

Mr Clifford Strange and Mrs Philippa Strange

Abbeywood House

Inspection report

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Date of inspection visit:
15 October 2018
16 October 2018

Date of publication:
21 November 2018

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

This unannounced inspection took place on 15 & 16 October 2018. Abbeywood House is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Abbeywood House is registered to provide personal care and support for up to 30 older people some of whom may be living with dementia or physical frailty. The home does not provide nursing care; people living there would receive nursing care through the local community health teams. At the time of the inspection there were 26 people living at the home.

Abbeywood House was previously inspected in September 2017, when the home was rated 'requires improvement' overall. We found breaches of two legal requirements relating to the management of complaints and activities. Following that inspection, the registered manager sent us a plan describing the actions they had taken to improve. At this inspection, in October 2018, we found improvements had been made and there were no breaches in legal requirements.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.'

People received a service that was safe. The registered manager and staff understood their role and responsibilities to keep people safe from harm, protect people from discrimination and ensure people's rights were protected. Risks had been appropriately assessed and staff had been provided with information on how to support people safely. There were enough staff to meet people's needs and checks were carried out on staff before they started work to assess their suitability.

People received their prescribed medicines on time and in a safe way. However, where people had been prescribed medicines they only needed to take occasionally guidance provided to staff was not always clear. This meant those medicines were potentially not administered in a consistent way.

We have made a recommendation in relation to medicines.

People received effective care because staff had the skills and knowledge needed to support them. People's health and wellbeing was promoted and protected as the home recognised the importance of seeking advice from community health and social care professionals. People were supported to eat a healthy balanced diet. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, not all records we saw were clear or reflected the same level of understanding.

We have made a recommendation in relation to how the home records people's consent.

The home was clean and people were protected from the risk of cross contamination and the spread of infection. Staff had access to personal protective equipment (PPE) and received training in infection control. Equipment used within the home was regularly serviced to help ensure it remained safe to use.

People spoke positively about activities at the home and told us they had the opportunity to join in if they wanted. We saw a range of activities were available including music therapy, arts and crafts, arm chair exercises, film afternoons, card games and quizzes. People were aware of how to make a complaint and felt able to raise concerns if something was not right. The provider and registered manager welcomed comments and complaints and we saw where concerns had been received these had been investigated in line with the homes policy and procedures.

People benefitted from a home that was well led. People, relatives and staff were positive about the leadership of the home and told us the management team were open and approachable. The provider had systems in place to review, monitor and improve the quality of service provided. This included a programme of audits and spot checks.

We have made a recommendation in relation to record keeping

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.

Is the service safe?

Good ●

The home was safe.

People were safe as the provider had systems in place to recognise and respond to allegations of abuse.

Risks to people's safety were appropriately assessed and well managed.

People received their medicines as prescribed and medicines were managed safely.

Robust recruitment procedures were in place and checks were undertaken before staff started work.

There were sufficient numbers of skilled staff on duty to meet people's needs.

Is the service effective?

Good ●

The home was effective

People's consent was gained before care and support was delivered and the principles of the Mental Capacity Act 2005 were followed.

People were cared for by skilled and experienced staff who received regular training and supervision and were knowledgeable about people's needs.

People's health care needs were monitored and referrals made when necessary.

People were supported to maintain a balanced healthy diet.

Is the service caring?

Good ●

The home was caring.

People told us they felt well cared for.

People received care and support from staff who promoted their independence, respected their dignity and maintained their privacy.

Staff had a good knowledge of people they supported and had formed positive, caring relationships.

People were encouraged to be involved in their care and supported maintain to relationships with family and friends.

Is the service responsive?

Good ●

The home was responsive.

People's care needs and preferences were regularly monitored/ reviewed and systems were in place to respond to people's changing needs.

People were supported and encouraged to make choices about their care and support daily.

People understood how to complain should they need to

There was a programme of activities and social events, meaning people were well occupied and stimulated.

Is the service well-led?

Good ●

The home was well led.

The registered manager was aware of their responsibilities and had carried out regular quality checks of the home.

People felt the registered manager was supportive, approachable and expressed confidence in the registered manager to address any concerns raised.

There was an open culture where people and staff were encouraged to provide feedback, which was used to drive improvements.

High staff morale led to a happy place for people to live.

Abbeywood House

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 was 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 home under the Care Act 2014.

