

W And J A Bishop Limited

The Abbey Residential Home

Inspection report

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Malton
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Tel: 01653692256

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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

About the service: The Abbey Residential Home is a care home providing personal care for up to 24 older people. At the time of the inspection, 21 people were using the service.

People's experience of using this service: People told us they were happy, and staff understood their care and support needs. There was enough staff to provide support to people when needed. This was delivered by a consistent team who had the skills, knowledge and relevant training to support people.

People were treated with dignity and respect and their independence was promoted. Staff spent time getting to know people and their life histories. They understood the importance of this which stimulated meaningful conversations. Impromptu activities took place as staff recognised this had a positive impact on the number of people who chose to join in.

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. Choices people made were respected.

Systems in place to continuously monitor the service had been improved to ensure people received a good quality service. The provider visited on a regular basis and engaged with people and staff. People felt they were listened to and their views respected. They were asked to provide regular feedback on the service provided.

People and staff spoke positively of the management team. The service was well-run by a registered manager who was supported by a care manager and deputy manager. The registered manager attended regular forums and events in the local area to build relationships. The service had good links with the local community and other professionals to promote and improve people's health.

More information is in the Detailed Findings section below. For more details, please see the full report which is on the Care Quality Commission's (CQC) website at www.cqc.org.uk

Rating at last inspection: At the last inspection the service was rated Good (report published 17 August 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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.

The Abbey Residential Home

Detailed findings

Background to this inspection

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

Inspection team: One inspector, an inspection manager and an Expert-by-Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did: Before our inspection, we looked at information we held about the service. The provider sent us a Provider Information Return. This is information we require providers to send us 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, such as notifications we had received from the registered manager. A notification is information about important events which the service is required to send us by law. We sought feedback from the local authority contract monitoring team before our visit. We used this information to plan the inspection.

During the inspection we spoke with seven people who used the service, five relatives and one professional. We spoke with eight members of staff which included the registered manager, care manager, deputy manager, four care staff and the cook.

We viewed a range of documents and records. This included three people's care records and multiple medication records. We looked at three staff recruitment, induction and training files and a selection of records used to monitor the quality and safety of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- The provider had a policy and procedure in place to guide staff in how to safeguard people from the risk of abuse and harm.
- Staff had been trained and understood how to identify, respond and report safeguarding concerns.
- People felt safe. Comments included, "I feel safe here. I like that I have my own room and don't have to share" and "Everybody is very kind and that makes you feel safe."

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

- Any risks to people were identified and reduced. The electronic records system was being updated to capture any actions taken in relation to risk management.
- Accidents and incidents were responded to appropriately. Although these were analysed to identify any trends this was not always completed in a timely manner. The registered manager was addressing this.
- Health and safety checks, as well as regular maintenance, helped to maintain the safety of the home environment. Action had been taken when any issues had been identified.

Using medicines safely.

- Medicines were stored, administered and recorded appropriately. Senior staff responsible for medicine management, ensured the provider's policy and procedure was followed.
- A thorough approach ensured staff were not disturbed when dealing with medicines; this had reduced the number of errors occurring.

Staffing and recruitment.

- The recruitment process ensured suitable staff were employed.
- When agency staff were used, appropriate information was obtained prior to them working at the service.
- There was enough staff to support people. Call bells were answered in a timely manner and staff were visible throughout the service.
- People and relatives told us there was enough staff. Comments included, "It gets busy at times but generally I would say there is enough staff" and "Yes, there is enough. They always have time to chat and they are visible."

Preventing and controlling infection.

- Staff followed good infection control practices; they used aprons, gloves and hand sanitiser to help prevent the spread of infection.
- People live in a clean, fresh smelling environment with sufficient domestic staff to ensure standards were maintained.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs were assessed before they were admitted; expected outcomes were identified.
- Staff regularly reviewed and recorded people's care and support needs.
- People were involved in making every day decisions and choices about how they wanted to live their lives.

Staff support: induction, training, skills and experience.

- Staff new to the service completed an induction.
- Staff received training to ensure they had the relevant skills and knowledge.
- Management regularly explored staff's understanding and learning of specific training topics. A member of staff said, "We do online training, but management also check we have actually taken the information on board."
- The management team completed regular staff supervisions. These included observations of their practice so they worked to the provider's own standards and followed best practice.
- Staff spoke highly of the management team and the support they received. Comments included, "I like working here. Management are always around, and I feel well supported. I am never worried about asking for advice or support."

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

- People were supported to eat and drink enough; refreshments were served throughout the day. If there were any concerns regarding people's weight, appropriate monitoring charts were completed, and relevant professionals contacted.
- People received a variety of meals and drinks that were adapted to meet their preferences and dietary requirements. People told us they enjoyed the meals on offer. One person told us, "I enjoy the food. We have a good cook." A relative told us, "I have only really seen the breakfasts but [person's name] is always telling me how good the food it."

