Abbeydale (Ilkley) Limited

Abbeydale Residential Care Home

Inspection report

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Date of inspection visit: 9 September 2015
Date of publication: 07/01/2016

Ratings

Overall rating for this service	Good
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?	Good

Overall summary

This inspection took place on 9 September and was unannounced. At the last inspection on 19 July 2013 the service was found to be meeting the requirements we assessed.

Abbeydale Residential Care Home is registered to provide accommodation and personal care for up to 36 people.

People who live at Abbeydale Residential Care Home are predominantly older people and people living with dementia. The home is situated in the town of Ilkley. On the day of our inspection 32 people lived at the home.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Overall we found medicines were managed in a safe way and people received the medicines they needed. Staff used a monitored dosage system to help organise people's medicines and reduce the risk of errors. **We recommend the service reviews and revises their system for medicines managed outside of the monitored dosage system to ensure accurate recording and that all medicines can be accounted for.**

We concluded that there were sufficient staff available to ensure people received safe and effective care. Staff received appropriate training and support to ensure they had the necessary skills and knowledge to deliver safe and effective care. Procedures and staff training were in place to help reduce the risk of abuse occurring or going unnoticed. Staff demonstrated a good awareness of how they would keep people safe.

We concluded that potential risks to people's health and wellbeing were being appropriately assessed and managed. Accidents and incidents were reviewed on an individual basis and we saw evidence that prompt and appropriate action had been taken to reduce risk and protect people. The registered manager recognised that a more formalised system was needed to ensure a clear and consistent audit trail of action was available.

The feedback people provided about the quality of food provided was consistently good. Our discussions with staff and review of care records showed us that nutritional risk was being appropriately managed and that people received an adequate diet that met their individual needs and preferences.

Staff encouraged people to make decisions about how they wanted their care to be delivered and sought people's consent before providing support. Staff had a good understanding of the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005 and their role in protecting the rights of people with limited mental capacity.

Our review of care records, discussions with people and staff showed us that people's health needs were being met and staff made timely referrals for treatment and advice from other healthcare professionals when required.

All of the people we spoke with told us the quality of care they received was good and the staff were kind, caring and supportive. Staff across all levels of the organisation promoted and delivered person centred care.

People's specific care needs were assessed and planned through detailed care records. Staff used this information to deliver personalised care. They adapted the care and support they provided to meet people's changing needs.

Staff were skilled at ensuring people received the care and support they needed whilst maintaining people's dignity. People told us staff treated them with respect and dignity and assisted them to retain control over important aspects of their lives through encouraging their involvement in decision making.

The service asked for feedback from people in a variety of ways such as residents meetings and quality questionnaires. This information was then used this to help adapt and improve the service. Although people told us they did not have any concerns the provider advertised their complaints procedure so people knew how any concerns they may raise would be investigated.

Systems were in place to monitor and assess the quality of the service. Such as audits, quality questionnaires and care plan reviews. These systems were effectively used to identify and address areas for improvement to ensure that the quality of care continually improved.

We concluded that the service was well-led and that the registered manager and provider encouraged an open, caring and inclusive culture. People and staff consistently told us the registered manager and provider genuinely cared for the people who used the service and listened to and valued the opinions of their staff. Our observations demonstrated that this culture translated into a person centred philosophy of care.

Summary of findings

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

Improvements were required to ensure the service was consistently safe.

Overall medicines were safely managed. However, improvements were needed to the systems in place to manage medicines held outside of the monitored dosage system.

Staff demonstrated a good awareness of what action they would take to keep people safe. However, the service's safeguarding policy required updating to ensure it reflected current legislation.

Risks to people's health and wellbeing were thoroughly assessed, managed and mitigated. There were sufficient staff to meet the needs and protect the safety of the people who used the service.

Is the service effective?

Good

The service was effective.

People received a high quality and balanced diet that met their individual needs and preferences. Our review of care records, discussions with people and staff showed us that people's health needs were being met.

