

Anchor Trust

# Abbeywood

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Abbeywood is registered to provide accommodation and personal care (without nursing) for up to 51 people. Some of whom may be living with dementia. The home is divided into five 'living areas' which are set over two floors. At the time of our inspection 46 people were living in the home.

This was an unannounced inspection which took place on 10 March 2016.

There was a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager assisted us during our inspection.

Although staff had a good understanding of the Mental Capacity Act 2005, they had not followed legal requirements in relation to it.

People were cared for by a sufficient number staff who had been appropriately recruited. People had access to a range of health care professionals should they need it. People were supported to maintain good health as food choices were on offer to people and people's dietary requirements were respected.

Medicines management processes followed good guidance and staff were aware of the processes they should follow if they suspected abuse was taking place in the home.

Accidents and incidents and risks to people were identified and monitored and action taken to mitigate their reoccurrence. People would receive continuing care should they home have to close in the event of an emergency.

People were cared for by staff who had received appropriate and up to date training in order to carry out their role. Staff were supported by management and encouraged to progress. Staff followed formal processes to ensure that if people were being deprived of their liberty this was being done in the least restrictive way.

People were treated well by staff. People told us they were well cared for and staff showed them respect and dignity and allowed them to make their own decisions or have privacy when they wished it. Relatives and visitors were welcomed into the home whenever they visited.

People could access a range of activities both within and outside of the home. If they had any complaints people knew who they could talk to. People were involved in their care plans and care was provided to people which matched their individual needs.

Staff felt supported by the registered manager and people and relatives felt the home was well-managed. The registered manager led by example and she and other staff carried out checks to audit the service in relation to the quality and safety of the care provided.

## 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.

Risks were assessed and managed well.

There were enough staff on duty to support people and to meet their needs.

Staff employed by the registered provider underwent complete recruitment checks to make sure that they were suitable before they started work.

People told us they felt safe. Staff understood the importance of protecting people from harm and abuse.

Medicines were managed safely and there was a contingency plan in place in the event of an emergency.

### Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Abbeywood was meeting the requirements of the Deprivation of Liberty Safeguards however, staff did not always follow the legal requirements of the Mental Capacity Act 2005.

Staff were sufficiently skilled and experienced to care and support people to have a good quality of life. Staff received support from their managers through supervision and appraisal.

People were supported to eat the foods they wished and people's health needs were managed effectively.

Effort had been made to ensure the design and decoration of the home was suitable for people living with dementia.

### Is the service caring?

Good ●

The service was caring.

People were treated with respect, kindness by staff who cared.

People could make their own choices and have privacy when they wished it.

Visitors were welcomed into the home

### **Is the service responsive?**

**Good** ●

The service was responsive.

Care and treatment was provided in response to people's individual needs and preferences.

An activity programme was in place and people expressed satisfaction with the range of activities available.

People felt able to raise concerns and were aware of the complaints procedure.

### **Is the service well-led?**

**Good** ●

The service was well-led.

People felt the home was well-managed. People, relatives and staff were involved in the running of the home and their feedback was listened to.

Quality monitoring systems were in place to monitor the safety and quality of the care being provided.

Staff felt supported by the registered manager and said she led by example.

# Abbeywood

## 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 10 March 2016 and was unannounced. The inspection team consisted of three inspectors and an expert by experience. An expert by experience is a person who has experiencing of a relative living in this type of environment.

Before the inspection, we asked 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. We reviewed the completed PIR and we checked information that we held about the home and the provider. This included information from other agencies and statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

During the inspection we spoke with 16 people and four relatives and visitors. We also spoke with six care staff, the deputy manager and the registered manager. Following the inspection we made contact with three external health and social care professionals.

Some people at the home were living with dementia and we were unable to hold detailed conversations with them. Therefore, we spent time observing the care and support that people received in the lounges and communal areas of the home during the day. We also observed part of the medicines round that was being completed.

We reviewed a range of records about people's care and how the home was managed. These included six people's care records, staff training, four employment records, quality assurance audits, minutes of meetings, policies and procedures and accident and incident reports.

Abbeywood was last inspected on 21 August 2014 when we had no concerns.