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

- The service had links with the local GP practice who visited on a regular basis. Other professionals, such as district nurses and opticians gave regular support.
- Advice from professionals was acted upon and made sure people received effective care.

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

- People were free to access all areas of the service.

- People's mobility needs were considered. For example, ramps had been installed where needed.
- People's bedrooms were personalised to their own tastes. One person told us, "I love my bedroom here."
- The service is a listed building with some restrictions on what adaptations can be made. There were plans to upgrade and refurbish parts of the service.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager was clear of the process to follow if they had concerns about a person's capacity.
- People signed to show they had consented to the support provided.
- Where people had lasting power of attorneys in place, this was recorded in people's care plans.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- People were supported by a consistent team of staff. One person said, "We see the same faces and I know them all quite well. Some more than others. They sometimes use agency staff but not very often."
- Staff were kind and caring in their approach. Comments included, "Staff are always asking us if we are okay or if we need anything. They are a caring bunch."
- Positive, caring relationships had been developed and staff were attentive to people's needs. There was a relaxed atmosphere; people told us they had made friends within the service.
- Staff applied their equality and diversity training to their role and the support they provided to people.

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

- People lived according to their wishes and values; they had access to advocacy support if needed.
- People were involved in discussions about their care and support; relatives were involved in these discussions.
- Staff understood the importance of effective communication whilst maintaining confidentiality.

Respecting and promoting people's privacy, dignity and independence.

- People were treated with dignity and respect.
- Staff understood people's abilities, and this was respected and promoted. A relative told us, "When [Person's name] moved here they couldn't do a lot for themselves. They seem to have blossomed now. They are able to do more things and I think that is because of the excellent care they get here."
- The registered manager and staff showed genuine concern for people. They were keen to ensure people's rights were upheld and they were not discriminated against.
- People were encouraged to maintain relationships. Friends and relatives were welcome to visit at any time. One relative said, "I have been coming to this home for many years and I have never been made to feel unwelcome. Staff greet you with a smile, always."
- Staff understood when people may wish to spend time alone and this was respected.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's needs were assessed and then recorded in their own care plans, Some of their information was missing on their new electronic care plan system; this was being addressed.
- People's care was regularly reviewed; their plans contained relevant information. Relatives were invited to review meetings. One said, "I am involved in discussions about [person's name] health and wellbeing. Staff are good at keeping me informed."
- Staff were responsive to people's needs. One person told us, "If you ask for staff, they are there." A relative said, "My relatives needs assistance to use the toilet and as soon as they say they need to go staff are on to it straight away. We have never had any issues of them having to wait."
- People received care from staff who knew their life story and who was important to them.
- The activities coordinator considered each person's interests when planning activities. Activities were either planned or impromptu depending on what people wanted to do on the day.
- Staff spent one to one time with people participating in pastimes they enjoyed. They understood the importance of providing meaningful stimulation.
- People gave positive feedback regarding the activities on offer. One person told us, "We do all sorts. Generally, activities are on a morning as people like to relax in the afternoon."

Improving care quality in response to complaints or concerns.

- People knew how to make a complaint. Information was available in different formats, such as large print, if required. One person said, "I would speak to any of the staff but I know [registered manager's name] is the big boss and I could go to them with anything."
- The registered manager knew how to manage any complaints or feedback provided.
- Any day to day concerns were responded to quickly.
- The culture of the service was open and honest. People approached management with confidence.

End of life care and support.

- People had advanced care plans in place. The registered manager planned to update these so they included people's end of life wishes.
- Staff were passionate about ensuring people's last days were spent according to their wishes.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

At the last inspection, we recommended the provider ensured shortfalls found within the service and action taken to address them was fully recorded.

- The registered manager and provider had made improvements to the quality assurance systems. These now highlighted any shortfalls; action taken was recorded.
- The electronic records system was not being fully utilised. The registered manager was exploring further staff training with this.
- The provider visited at least monthly to monitor the quality and safety of the service. These visits were now recorded.
- The registered manager engaged with everyone using the service, their relatives and professionals. Feedback was analysed, and improvements made where needed.
- People, relatives and staff spoke positively about the registered manager and their approach. One person told us, "It is well run and a relaxed atmosphere. There is no regimentation. The manager is smashing." Another person described the registered manager as "approachable" and "accessible."
- Regular staff and resident meetings took place. People were encouraged to share their views and contribute to decisions about changes within the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- The registered manager was aware of their role and responsibilities. They had submitted notifications to CQC as required.
- The registered manager worked to develop their team's knowledge and performance.
- Daily staff 'handover meetings' ensured effective communication about key issues; staff were clear about their tasks and responsibilities.
- Information related to people who used the service was stored securely.

Working in partnership with others.

- The service had good links with the local community.
- The registered manager attended forums and events within the region; she had built relationships with

other organisations.