Staff received appropriate training and support to ensure they had the skills and knowledge to deliver effective care. They had a good understanding of how to seek and use consent to deliver care and their role in protecting people's rights under the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People consistently told us the quality of care was good and staff were kind, caring and supportive. Person centred care was promoted and delivered by staff across all levels of the service.

Staff treated people with dignity and respect and facilitated a relaxed and happy atmosphere in the service. People were encouraged to express their views and this information was used to deliver person centred care.

Is the service responsive?

Good

The service was responsive.

Staff were provided with appropriate and up to date information and guidance to assist them to deliver personalised care. Staff adapted the care and support they provided to meet people's changing needs.

People enjoyed a programme of varied, meaningful and person centred activities.

Summary of findings

The service asked for feedback from people in a variety of ways, this information was then used this to help adapt and improve the service. Procedures were in place to ensure that complaints were appropriately managed, monitored and responded to.

Is the service well-led?

Good

The service was well-led.

People and staff consistently told us the registered manager and provider genuinely cared for the people who used the service and listened to and valued the opinions of staff. Our observations demonstrated that this culture translated into a person centred philosophy of care.

Systems were in place to monitor and assess the quality of the service. These systems were effectively used to identify and address areas for improvement to ensure that the quality of care continually improved.

Abbeydale 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 9 September 2015 and was unannounced. This meant that the provider and registered manager did not know we were due to inspect the service on that day. The inspection team consisted of two inspectors.

Before the inspection, we reviewed the information we held about the provider. We also spoke with the local authority commissioning team to ask them for their views on the service and if they had any concerns. Usually before an inspection we ask the provider to complete 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. On this occasion we did not ask the provider to complete a PIR.

We used a variety of methods to help us to assess the quality of care provided and to understand the experience of people who used the service. We spoke with; one visiting relative, ten people who used the service, three members of care staff, one senior carer, the registered manager, administrator and chef. We reviewed five people's care records, medicine administration records (MARs) and other records relating to the management of the service such as policies, incident records, audits and staff files. We also spent time observing care and interactions between staff and people who used the service.

Requires improvement

Is the service safe?

Our findings

During our visit we looked at the systems in place for the receipt, storage and administration of medicines. Medicines were stored safely and only handled by trained care workers who had been assessed as competent to administer medicines safely.

We saw people were administered their medicines in an effective, kind and caring manner. People were given an explanation of what medicines were and why they were needed. We saw evidence that people who needed their medicines before breakfast had been given this by night staff. This showed us medicines were being given in line with the prescriber's instructions. Some people managed their own medication. Plans were in place so this could be done safely which helped promote these people's independence. One person received their medicines covertly. We saw that their medicines were crushed into their food as described on the Medication Administration Record (MAR). The senior carer explained this had been discussed with the person's GP, relative and pharmacist to ensure this decision was safe, appropriate and in the person's best interest. However, not all of these discussions had been formally recorded within the person's care records. The registered manager said they would ensure this was addressed.

We noted that body maps were in place which showed staff where they should apply prescribed creams and lotions. There were two systems for recording where these had been applied to people; staff were to sign both the MAR and the topical chart. We found this duplication caused some inaccuracy in recording. In some cases entries were made on the MAR that did not reflect what was recorded on the topical chart. The registered manager said they would revise this protocol to ensure one system was in place to reduce the risk of inaccurate recording.

We looked at the storage of Controlled Drugs (CD's) and found that they were kept securely. Two staff signatures were recorded for the administration of CD's and the stock balanced with recorded amounts. We found that staff did not record where they had placed a Morphine patch for two people. Our discussions with staff showed staff knew the correct protocol for where to safely place these patches. However the registered manager said they would ensure that records were kept to ensure a clear audit trail of where these patches had been placed.

We saw a monitored dosage system was used for the majority of medicines with others supplied in boxes or bottles. Our review of records and observations showed care staff used the MAR to identify what medicines people needed and record when these were administered. The MARs we reviewed showed no gaps in recording. However, when we reviewed the stock of medicines held outside of the monitored dosage system we found it was not possible to account for all medicines. For example, we checked the paracetamol held for six people and found some discrepancies between the amount of stock held and what was recorded as being given on the MAR.