This unannounced comprehensive inspection took place on 15 and 16 October 2018. The inspection team consisted of one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care home. The expert-by-experience for this inspection had experience in the care and support of people living with dementia. They spoke to people and relatives to gain their opinions and views of the home.

Prior to the inspection, we reviewed information we held about the home. This included previous inspection reports and statutory notifications we had received. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. We also reviewed the homes action plan, which was sent to the Commission following the inspection in September 2017. This set out how they would resolve the issues found at that inspection. During the inspection, we met most people and spoke individually with 16 people living at the home as well as four relatives; seven staff members, the deputy and registered manager, and the provider. We asked the local authority who commissions services from the home for their views on the care and support given. Following the inspection, we received feedback from a further seven relatives who wished to share their views of the home with us.

To help us assess and understand how people's care needs were being met, we reviewed six people's care records. We looked at the medication administration records and systems for administering people's medicines. We also looked at records relating to the management of the home; these included three staff recruitment files, training records and systems for monitoring the quality of the services provided.

Is the service safe?

Our findings

People consistently told us they felt safe and well cared for at Abbeywood House. One person said, "Yes I do feel safe, well supported and looked after." Another person said, "I feel safe in my room and I do not have to entertain anyone, if I don't want to." Relatives told us they did not have any concerns about people's safety. One relative said, "Mum is safe, settled and the home is secure, it's like Fort Knox here." Another said, "People are safe and well looked after, I would recommend the home to friends' and family."

People were protected from the risk of abuse and avoidable harm. Staff demonstrated a good understanding of how to keep people safe and who they should report concerns to. The policy and procedures to follow if staff suspected someone was at risk of abuse or harm, were displayed in the staff office. The registered and deputy managers were aware of their responsibility to liaise with the local authority about safeguarding issues, and where concerns had been raised these had been managed well.

People continued to receive their medicines safely. One person said, "A carer brings my tablets, they have a good system here and I really don't have to worry anymore about forgetting to take them." There were systems in place to audit medication practices and clear records were kept showing when medicines had been administered or refused. Staff had received training in the safe administration of medicines and were having their competencies regularly assessed. We checked the quantities of a sample of medicines against the records and found them to be correct. Records showed an external pharmacist audited the homes medicines regularly.

However, we found where some people had been prescribed medicines they only needed to take occasionally, guidance was not always clear to help ensure those medicines were administered in a consistent way. For example, one person's care records contained conflicting advice in relation to the administration of a medicine to aid sleep. We discussed what we found with the registered manager who told us they would take advice from the person's doctor. Following the inspection, the registered manager confirmed the person had been receiving their medicine as prescribed and their care records had been updated. The person had not been adversely affected by what we found.

We recommend the provider undertakes a review of all guidance provided in respect of people's PRN medicines.

People were protected from the risk of harm. We found risks, such as those associated with people's healthcare needs, had been assessed and were being managed safely. People's care plans included assessments for the risk of not eating or drinking enough to maintain their health; the risk of choking due to swallowing difficulties; the risk of skin breakdown due to poor mobility and the risk of falls. For example, one person had been identified as being at high risk of developing pressure ulcers. Actions to minimise the risk of harm included using specialist equipment such as an air mattress and the need for regular repositioning to relieve pressure. We found specialist equipment had been provided and staff were helping the person to reposition in accordance with their care plan.

People were protected by safe recruitment processes. Systems were in place to ensure staff were recruited safely, and were suitable to be supporting people who might potentially be vulnerable. We looked at three staff recruitment files, which showed a full recruitment process, had been followed, including obtaining disclosure and barring service (police) checks.

People were kept safe because there were enough skilled and experienced staff on duty to keep them safe and meet their needs. People told us there was always plenty of staff available when they needed them. One person said, "Yes there always seems to be enough staff." Another said, "I think so, I never have to wait if I need some help." A visitor said, "I visit several homes and compared with others this one has the most staff." Throughout the inspection, we saw staff had time to spend with people and when people needed help they did not have to wait.

Accidents and incidents were recorded and reviewed by the registered manager. They collated the information to look for any trends that might show a change in a person's needs and to ensure the physical environment in the home was safe.

People continued to be protected against the risk of infection. The home was clean and there was an on-going programme to redecorate and make other upgrades to the premises when needed. For example, the provider had recently replaced the downstairs flooring in the communal lounge and dining room. A relative said, "Whenever we visit, the home is always spotlessly clean." Staff were aware of infection control procedures and had access to personal protective equipment (PPE) to reduce the risk of cross contamination and spread of infection. Records showed staff had received training in infection control and food hygiene.

