

Essential Care & Support Ltd

Abbeyvale Care Centre

Inspection report

Laidler Close
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Tel: 01915869358

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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

Abbeyvale Care Centre is a residential care home which can provide personal care for up to 42 people. The home accommodates people in one adapted building across two floors. The home specialises in providing care to people living with a dementia type illness and mental health conditions. At the time of this inspection there were 37 people living at the service.

People's experience of using this service and what we found

People told us they were happy with their care at Abbeyvale Care Centre. Staff understood how to keep people safe. Effective recruitment procedures were in place. People received care in a timely way. The environment and equipment were safe and well maintained. People were protected from the risks associated with the management of medicines and the spread of infection.

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. People were supported to eat and drink enough to maintain their health and welfare. Staff received appropriate training and supervision. People's health was well managed. Staff worked closely with other professionals to provide effective care.

Staff were kind and had developed caring relationships with people. Staff respected people's privacy and dignity. People's independence was promoted. Staff ensured people maintained links with their friends and family.

People's care was based on detailed assessments and person-centred care plans. A range of activities were available. People felt confident raising concerns. Complaints had been dealt with effectively. Staff were aware of good practice and guidance in end of life care. People's religious beliefs and preferences were respected.

The home was well managed. Effective management systems were in place to monitor the quality of the care provided. Feedback was used to make continuous improvements to the service. The registered manager worked well to lead the staff team in their roles and ensure people received a good service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This is the first inspection of this service which registered with CQC on 12 October 2018.

Why we inspected

This was a planned inspection based on the date the service first registered with CQC.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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.

Abbeyvale Care Centre

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector, a specialist advisor in nursing and an Expert by Experience. The inspection was carried out by one inspector, a specialist advisor in nursing 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 service.

Service and service type

Abbeyvale Care Centre 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.

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 the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. This included details about complaints, concerns and incidents the provider must notify us about. We sought feedback from the local authority and professionals who worked with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. 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 took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with eight people and two relatives. We spoke with the registered manager, regional operations manager, area operations manager, three care staff, the activities co-ordinator/lifestyle support, administrator, cook, kitchen assistant and domestic.

We observed how people were being cared for and reviewed a range of records. This included four people's care files and medication records. We looked at the personnel files for four staff and we reviewed records related to the management and quality assurance of the service.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question was rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. People said, "I feel safe" and "My things are 100% safe."
- The provider had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm or abuse.

Assessing risk, safety monitoring and management

- Risks to people were assessed and monitored. Care plans were in place to mitigate risks and were reviewed regularly.
- Systems were in place to support people in the event of an emergency, such as a business continuity plan. Each person had a Personal Emergency Evacuation Plan which contained information about how best to support them during an evacuation.
- The environment and equipment were safe.

Staffing and recruitment

- People and relatives told us there were enough staff to support their needs. One person told us, "There's always staff when I need them."
- The provider operated a safe recruitment process.

Using medicines safely

- Medicines were managed safely.
- People were happy with the support they received to take their medicines.
- Staff who administered medicines were trained and knowledgeable about people's medicines.
- Medicine audits and checks were completed regularly. They were effective in highlighting areas for improvement.

Preventing and controlling infection

- The home was clean.
- Staff followed the policies and procedures in place to promote good infection control practices.
- Equipment was available to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong

- The service responded appropriately when accidents and incidents occurred. Records were analysed for patterns or trends. Incidents were used as a learning opportunity.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question was rated good. This meant 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

- Detailed pre-admission assessments about people's needs and choices were in place. These were used to develop people's care plans.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled. They carried out their roles effectively.
- Staff received regular supervision and appraisal. They said they felt supported.

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

- People told us they enjoyed their food and had a choice of meals. Comments included, "The food is very good", "The porridge is gorgeous", "You get plenty" and "The soups and cream slices are beautiful."
- Staff were knowledgeable about people's special dietary needs and preferences.
- People were supported to maintain a balanced diet. Their weight was monitored closely. Detailed records were completed and regularly reviewed. Professionals were involved as appropriate.

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 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager followed all the principles and guidance related to MCA and DoLS.
- Staff knew what they needed to do to make sure decisions were taken in people's best interests.

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

- People told us they received health care support when needed. One person told us, "I have regular health

appointments." Another person said, "I see the dentist and chiropodist regularly."

- People's care records showed relevant health care professionals were involved with their care. This included, GP's, speech and language therapists, the falls team, chiropodists and psychiatrists.