The registered manager told us medication audits were completed on a monthly basis. At the time of our visit these checks were not being formally recorded. However, we saw evidence the registered manager had identified and addressed some issues with how medicines were being managed. For example, we found an excess stock of Paracetamol. The registered manager told us their audit had identified this and showed us they were in contact with their pharmacist to address this issue and ensure there was not surplus stock in the future. The registered manager explained they would ensure all medication audits were recorded in future so there was a clear audit trail of how they had identified and addressed issues.

We recommend the service reviews and revises their system for medicines managed outside of the monitored dosage system to ensure accurate recording and that all medicines can be accounted for.

The provider had a safeguarding policy in place. This provided guidance for staff to help them effectively identify, respond and report any concerns or allegations of abuse. The policy was reviewed each year but needed a further update to ensure it reflected the changes to current legislation. The registered manager said they would review and update this policy as a priority.

Staff told us they had received training in safeguarding adults and were clear and confident about how to recognise and report any suspicions of abuse. These safety measures meant the likelihood of abuse occurring or going unnoticed were reduced.

People told us there were enough staff available to provide care and they did not experience having to wait. One person told us "If I press my call bell staff come very quickly, there are always enough people around to help." Another

Requires improvement

Is the service safe?

person told us, “Staff are marvellous, we get whatever we want whenever we want it.” Another person said, “I am a lot slower to move than I used to be, but staff don’t rush me, I can take my time.” During our observations we saw staff promptly provided people with assistance when requested. We saw several examples where staff dedicated time and patience to ensure people received appropriate support and encouragement. We also noted a constant but unobtrusive staff presence throughout the communal areas of the home.

We checked recruitment files for three staff. We saw a previous employer reference for one person had been accepted from someone who had not managed this person. We raised this with the registered manager who said they would ensure more robust references were taken in the future. We found all other recruitment practices were safe and relevant checks had been completed before staff worked unsupervised, which included a disclosure and barring service check (DBS) to ensure people were protected from individuals identified as unsuitable to work with vulnerable people. The DBS is a national agency that holds information about criminal records.

Our review of records, observations and discussions with staff demonstrated that potential risks to people’s health and wellbeing were being appropriately assessed and managed. Care records contained individual risk assessments and care plans which provided staff with specific information to help reduce risks for people in areas such as skin integrity, nutrition and mobility.

We found the premises to be homely, well maintained and secure. Bedrooms and communal areas were warm, clean, free from odours and furnished to a high standard. Underfloor heating helped prevent the risk of burns from radiators and windows had restrictors in place to help reduce the risk of injury. There was a well maintained garden and patio which people told us they enjoyed using. Records were in place to demonstrate regular maintenance and checks of the building and equipment took place to help keep people safe.

Close circuit television (CCTV) monitored the lobby areas and downstairs corridor. The registered manager explained this had been introduced to enhance people’s safety and there was a policy in place to ensure relevant guidance was followed such as data protection. The provider had consulted the people who lived at the home before installing it through residents meetings and care reviews. The registered manager also said they discussed this feature of the service with people as part of their pre-admission assessment to ensure people consented to it’s use. We saw notices in the entrance to the home to advise visitors that CCTV was in operation. People we spoke with told us they felt “safer” knowing CCTV was in place. This showed us the provider was mindful of the key elements of the Care Quality Commission guidance document “Using Surveillance” published in December 2014.

Good

Is the service effective?

Our findings

People consistently spoke highly of the quality of food provided. One person told us the food was "Fantastic", whilst another person told us "The only complaint I have is about my waist line because the food is so good." Care records included nutritional risk assessments which were reviewed each month. This provided staff with up to date information about people's dietary preferences and how to manage any nutritional risks. In the care records we reviewed people's weights were stable which indicated that people consumed an adequate diet. We spoke with the chef who explained menus were changed every four weeks to reflect the season. They also had a good knowledge of people's individual dietary needs and how to cater for them. For example, on the day of our inspection they had made an alternative diabetic custard with sweetener.

