed, the records of the checks carried out on medicines and the information for staff about the use of 'as required' medicines required greater detail to ensure they were robust.

Risks to people's safety had been identified and the staff were knowledgeable about how to protect people from harm. However, some records around protecting people from risks had not been completed properly or reviewed as individuals' needs changed.

There were enough staff to care for people in the home. The staff knew how to identify and protect people from abuse.

People who lived in the home were protected because thorough checks were carried out before new staff were employed.

### Is the service effective?

**Good** ●

The service was effective.

People consented to the support they received and their rights were respected.

Staff were trained and had the skills to provide the support people required.

People received a choice of meals, drinks and snacks.

### Is the service caring?

**Good** ●

The service was caring.

The staff treated people in a kind and caring way.

People's privacy and dignity were respected and they were supported to maintain their independence.

### Is the service responsive?

**Good** ●

The service was responsive.

Care was planned and provided to meet people's needs.

People were provided with a variety of activities that took account of their interests and preferences. Visitors were made welcome in the home and people were supported to maintain relationships that were important to them.

The registered provider had a procedure for receiving, investigating and responding to concerns raised.

**Is the service well-led?**

The service was not always well-led.

The registered manager had provided and followed a robust action plan to address the issues we found at our last inspection. However, the systems used to audit the quality of the home had not identified areas where the service required further improvement.

People knew the members of the home's management team and could speak to them if they had any concerns about the service provided.

Staff felt well supported and could contact a member of the management team at any time if they needed.

**Requires Improvement** 

# Abbotsfield Residential Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 and 30 November 2016 and was carried out by two adult social care inspectors.

Our visit to the home on 29 November was unannounced. At that visit we focused on speaking with people in the home, their visitors, and the staff on duty. One inspector returned to the home on 30 November to look at records relating to how the home was managed.

During our inspection we spoke with 12 people who lived in the home and to three visitors to the service. We also spoke with four members of the care team, four ancillary staff and two members of the home's management team. We observed care and support in communal areas, spoke to people in private and looked at the care records for six people. We also looked at records that related to how the home was managed.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, including the information in the PIR, before we visited the home. We also contacted the local health and social care commissioning teams for their views of the service.

# Is the service safe?

## Our findings

Everyone we spoke with told us that people were safe living in the home. Visitors to the service told us they had never seen or heard anything that made them concerned about the safety of people who lived there. One visitor told us, "We come at different times and on different days and we have never had any concerns at all". People who lived in the home told us, "Of course I feel safe here" and said, "I've never had any worries that I'm not safe". All of the staff we spoke with said they were confident that people were safe in the home.

The staff we spoke with told us that they had completed training and knew how to identify different types of abuse. All of the staff told us they would challenge any other staff member if they were unhappy with how they treated a person living in the home. The staff told us, "We're a good team, we wouldn't let anyone get away with mistreating one of our residents". The staff told us they would also report any concerns to a member of the home's management team.

At our comprehensive inspection in February 2015 we found that people who lived in the home were not safe because there were not robust systems in place to protect them in the event of an emergency. At that inspection we found that people did not have personal evacuation plans to instruct staff on how to move them safely if there was a fire and equipment was not available on the first floor of the home to assist people from the floor safely if they fell. We identified that this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our comprehensive inspection in November 2016 we found that additional equipment had been purchased for staff to use to help people to move safely. A hoist was available on the first floor of the home which staff could use to assist people off the floor if required. We also saw that each person had a personal evacuation plan detailing the support they required from staff to assist them to move to a place of safety in the event of a fire. Most of the evacuation plans accurately described the support people would require however, we found that one required updating as the support one person needed had changed. We discussed this with the members of the home's management team and they arranged for the evacuation plan to be updated.

Risks to people's safety had been identified and the staff on duty knew the action to take to manage risks. The records we looked at showed that people had been assessed for risks in relation to maintaining the integrity of their skin, maintaining a healthy weight and the risk of falling. We saw that most of the risk assessments had been reviewed monthly, or as people's needs changed. We found that some of the assessments relating to the risk to people from falling had not been completed correctly and did not reflect the level of risk to individuals. However, the staff in the home were aware of how to protect people at risk of falling and we saw appropriate action had been taken when one person had experienced falls. The management team in the home agreed to review the format and completion of the risk assessments.