# Is the service safe?

## Our findings

People said that they felt safe and we observed that they appeared happy and at ease in the presence of staff. One person said, "I didn't feel safe in my bungalow (but here) everyone is very helpful." Another person told us, "Yes, I feel safe." A third person said, "We are warm, safe and comfortable." A relative told us, "The staff are excellent, very kind and caring and mum feels 100% safe."

Thorough recruitment checks were completed to ensure permanent staff were safe to support people. Recruitment records for staff contained completed job applications, appropriate references, photographic identification, confirmation people were who they said they were and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services, such as Abbeywood.

People told us that there were, on the whole, enough staff on duty to support them at the times they wanted or needed. One person said, "There is usually staff around, but today they've gone out (on a trip) but we've still got a few people (staff) checking that we're okay." Another person told us, "Staff are very busy, but they always help you." A third person said, "The majority of staff respond well and quite quickly if you do have a need." A visitor said, "Staff are always available to help and assist." A relative commented, "I think there are adequate staff."

We observed on the day of our inspection, there was sufficient staff on duty and that people received assistance and support when they needed it. This was despite an organised trip taking place which involved around half of the people who lived in the home. The registered manager and activities co-ordinator had arranged for sufficient staff to accompany people on the trip on almost a one to one basis, and still left an appropriate level of staff for those people who chose not to go out.

The registered manager used a dependency tool that considered people's individual needs to decide staffing levels. The registered manager told us that staffing levels were reviewed constantly or if there were changes in a person's needs. Staffing levels consisted of seven care staff during the day and two team leaders. The registered manager told us they had recently reviewed staffing levels at night and were increasing from four to five in order to help ensure the whole home was covered. Staffing rotas were in line with what was described to us by the registered manager.

Risks to people were identified and information on how to reduce the risk documented. When incidents and accidents occurred records evidenced that action was taken to minimise the chance of a re-occurrence. For example, one person had several falls. As a result staff had installed a 'magic eye' in this person's room to alert staff when they got out of bed. This person was also susceptible to diabetes and an individual risk assessment for this had been drawn up. Other people had individual risk assessments in relation to the use of call bells, razors and using a wheelchair. Staff had considered the risks of people going out on the day trip on the day of our inspection and had drawn up an appropriate risk assessment in relation to transport for people, medicines and nutritional needs whilst away from the home.



Systems and processes were in place to safeguard people from harm. Staff had undertaken adult safeguarding training. They were able to identify the correct safeguarding procedures should they suspect abuse. They were aware that a referral to an agency, such as the local safeguarding team should be made in line with the provider's policy. Staff told us they knew about the whistleblowing policy and were, "Confident to raise concerns" should they have any. A member of staff said, "I am always walking around, we don't tolerate bad practice."

People's care would not be interrupted if there was an emergency in the home. For example, if there was a fire, flood or the home had to be evacuated. A contingency plan was in place which gave guidance to staff and each person had their own personal evacuation plan which detailed the support they needed should they need to be evacuated. Staff attendance at fire training was 100% which meant staff had been trained in what to do should an emergency occur.

Medicines were managed safely at Abbeywood. We had identified some poor practices with one member of staff who did not follow Anchor's medicines policy but the registered manager took immediate action to address this. For example, we saw this member of staff being interrupted by care staff several times during the administration of medicines because they had not made it clear to care staff not to interrupt them. This could have resulted in them being distracted from what they were doing. They had filled in one medicines record with an incorrect time the person had received their medicines and they had administered the wrong day's medicines to one person. We spoke with the registered manager about this at the end of our inspection and they told us they would suspend this person immediately from the administration of medicines and follow Anchor's policy of re-training and competency assessments before allowing this person to administer medicines again. Other staff followed good medicines management procedures so as all of the errors related to one member of staff and the impact to people was minimal we were confident people received their medicines appropriately and safely by staff.

The administration of medicines followed recognised guidance. We noted staff locked the medicine trolley when leaving it unattended and did not sign Medicine Administration Record (MAR) charts until medicines had been taken by the person. One person told us, "My medicines are brought to me and staff always make sure I have taken them before they leave me." Another person said, "They give me my medication once a day – usually at the same time." There were no gaps in the MAR charts, which were clear and legible. We noted MAR charts contained two signatures where information had been handwritten by staff. We also noted where medicines had been prescribed on PRN (as needed) basis staff followed the provider's protocol. This contained information about each medicine prescribed, the reason for administration and the signs and symptoms a person may display to indicate they required the medicine. MAR charts contained information about any allergies a person may have and how they liked to take their medicines. They also included a photograph of the person to aid staff identification.