We observed lunch and breakfast during our inspection. We saw tables were set with menus, table cloths, matching crockery, napkins, condiments, cups and saucers and people were given individual tea and coffee pots when they ordered hot drinks. Staff served food and drinks in a relaxed yet efficient manner and meals looked appetizing and plentiful. People were offered choices. We saw breakfast included; a selection of cereals, toast with various jams, a full cooked breakfast menu, dried, stewed and fresh fruit and lunch was a three course meal with various hot and cold options. We also saw the chef prepared specific foods to meet people's individual tastes. For example, one person was made kippers for their breakfast, another person had a glass of sherry with their lunch and two people were provided with sausage and mash as they told us they did not like shepherds pie, which was the main meal choice. Outside of mealtimes people were provided with refreshments at regular intervals throughout the day. The tea trolley was set with china cups and saucers and a selection of cakes and biscuits were presented on a plate with a doily from which people were encouraged to select their preferred option.

We saw evidence people had been involved in developing their care plans and had signed consent forms agreeing to aspects of their care. We observed staff included people in conversations about what they wanted to do and explained any activity prior to it taking place. This showed us consent was sought and appropriately used to deliver care. Staff explained that most people who lived at the home had the capacity to make decisions. They were able to explain the process they would follow if they felt people's needs were changing or they no longer had the capacity to make certain decisions. Whilst there was some information regarding people's capacity within care records, the registered manager said they planned to introduce individual capacity assessments for those people who did not have the capacity to make certain decisions. They recognised this would help to improve the quality of information available to care staff.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager demonstrated an awareness of their responsibilities of how to protect people's rights under this legal framework. They had recently sought a DoLS authorisation and were awaiting assessment of this application by the supervisory body so were confident about the correct processes to follow.

Staff had access to a programme of training to ensure they had the skills to support people effectively. Arrangements were in place to ensure new staff received a comprehensive induction which included two weeks of shadowing more experienced care staff as well as completing mandatory training on a number of topics such as safeguarding, manual handling, first aid and fire safety. The care staff we spoke with told us the training was good and provided them with the appropriate knowledge and skills they needed to safely support people. They also told us they received regular refresher training to ensure their knowledge remained current and in line with best practice.

Staff told us they had a supervision every two months and an annual appraisal. They said this enabled them to identify areas for development and discuss any concerns. They also told us the provider and registered manager were supportive and approachable.

Our review of care records, discussions with people and staff showed us people's health needs were being met. We saw evidence people were supported to see health professionals to ensure they maintained good health, such as dentists, GPs, podiatrists, opticians and physiotherapists. We also saw evidence staff made timely referrals to health care specialists where necessary. The registered manager explained they had used a Telemedicine programme for over a year which had seen a reduction in the number of A&E visits and GP call outs.

Good

Is the service caring?

Our findings

All of the people we spoke with told us the quality of care they received was good and the staff were kind, caring and supportive. One relative told us, "It's amazing here, staff really know [my relative] and I've seen them become more alert. They have transformed their life." One person told us, "The staff are all so kind, considerate, respectful and patient." Another person told us, "I love living here, it's marvellous, friendly and homely. The staff are wonderful, they are like family."

Staff told us the registered manager and provider told them the people who used the service must always come first. One staff member described that the provider had told them; "If someone living here asks us to jump, we ask them how high. We are here to meet their needs and ensure they receive the best standard of care possible." People who used the service told us the provider and registered manager "genuinely care." We saw evidence of this in practice when one person approached the registered manager to ask for a new battery for their hearing aid. The registered manager was in the process of completing paperwork so the person said "Have I come at the wrong time?" The registered manager quickly reassured the person by responding, "There is never a wrong time." They left the paperwork to fit the battery. This showed us the person centred philosophy of care was promoted and delivered by all levels of the organisation.