We recommend that the registered provider take advice about the assessment, recording and review of risks to people's safety.

People who lived in the home and the visitors we spoke with told us there were enough staff working in the home. They told us that there were "always staff around" and said they had never noticed anyone waiting for a significant time for the support they needed. During our inspection we saw that there were enough staff to provide the support people required.

We looked at the procedures used when new staff were recruited. We saw that robust checks were carried out on new staff to ensure they were suitable to work in the home. New staff had to provide evidence of their good character and of their conduct in previous employment. They also had to obtain a disclosure from the Disclosure and Barring Service to check they were not barred from working in care service. People could be confident that appropriate checks had been carried out before new staff were employed.

During our inspection we found that all areas of the home were clean and there were no unpleasant odours. People who lived in the home and the visitors we spoke with told us the home was "always nice" and one visitor said, "We've never noticed any smell here".

The housekeeping staff we spoke with told us they had the time they needed to keep the home clean and free from odours. One member of the housekeeping team told us, "We all 'muck in' to keep the home nice". The staff we spoke with understood that it was important for people to be provided with clean and pleasant accommodation.

People received the support they needed in managing their medicines. We saw that people were asked if they wanted to take their medicines and these were only given with their agreement. Medicines held on behalf of people were stored securely to prevent them from being misused. We saw that some checks had been carried out on medication stocks and medication administration records. These required greater detail to fully record what checks had been completed.

Some people had medicines that they took as they required, such as pain relief. The records we looked at did not include detailed information for staff around the use of these medicines. There was no detailed guidance around why the medicines would be used, how frequently they should be given or information about when staff should discontinue using the medicines and seek medical advice.

We recommend that the registered provider considers NICE guidance on managing medicines in care homes to develop appropriate protocols for the use of "as required" medicines and auditing of medicines held in the home.



# Is the service effective?

## Our findings

People we spoke with told us that they liked the staff who worked in the home and said the staff provided them with the support they needed. We asked people if the staff had the knowledge and skills to provide their care and people told us that they did. One person told us, "They [care staff] are all really good".

Visitors we spoke with told us they were "pleased" with the standard of care provided by the staff in the home. One visitor told us, "It isn't easy caring for people, but the staff do a marvellous job, they must be well trained to do what they do so well". Another visitor told us, "We've been really pleased with the care here, you can't fault it, all of the staff are very good".

All of the care staff we spoke with told us they had completed training to ensure they had the skills to provide the care people required. One member of staff said, "There is loads of training, we're on training every other week". Another staff member told us that they had been supported to complete a qualification in health and social care and were looking forward to taking further qualifications.

We looked at the records around staff training. We saw that the care staff had completed appropriate training including; protecting people from abuse, supporting people who were living with dementia, falls awareness, safe handling of medicines and providing person centred care. The registered provider had identified when training needed to be repeated and had arranged for this. This helped to ensure the staff had opportunities to update their skills and knowledge.

People told us that they enjoyed the meals provided in the home. One person told us, "The meals are usually lovely, but the puddings are even better". People told us they had a choice of meals and this was confirmed by the cook who was on duty during our inspection.

People were supported to eat and to drink enough to maintain their health. Their weights were monitored and appropriate advice had been taken where a person had been identified as at risk of losing weight. We saw that people were able to eat independently and staff were attentive to people, offering encouragement and support as they required.

Records we looked at showed that people had been provided with a range of snacks and drinks. We also saw this during our inspection. People were given choices of meals and snacks and a choice of hot or cold drinks.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was

working within the principles of the MCA.

People told us that the staff in the home asked what support they required and only provided this with their agreement. We saw staff asking people in a discreet way if they required assistance. People were also asked if they wished to take their medicines or to join in with the activities provided. We saw that the staff respected the decisions that people made.