The premises and equipment were well maintained to help ensure people were kept safe. Regular checks were undertaken in relation to the environment and the maintenance and safety of equipment. The home had fire protection equipment and clearly signposted fire exits to aid people in case of a fire. However, we found some routine checks on fire safety were not always being recorded. For example, monthly emergency light testing had not been recorded since May 2018. We discussed what we found with the registered manager and the provider who assured us that the checks were taking place but due to a change in staff roles these had not been recorded properly. The emergency lights were tested during the inspection and found to be in good working order.

We recommend the provider undertakes a review of the homes maintenance records to ensure they are correct, up to date and complete. Other records were well maintained.

Is the service effective?

Our findings

People received effective care and support from well trained staff. People consistently told us they had confidence in the staff supporting them. One person said, "The staff are all wonderful and very well trained." A relative said "All the staff I have met have been very professional, I can assure you my mother receives the very best care and support; the staff are amazing."

Some of the people living at Abbeywood House had needs relating to mental frailty and/or early onset dementia which potentially affected their ability to make some decisions. We checked whether the home was working within the principles of the Mental Capacity Act 2005 (MCA). We found staff had received training about MCA and knew how to support people who may lack the capacity to make some decisions for themselves. Staff told us that most of the people living at Abbeywood House could make day to day decisions but in some cases, they had to act in their best interests. Where decisions had been made in a person's best interests these were fully recorded in care plans.

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). Records showed the registered manager had identified that some aspects of people's care and support were potentially restrictive. For example, some of the people living at Abbeywood House were under constant supervision and were not able to leave the home unescorted in order to keep them safe. Where this was the case we found the registered manager had made appropriate DoLS applications to the local authority. However, records showed this process had not been consistently applied. For example, we found four people were subject to constant supervision and their capacity to consent to these arrangements had not been assessed. We discussed what we found with the registered manager who agreed that some people's records did not fully reflect the action that had been taken or the meetings which had been arranged.

Whilst we did not find that people were being deprived of their liberty unlawfully, we have recommended the home reviews all documentation relating to the MCA and the DoLS.

People received care and support from experienced and trained staff. Newly appointed staff undertook a detailed induction programme, which followed the Care Certificate framework. This is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high-quality care and support. All the staff we spoke with told us they felt supported, received regular supervision and had the opportunity to discuss their work performance and development needs. Comments included; "The registered manager is really supportive" and "They always have time for you and they listen to what you have to say."

There was a staff training programme in place and staff confirmed they received regular training in a variety of topics. These included dementia, first aid, medication, safeguarding, health and safety and food hygiene. Specialist training was also provided for people's specific care needs, for example, pressure ulcer prevention, managing challenging behaviour and sepsis awareness.

People were encouraged and supported to engage with a range of healthcare services and staff supported people to attend appointments. One person said, "If I need to see the doctor all I have to do is ask and they arrange it for me." People's care plans included details of their appointments and staff knew people's needs well. Each person's care plan contained a health action plan that set out how their health care needs were to be met. These helped to ensure people's wishes and needs were respected, for example in emergency or a sudden deterioration in their health. Where changes to people's health or wellbeing were identified, records showed staff had made referrals to relevant healthcare professionals. For example, the dietician or podiatrists. Healthcare professionals spoke positively about the home and told us people were well cared for. One healthcare professional said, "Staff are responsive to people needs and follow any advice they have been given."

People told us they enjoyed the meals provided by the home. Comments included, "The food is very nice," "lovely, every day is different" and "The cook knows just what I like and my daughter can eat with me if she wants." A relative said, "The quality of the food is very good and my father has put on some weight which is good to see." Throughout the inspection we saw people had plenty of hot and cold drinks available as well as snacks such as biscuits, cake and fruit. One person said, "They supply a lot of drinks here. That's part of the healing and if I don't like the flavour they just change it."

We observed the lunchtime meal. Meals were served directly from the kitchen, the food was well presented and looked appetising. People sat in small groups and staff sat with people providing assistance where necessary. Where people needed support, this was provided appropriately and discreetly. People's care records highlighted where risks with eating and drinking had been identified. For instance, where people needed a soft or pureed diet, this was being provided. People appeared to enjoy their lunch, one person said, "That was lovely" another said, "Very nice I enjoyed that."