When providing support and interacting with people who used the service we saw staff were consistently kind, caring and patient. They took time to fully explain things to people and offer choices such as where people would like to sit or spend their time and what they would like to eat and drink. One person told us, "It can take me a while to do things but staff are so very patient with me, they deserve a medal for their patience and understanding." We saw numerous examples where people required dedicated support from staff, such as during mealtimes and when moving around the home. We saw this was carefully assessed and planned within people's care records. At the point of delivery we saw staff ensured this support was provided discreetly and in a positive and encouraging manner. This showed us staff were skilled at ensuring people received the care and support they needed whilst maintaining people's dignity.

During our observations we noted a relaxed and happy atmosphere. We saw lots of laughter, good humoured exchanges and fun between the people who used the service and staff. People told us staff treated them with respect and dignity. One person told us, "Staff speak to me like an adult and with total respect, I am more than happy with their attitude." The staff we spoke with provided us with clear examples of how they would ensure people's privacy and dignity was maintained. We saw evidence of this knowledge being put into practice, such as by knocking on doors before entering people's bedrooms and being discreet when encouraging support with personal care.

People told us they felt involved in making decisions about their daily lives. They said staff consulted them and asked their opinions and advice which helped them to maintain their independence. For example, two people described how the chef spoke with them every day to ask what they wanted to eat. They explained how food and choosing meals had always been important to them and they liked that they still had control over this aspect of their life. Care records contained life histories and information about people's social, cultural and spiritual needs and preferences, interests, hobbies and likes and dislikes in relation to key areas such as leisure activities and diet. We saw evidence staff used this information to provide appropriate care and support, such as engaging people in meaningful conversations about topics which interested them. This showed us people were encouraged to express their views about how they wanted their care to be delivered and this information was then used to deliver person centred care.

Good

Is the service responsive?

Our findings

Care records contained detailed assessments and care plans which provided staff with guidance about how people preferred their care and support to be delivered. Care plans and risk assessments were reviewed on a monthly basis to check if any changes needed to be made to the way people's care and support was delivered. Staff told us if they noticed any changes they would inform the senior carer so that this person's needs and care records could be reviewed and amended. This ensured staff were provided with appropriate and up to date information and guidance to assist them to deliver personalised care.

Staff told us they found care records contained useful guidance, however they said they were also mindful to speak with people at the point of care to ensure the information was still relevant and appropriate. We saw examples of this in practice through staff adapting the care and support they provided in order to meet people's changing needs. One person described how; "Some days I am quicker to move, other day's I find it's harder. Staff recognise if I am having a good or bad day, they know what to look for and provide me with extra help and support as I need it. If I am having a good day they encourage me to do things for myself, which is good as it means I have help when I need it but I don't lose the ability to do things for myself." This was clearly reflected within the person's care records.

We found pre-admission assessments had been completed before people moved into the home. This included a review of people's health and social needs, likes, dislikes and preferred routine. This was then followed up by an additional assessment within five days of the person's admission to ensure the information initially gathered was accurate and appropriate. The registered manager explained they visited the person in their home or hospital prior to them coming to live at the service. This enabled them to fully assess that the service was right for them and that staff could meet the person's individual needs. They explained that the provider did not put pressure on them to accept admissions and they had the authority to refuse people's admission if they felt the service was not appropriate for them. The registered manager explained that the information gathered during the pre-admission assessment was then used to ensure a meaningful care plan was constructed. We saw evidence of this within the care records we reviewed.

During our inspection we observed a handover between the day and night staff. We saw that detailed information was provided about each person's latest activities and needs. For example, we had seen one person become tearful and upset at various points during the afternoon of our inspection. This was communicated to night staff, including a full description of what had triggered this change in mood and the methods that had been successful in calming and reassuring them. This encouraged night staff to monitor this person's mood and provided effective techniques that could be used to reduce their anxiety if they became upset again. This showed us the information communicated within handovers helped staff to provide responsive care.