Some people had signed their care records to show that they had agreed to them. Other people's care records had been signed by one of their relatives. We asked to see how the registered provider had checked that the relatives had the legal authority to consent to the individual's care. We found that some relatives who had signed people's care records did not have the appropriate legal authority to give consent on behalf of the individual. However, we observed that care was not provided without a person's consent. Throughout our inspection we saw that the staff in the home respected people's rights to make their own decisions about their support at the time they required assistance.

We recommend that the provider review their processes for obtaining valid and legal written consent.

There was no one in the home who had a DoLS authorised and we saw that there was no one who needed continuous supervision from the care staff to ensure their safety. People chose where to spend their time and there was no one in the home who had restrictions placed on their liberty. The management team were aware of how to apply for a DoLS, if they needed to place restrictions on a person in order to ensure their safety.

All of the staff we spoke with told us that they felt well supported by the management team in the home. They told us that the managers worked alongside them and were available to give guidance and support as they needed. Records we looked at also showed that staff had attended formal meetings with managers of the service where they could discuss their own practice and share any concerns. The staff received formal and informal support to guide them in carrying out their roles.

People told us that the staff in the home provided the support they needed to see their doctor or other health care services. Where people had specific care needs we saw they were referred to appropriate specialist services. People were supported to access appropriate health care support.

# Is the service caring?

## Our findings

Everyone we spoke with told us that the staff in the home treated people in a kind and caring way. One visitor told us, "The staff are always patient and caring with people, we have never seen them treat people in any other way". People who lived in the home told us the staff were, "lovely, patient and helpful" and said, "Everyone here is very kind".

We saw that the staff were respectful, friendly and kind to people. They spoke to and about people in a positive and respectful way. We saw people enjoyed laughing and chatting with the staff. One visitor told us, "We visited the other day and there was lots of laughter from the front lounge, just the staff having a laugh with people, it was lovely to see".

When we carried out our inspection in February 2015, we found that action was not always taken to maintain people's dignity. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the inspection in November 2016 we saw, and people told us, that staff took appropriate action to respect people's privacy and dignity. People were well dressed and had been supported to maintain their person appearance as they liked. The staff knocked on the doors to bedrooms and bathrooms before entering and assisted people to their own room or a bathroom when they required personal care. People were asked quietly and discreetly if they wanted to take their medicines and if they needed support with their personal care. People who needed support to use the toilet received this in a way that protected their privacy, dignity and safety. Staff provided the support people needed and remained in the vicinity of the toilet, so they were ready to support the person when they needed.

We saw that the staff in the home knew how to support people in a way that maintained their independence. Some people required small items of equipment to support them to eat or drink independently. Other people used mobility aids to assist them to move around the home on their own. The staff knew the equipment people required and ensured this was provided when they needed.

Members of the home's management team were available in the home throughout our inspection. We saw that the managers and care staff asked people if there was anything they required and if they were happy with how they had been supported. People told us they were able to share their views about their care and said the staff and managers in the home listened to them and took action in response to their comments.

The managers in the home were aware of local advocacy services that could support people if they needed assistance to make important decisions about their care or to express their views. Most people told us they were supported by relatives and trusted them to assist if they needed. One person told us, "I can speak to [members of the management team] if I wanted, but my daughter or son would probably help me if I needed.

## Is the service responsive?

### Our findings

People told us that they made choices about their lives in the home and said they were included in agreeing to the support they received. They told us they chose where to spend their time and whether to take part in the activities provided. We also saw this during our inspection.

The staff on duty told us that some activities were planned such as bingo or quizzes. They said they also provided informal activities such as chatting to people and playing music and encouraging people to sing or dance. This was confirmed by people who lived in the home and the visitors we spoke with. Some people told us they were looking forward to playing bingo during the afternoon of our inspection and other people told us they would be watching a "Christmas" film and were looking forward to that.

Other people did not wish to take part in the planned activities and were following those of their choosing such as reading a book or newspaper, chatting to other people in the home or watching the news on television.

Visitors we spoke with told us, "There is usually something going on when we come". They said they often saw the staff spending time chatting to people and told us, "We came the other day and there was a staff member in the lounge getting everyone to join in with Christmas carols".