Abbeywood House is a large detached Victorian property set in its own grounds on the outskirts of Torquay. The registered manager told us people enjoyed using the garden in the summer and we saw there was plenty of outdoor seating which enable people to spend time with their families and friends whilst enjoying the views. All areas of the home we saw were clean, well maintained and had been adapted to meet people's individual needs in a homely way. There were large clocks and boards displaying the day, date as well as forthcoming events and daily activities. Signage helped to support people, who may have had some memory difficulties, to keep track of the passage of time and to choose what events they wanted to take part in or invite their families to attend.

Is the service caring?

Our findings

People told us they were happy and contented living at Abbeywood House. People's comments included, "The staff are lovely, kind, considerate," "Very good, without a doubt" and "I love it, the staff couldn't be better." One person said, "I'm happy living here and the staff are all very good. If I am a bit under the weather they always ask me if I am alright or if there is anything I need." A relative said, "My mother is happy there and I can see that she is well cared for."

We spent time observing the care provided. We found there was a relaxed and friendly atmosphere within the home, staff worked well together and supported people in an unrushed, caring and compassionate manner. Some of the people living at Abbeywood House were living with a dementia and at times were confused about where they were and what they should be doing. Staff showed a very good knowledge and understanding of the people they supported. For example, we saw when one person had become slightly upset a member of staff identified this quickly and sat next to the person. They drew their attention towards a different task which made them smile. We heard another staff member asked a person if they were feeling cold and offered to get them a blanket.

Throughout the inspection, we saw the registered manager and staff spend time with people and showed a genuine interest in their lives. Taking time to speak with people and listening to what they said. People shared jokes and physical affection with staff who were calm, encouraging and humorous in their interactions with people. People were happy with the care and support they received and told us staff were nice, kind, and caring. One person said, "They look after me well, nothing is too much trouble."

People's preferences for their care were obtained and recorded during their pre-admission assessment. People's care plans were clear about what each person could do for themselves and how staff should provide support. People and their relatives told us that staff encouraged people to remain as independent as possible, and when they needed extra support this was provided in a considerate way, which did not make them feel rushed. Throughout the inspection, we saw and heard people being supported well; staff spoke with them in a calm, respectful manner and allowed people the time they needed to carry out tasks at their own pace.

Relatives told us staff treated people with respect, maintained their dignity and were mindful of their need for privacy. We saw staff knocked on people's doors and waited for a response before entering. When staff needed to speak with people about sensitive issues this was done in a way that protected their privacy and confidentiality. When we asked staff to tell us about the people they supported, they spoke about people in a respectful and compassionate way.

People's bedrooms were personalised and furnished with things which were meaningful to them. For example, family photographs, ornaments and furniture. People were supported to keep relationships with friends, family and others who were important to them. There were no restrictions on the times visitors could call. Throughout our inspection we saw people with their visitors enjoying cups of tea and spending time together. Relatives told us they felt welcomed by the staff and were well looked after during their visits.

Is the service responsive?

Our findings

When Abbeywood House was previously inspected in September 2017 we rated this key question as 'requires improvement'. We had found people's opportunities to take part in activities were limited and the home did not have in place a robust system for managing complaints.

At this inspection, in October 2018, we found action had been taken and improvements had been made. The home now had in place an effective complaints management process and the opportunities for people to take part in meaningful activities had significantly improved.

We looked at the care and support records for six people living at the home. People's care records reflected their needs and were regularly reviewed and updated. Care plans were personalised and gave information about people's likes and dislikes as well as valuable information about their support needs, past history and relationships. Care plans described what was important to people, what people could do for themselves and how staff should offer support. For example, one person's care plan described in detail the support staff should offer during personal care as well as what the person could do for themselves.

Staff had a good understanding of people's individual needs and were skilled in delivering care and support. Staff gave us examples of how they had provided support to meet the diverse needs of people living at the home including those related to disability, gender, ethnicity, faith and sexual orientation. For example, the home had arranged for people's spiritual needs to be supported by their local church who regularly attended and offered communion.

Care plans identified people's communication needs and how they could be supported to understand any information provided. For instance, where people may experience a level of confusion that might affect their ability to communicate. Staff were guided to speak slowly and allow the person time to understand what had been asked or to answer. This approach helped to ensure people's communication needs were known and met in line with the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People's needs were reviewed on a regular basis and any changes were recorded accordingly. Handover meetings provided staff with information and kept staff informed as people's needs changed. Staff wrote daily records detailing the care and support provided and how people had spent their time. Staff told us handovers were informative and they felt they had all the information they needed to provide the right care for people. This helped to ensure people received consistent support to meet their needs.