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

- People were involved in decisions about the design and the decoration of the environment.
- The registered manager told us about the plans to make the environment more dementia friendly. This included, themed murals of a florist and a pit wheel.
- The provider had a programme to continually maintain the environment for people, including redecoration.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question was rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives were happy with the care provided. Comments included, "I love it here, the staff are lovely", "The staff are kind to me" and "I am very well looked after."
- Relatives confirmed they could visit whenever they wanted. They were always made to feel welcome. One relative told us, "When I come they offer me a brew. They are welcoming." Another relative said, "We are always offered refreshments."
- Staff showed concern for people's wellbeing. They knew people very well. One person said, "They [staff] came with me to a hospital appointment. They [staff] ask things I wouldn't'. They [staff] are very supportive."
- Equality and diversity were recognised by the provider and staff. People were supported to maintain their religious beliefs.

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

- People and their relatives were involved in decisions about their care. People told us, "It's the best care home I've lived in" and "They listen to me." A relative said, "They include us."
- The staff team worked well together and with the people who used the service. They understood people's communication needs and consistently engaged people in conversations.
- Information was available for people to access advocacy services. Advocates provide impartial support to people and communicate decisions.

Respecting and promoting people's privacy, dignity and independence

- People were respected, showed patience and understanding. One person said, "I was in a bad way. I'm really happy. They [staff] have really helped me a lot."
- People's independence was promoted. People told us, "I can go to the shops", "I have a key for my bedroom" and "I'm independent, I can get dressed."
- The staff maintained the privacy and dignity of the people they cared for. They were clear this was a fundamental part of their role. One relative said, "'Mam's said 100 times how good the staff are."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

This is the first inspection for this newly registered service. This key question was rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had personalised care plans. They clearly described the care people required to meet their needs.
- People were empowered to make choices. They had as much control of their care, as possible. Comments included, "I make my own decisions, going in the bath or out shopping."
- People and relatives were involved in creating and reviewing plans of care. One person said, "My care plan is in the office. I read it occasionally. I contribute towards it." One relative told us, "The family read the file. It's accurate and up to date."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities, events and outings of their choice. These included, bingo, dominoes, a lunch club, quizzes, shopping, fetes, church services, themed food nights and entertainers. People told us, "I like the computer and puzzles", "I do my crocheting" and "I go to the pub every day." The registered manager and the activities co-ordinator/lifestyle support told us about the plans to form a resident's committee and introduce a new person-centred activities planner.
- Staff supported people to maintain important relationships. One person told us, "My family are welcomed." Another person said, "My wife comes to see me here." Staff told us, "I'm supporting a lady to attend the funeral of her friend to keep the bond going to the end" and "I'm taking a resident to visit his brother for a couple of hours."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information about people's communication needs.
- Most people using the service were able to communicate their needs to staff without support. The registered manager told us that information could be provided in different formats if required.

Improving care quality in response to complaints or concerns

- The provider had a structured approach to dealing with complaints.
- People and relatives told us they felt confident to raise concerns. Comments included, "I would feel comfortable complaining" and "I've no complaints. They [staff] are lovely."

End of life care and support

- None of the people who used the service were receiving end of life care at the time of our inspection. However, the registered manager explained how people would be supported to make decisions about their wishes. Professionals would be involved, as appropriate, to ensure people were comfortable and pain free.
- Staff had received training in end of life care. They empowered people and their relatives in developing care plans. Staff knew to respect people's preferences.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question was rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager and staff understood their roles and responsibilities.
- The provider monitored the quality of the service and visited regularly to make sure a high standard of care was delivered.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home had a positive atmosphere. People and relatives told us staff were approachable. One relative said, "The home couldn't have a better manager, she's the best."
- Staff morale and teamwork were good. One staff member said, "This is a good team of staff. They are very caring and work well together."
- Staff were enthusiastic about ensuring people received good care. Staff told us the registered manager was approachable, supportive and kept them updated.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The views of people, relatives and staff were regularly sought. They were invited to regular meetings and sent annual surveys. Their feedback was used to make changes and improvements to the service. One person told us, "We have a meeting every 2-3 weeks. All the residents are involved. It's a free and open discussion."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager acted in an open and transparent way. They submitted statutory notifications to CQC following significant events at the home.

Continuous learning and improving care

- The provider had an effective quality assurance system to review areas of the service and to drive improvement.

Working in partnership with others

- Staff worked in partnership with health and social care professionals to achieve good outcomes for

people.

- The service had good links with the local community, such as the church, community centre and other key organisations. This reflected people's needs and preferences.