At our inspection in February 2015 we found that some care plans did not have accurate and up to date information and people were at risk of receiving unsafe or inappropriate care. We also found that people could not always be confident that they would receive the medicines they needed in a timely way because there were times when there were no staff in the home who had been trained to give people medicines. This meant that people would have to wait for a trained member of staff to return to the home if they required medication. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection in November 2016 we saw that action had been taken and people received the support they required to meet their needs and ensure their safety. Each person had a care plan that gave the staff details about the support they needed. We saw that the care plans had been reviewed as people's needs changed and gave good information for staff about how to support people. The staff we spoke with told us that all staff received training in the safe handling of medicines. People could be confident that they would receive their medicines when they required them.

The care records also included information about the person's working and family life so that staff knew the things that were important to them. We saw that the staff talked with people about their families and subjects they knew were relevant to their lives and interests. One staff member told us, "We know about people's personal histories, we know what interests them and that's useful in chatting to people".

We saw that the staff on duty knew people well. They called people by their preferred name and gave them choices about their daily life in the home. Some people chose to spend time in their rooms and told us the

staff "popped in" to check if they needed anything. We saw that after the midday meal, one person wanted to go to their room and the staff supported them to do so.

People told us that they could see their relatives and friends as they wished. They told us they chose where to see their visitors, in one of the communal sitting rooms or in their own bedrooms. Visitors we spoke with told us they were made to feel welcome whenever they visited the home.

One visitor told us that the staff in the home had been very supportive when their relative was unwell and they were waiting for the doctor to visit. They told us they had been able to wait with their relative and said the staff had offered them drinks and a meal and had supported them and their relative "in every way" as they waited for the GP to arrive.

The registered provider had a procedure for receiving, investigating and responding to any complaints about the service. A copy of the complaints procedure was displayed near to the entrance to the home so it was accessible for people who lived there and their visitors. People we spoke with said they had not made a formal complaint. They told us that, if they had any concerns, they spoke to the staff on duty or a member of the management team and said any concerns were promptly resolved.

The registered manager had received one concern about the service. We saw records that showed they had carried out a full investigation into the issue raised and responded to the concern promptly.

## Is the service well-led?

### Our findings

People who lived in the home and their visitors told us they knew the registered manager and the members of the home's management team. We saw that people were very comfortable approaching and speaking to the managers who were on duty during our inspection. Two visitors we spoke with told us, "I'd speak to [members of the management team] if I had any concerns at all. They are very easy to talk to, so is [the registered manager]".

People told us that they were asked about their views of the service and we saw surveys that people had completed to share their experiences with the registered manager. We saw that people who had completed the surveys had rated the care provided as "good", "very good" and "excellent". The surveys also showed that people said they would recommend the home.

Throughout our inspection we saw that the atmosphere in the home was inclusive, friendly and relaxed. People chose how to spend their time, were included in decisions about their support and were asked for their views about their care.

At our inspection in February 2015 we found that the systems used to assess the quality of the service had not been robust and people had been placed at risk of harm. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection the registered provider had provided and followed a robust action plan to make the required improvements in relation to the issues we had identified. They had made significant improvements to the service provided and were now meeting legal requirements.

However, at this inspection in November 2016, we identified further areas of the service that needed to be improved to ensure people received a good quality of service. The checks carried out by the management team had not ensured that there was detailed guidance for staff on the use of "as required" medicines and had not identified that some risk assessments had not been completed correctly. When we discussed these issues with the managers at our inspection, they were open to our advice about how they could further improve the service.

The registered manager and members of the home's management team carried out checks on the quality and safety of the service provided. We saw that these included checking medicines and medication records, care plans, and checks on the premises and equipment in the home.

The staff we spoke with said they felt well supported by the management team in the home. They told us there was always a manager they could contact if they were ever concerned about the wellbeing of a person who lived in the home. One staff member told us, "We always have a manager on call, we know we just pick up the phone and they will give us advice or come round to the home if necessary".

Providers of health and social care services are required to notify the CQC of important events that happen in service. The management team in the home had told us promptly of all notifiable incidents in the home.

This meant we could check appropriate actions had been taken.