## Is the service effective?

### Our findings

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) but they did not always follow the full legal procedures in relation to it. For example, one member of staff said, "People have to choose, it's what a person wants for their life. Not what other people want for them." The 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. Mental capacity assessments were completed for people and their capacity to make decisions had been assumed by staff unless there was a professional assessment to show otherwise. This was in line with the MCA which guided staff to ensure practice and decisions were made in people's best interests. We saw people had MCA assessments for going out alone. However, assessments had not always been completed or records of any best interest meetings held. For example, where people were diagnosed as living with dementia but had signed a 'consent to care' form.

We discussed this with the registered manager and Anchor area manager's at the end of our inspection. The area manager explained there had been conflicting guidance and information circulating in relation to the MCA and that Anchor were working on a way of addressing this shortfall in practice.

We recommend the registered provider rolls out this piece of work as soon as possible to help ensure their services are adhering to legal requirements.

Abbeywood was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood when an application should be made. Applications had been made for people as coded locks were in place in the home and some people did not have the capacity to consent to their use. The registered manager understood that applications were not required for people who had capacity.

People said that the food at the home was good. One person was heard to say, "Mmm the fish is nice" when they were eating their lunch. People could choose where they ate their meals. One person told us, "I like to eat in my room and watch telly." Another person said, "The staff pop in and make sure I'm okay and bring my food to my room if I don't want to go to the dining room. I only have to ask and they bring fruit and drinks regularly." One relative told us, "Food is reasonable and there is plenty of fresh fruit and snacks." Another relative said, "The food is good and varied in my opinion."

People's dietary needs and preferences were identified and monitored by staff. For example, one person's care records noted, 'susceptible to diabetes – sugar intake to be monitored'. We saw staff did this. Dietary summaries were held in each living area and these matched the information held by the chef. Equipment people required in order to remain independent in their eating was provided in line with what was in their care records. For example, one person required a plate guard and we saw one was used at lunchtime. Staff

had ensured those people who required pureed food and had gone out for the day trip were given the appropriate food. Pureed food had been pre-prepared and this was to be reheated by staff at the outing location. We heard staff discuss with people their specific dietary needs, advising them when certain foods were not appropriate for them.

People received the food they had requested. Staff took people's orders on their food preferences at the start of the lunch time and we saw people were given what they had asked for. People were served promptly which included those who had chosen to eat in their room. The food looked appetising and was served nicely and we heard and saw people being asked if they wished more and receiving it. Menus for food choices were displayed on tables and if people did not like either of the main choices an alternative was available for them as well as being provided with their individual requirements. For example, one person asked for a slice of plain bread and another person was given mashed potato instead of the vegetable on offer.

The provider involved a wide range of external health and social care professionals in the care of people. These included the GP, optician, district nurse and Speech and Language Therapy team. One person told us, "There is a doctor's surgery just across from here." Another person said, "We are pretty much well provided for. We have access to a doctor, dentist a chiropodist once a month, a hairdressing salon on the premises and we are weighed monthly." A third person said, "If I want to see the chiropodist or hairdresser I only have to ask."

Staff were trained in areas that included fire safety, first aid, food hygiene, infection control, moving and handling, safeguarding and health and safety. A training programme was in place that included courses that were relevant to the needs of people who lived at Abbeywood. These included dementia care. Before staff worked independently they followed the Anchor induction programme which meant they shadowed a more experienced member of staff. One member of staff told us the training they received was good and they had been encouraged to take their NVQ3 in health and social care. Another member of staff said, "I have had numerous training courses and I am currently undertaking my NVQ level 5 in health and social care." The deputy manager told us, "It's not just good enough to have the training. I need to see the staff put it into practice."

Staff received support to understand their roles and responsibilities through supervision and an annual appraisal. Supervision consisted of individual one to one sessions and appraisals gave staff the opportunity to speak with their line manager about all aspects of their role. Staff were encouraged to progress within the home.

Effort had been made to ensure the design and decoration of the home was suitable for people living with dementia. Some rooms had filled memory boxes outside their rooms to help people with orientation and reminiscence. There were murals and artwork around the corridors of the home included items created by people who lived in the home. There were pets who lived in the home which people could pat or look at.