Although there was no one receiving end of life care, the registered manager confirmed that they had previously worked closely with GP's, palliative care team and the local hospice to ensure people had access to support, equipment and medicines as necessary. We reviewed people's care records and found where people had chosen to have this conversation, their end of life wishes had been recorded.

At the previous inspection September 2017, we found people's opportunities to take part in activities had been limited. At this inspection we found Abbeywood House had employed two extremely enthusiastic and passionate activity coordinators and the opportunities for people to take part in meaningful activities had significantly improved.

People spoke very highly of the level of activity and entertainment provided. One person said, "There is always something going on." Another said, "I'm very sociable, and I join in everything." The home produced a monthly activities programme, which was displayed on the homes notice board and informed people about upcoming events. We saw a range of activities were available including music therapy, arts and crafts, cake icing, karaoke, arm chair exercises, film afternoons, card games and quizzes. Activities were designed to encourage social interaction, provide mental stimulation and promote people's well-being. In addition to the in-house activities the provider had also organised for a number of external entertainers to visit and we saw one of these sessions and it was clear people thoroughly enjoyed these sessions.

The manager told us staff had worked hard to develop a meaningful activity program, which engaged people. And explained about the positive benefits this would have on a person health and wellbeing. For example, activity coordinators held regular reminiscence sessions which were person centred and tailored to people likes /dislikes and past hobbies or careers.

Each person's care plan included a list of their known interests and activity coordinators supported people daily to take part in things they liked to do. People who wished to stay in their rooms were regularly visited by staff to avoid them becoming isolated. People with skills or hobbies were encouraged to share their interests with others. For example, the home had recently started a knitting club, which took place every week. People and staff told us how much they enjoyed this, as they could do something they loved and learn new skills.

People were aware of how to make a complaint, and felt able to raise concerns if something was not right. The home's complaints procedure was freely accessible for people and relatives. People we spoke with told us they had not needed to complain, but were confident the registered manager would take appropriate action should they need to do so.

Following the inspection in September 2017, the provider told us of their intention to update their complaints policy and procedure. This included creating a live database to record all complaints and concerns. This would allow the provider to identify trends and monitor any action that had been taken. We look at this new system for recording and responding to concerns and complaints as part of this inspection and found it to be working well.

Is the service well-led?

Our findings

People, relatives and healthcare professionals told us the home was well managed. Comments included; "Very well led," "They have a good team now" and "The new registered manager has made a positive impact." One relative said, "Absolutely I would recommend the home to friends and family." Staff were positive about the support they received and told us they felt valued. One member of staff said, "It's the best place I've ever worked."

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

The registered manager and provider had a clear vision for the home, which was to provide and maintain a high standard of care in a warm and friendly environment. Staff had a clear understanding of the values and vision for the home, they spoke passionately about the people they supported and were proud of people's achievements and providing good quality care.

The management and staff structure provided clear lines of accountability and responsibility, which helped ensure staff at the right level made decisions about the day-to-day running of the home. There were systems in place for staff to communicate any changes in people's health or care needs to staff coming on duty, through handover meetings. These meetings eased the sharing of information and gave staff the opportunity to discuss specific issues or raise concerns. There was an on-call duty system in place and specialist support and advice was obtained from external health and social care professionals when needed.

There were effective quality assurance systems in place and the management team continued to carry out a regular programme of audits to assess the safety and quality of the service and identify issues. These included audits on medicine records, incidents and accidents, care records and environment. Audits and checks supported the registered manager in identifying any shortfalls which needed to be addressed. Where shortfalls were found, records showed these were acted upon and action plans were in place. The provider annually sought people's views by asking people, relatives, and external professionals to rate various aspects of the home, for example, management, staffing, environment, food and activities. We looked at the results from the latest survey undertaken and found the responses of the people surveyed were positive.

The registered manager kept up to date with best practice by attending local forums with other care professionals. These forums allowed for information sharing, professional updates and discussion around how to implement best practice guidance. Learning from these meetings was shared between the staff team at the regular staff meetings.

The registered manager was aware of their responsibilities in relation to duty of candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They had notified the Care Quality Commission of all significant events, which had occurred in line with their legal responsibilities. We found the provider had displayed their rating in the home and on their web site.