Noticeboards in the home advertised a comprehensive programme of activities and a programme of daily trips out in the minibus. We saw the activities were varied and included a mixture of staff run activities, such as card games and quizzes and external entertainers who visited to run musical, entertainment and exercise activities. There was a weekly church service and each month a number of shopping events where held where different retailers would visit so that those people who did not wish to leave the home to do their shopping could purchase items such as shoes, clothing and gifts. During our visit we saw a number of people visiting the local town to run errands and the minibus visited a local beauty spot. We also saw a pianist attended the home and people who wanted to participate were provided with the lyrics so they could sing along to the songs. People told us they really enjoyed this and it happened at least three times a week. People also told us that as well as the daily visits in the minibus to the Yorkshire Dales and local tearooms the provider ran regular trips so that people could visit the local theatre and concerts. As well as the structured activities programme we also saw that staff engaged people in individual activities that were meaningful to each person. For example, we saw staff provided one person with the napkins to fold for people's lunch. This person told us they didn't like the group based activities but liked to "keep busy" so staff would often ask them if they wanted to help with "little

Good

Is the service responsive?

jobs." They told us they liked doing this as it felt "productive." We also saw staff spent time providing one person with a manicure and two other people were encouraged to organise and fill the fruit bowls.

Monthly residents meetings were held where staff discussed important changes and asked for people's input about how the service should be run. People who used the service and their relatives also completed annual questionnaires. The results were collated and an action plan was developed to address any areas for improvement which was discussed during residents meetings.

The provider had a complaints procedure which was advertised on the noticeboard. This showed the different stages people should use if they want to complain and stated timescales for responding. We checked the complaints log and found no complaints. The people we spoke with told us they knew how to make a complaint and felt able to approach any member of staff, the registered manager or provider if they had any concerns. One person said "I have never heard anyone complain about anything, why would you?" Another person told us, ""There is nothing to complain about or improve on, it's super, the next best thing to being in my own home."

Good

Is the service well-led?

Our findings

People consistently told us the service was well-led. The home had a registered manager who had been in post for several years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. People provided positive feedback about the registered manager. They told us they were "kind", "caring" and "part of the Abbeydale family."

The feedback people gave about the provider and registered manager demonstrated that they both genuinely cared about the people who used the service. One relative told us that the provider had a "visible presence" and would "readily re-invest" in the service. This was reflected in our observations on the day of our inspection as the environment was furnished and decorated to a high standard.

Staff told us that a transparent and caring culture was promoted by all of the senior management team and that staff worked well together as a team. Staff told us the manager and provider were approachable and they felt able to raise issues with them and had confidence they would take action to address any concerns they had. They said they felt listened to and that their opinions were valued. Our observations and review of records demonstrated that this culture translated into a person centred philosophy of care.

There were systems and procedures in place to monitor and assess the quality of the service. These included seeking the views of people they supported through residents' meetings and quality questionnaires. We saw evidence the provider used people's feedback to improve the quality of care provided. For example, some people commented there were not enough activities during weekends. We saw that a member of care staff was now allocated to deliver a programme of weekend activities.

A series of audits and checks were in place to enable to provider to monitor the quality of care provided. We saw evidence that where these audits identified issues or concerns these were promptly addressed. For example, the infection control lead's audit from January 2015 identified a number of scuffs along some of the corridors and a damaged bath seal which may have made it more difficult to clean. This was raised with the provider and within two weeks the corridors had been repainted and the bath seal had been replaced.

The registered manager explained that they individually reviewed every accident that occurred within the home on a monthly basis. This was to ensure that appropriate action had been taken to reduce risk and protect people. The registered manager did not always produce written analysis of the trends and patterns of accidents and incidents that occurred in the home. Although they were able to describe in detail key themes in the incidents that had occurred at the home in the past three months. We also saw evidence that prompt and effective action was taken to learn from accidents and incidents and to help keep people safe. We saw numerous examples where risk management plans had been implemented and referrals made to health professionals and the local falls assessment team. However, the registered manager recognised that a more formalised system was needed to ensure there was a clear and consistent audit trail. They said this was something they would address as an immediate priority.