## Is the service caring?

### Our findings

We asked people how well cared for they felt. One person said, "It's very good here." Another told us, "We call it the 'well looked after' home. Nothing could make it better." Two other people told us they were happy and felt well looked after. Other people said, "I can't explain. They do everything to make you feel happy", "Most of the staff listen when we ask for anything. They are very good and helpful" and, "I just think the staff are lovely." A visitor told us, "Staff are exceptional. They are lovely and caring and always available to help and assist."

People said that they were treated with kindness and respect. One person needed to be repositioned as they had been sitting too long in one position. Staff helped this person to get up and move to another chair in a very attentive way. One person said, "I am really well looked after and not pressured into doing anything I don't want to do. They (staff) always refer to me by name and often sit with me for a while." Another told us, "Yes, they (staff) are respectful and treat us with dignity."

People could have privacy if they wanted it and their preferences and individual choice was recognised. One person said, "If I want privacy I can go to my room and watch the telly or read a book." A relative told us, "The staff are very caring and respect her privacy." People who had chosen not to go out on the day trip told us this was their choice and staff had respected this.

On the whole staff showed attentive care to people. People did not have to wait to be supported when they required it and staff took time with people. We observed staff administering medicines to people. They sat by their side and described to the person their medicines and what they were for.

People were made to feel as though they mattered. Two people had birthdays on the day of our inspection and the atmosphere in their living area was vibrant. Staff played the piano and family member's joined in the celebrations and were having lunch with their relative.

People were cared for in an environment that was homely. Throughout the home art and crafts which had been created by people were hung on walls. The environment was light and airy and all areas looked onto a courtyard in which people could access if they wished. People's rooms were individual and personalised.

People were cared for by staff who knew them and each other as staff ensured the team integrated as much as possible to allow staff from all areas of the home to get to know people. For example, the day trip taking place during our inspection was attended by housekeeping staff as well as care staff. Relationships between people and staff were positive, caring and relaxed. There was easy banter between people and staff during the lunch period and in general throughout the day.

People really responded to staff. One person was quite restless and wished to walk around a lot. A member of staff sat with them and invited them to sing. They said to them, "We'll sing Edelweiss, that's your favourite. You start." They held the person's hand and sang with them. There was clear 'joy' in the person's eyes as they looked at the staff member and sang along with them.

We asked staff what caring for people meant to them. One staff member said, "It's not just about tasks, it's about emotional support as well. It is their home and they should not be prisoners in it." Another member of staff told us, "I don't focus on the illness. I focus on the person. For example, I always wear really loud socks and people say to me, "What socks do you have on today?", it sparks conversation."

Relatives and visitors were welcomed into the home at any time. A visitor told us, "As a visitor, I am always welcomed by name and there are always enough good caring staff. I am usually offered lunch and the food is excellent." A relative said, "We see the management staff nearly every time we visit and are always welcomed and offered drinks. We occasionally eat with mum too. I would say that the management and staff are well trained, caring and considerate."

## Is the service responsive?

### Our findings

The registered manager had considered innovative ways to provide activities for people. She had introduced Mufti-day once a month during which time staff wore their own clothes. Proceeds from these days were used for the benefit of people living at Abbeywood. For example, the day trip that was taking place during our inspection. When we arrived around 20 people and staff were waiting for the coaches to arrive. There was a buzz of excitement and anticipation. One person told us, "I don't go out usually, but I am looking forward to going to the zoo." Other people who did not go out told us, "I didn't want to go out (today), but I have been on other organised trips." Staff who accompanied people on the day trip did not wear uniforms which portrayed a more relaxed feel about the trip.

People told us activities were meaningful to them and they were happy with the choice on offer. One person said, "We are usually left to do our own thing, but there is always something going on. I like knitting." Another person told us, "There are usually lots of things going on if you want to get involved." A third person said, "They are caring and if we want to go out they will arrange a group visit to the shops." A further person commented, "There are lots of activities and occasional outings if you want to be involved."

People's care records contained information about their care needs, for example, in relation to their mobility, physical health needs, communication, nutrition and skin integrity. Care plans also contained information about personal histories and likes and dislikes. Care plans were reviewed regularly and information relating to a person's life history included so staff could get to know a person. For example, one person often recited a particular prayer and a staff member was able to tell us that this prayer had been said to them daily when they were a child.

People were involved in their care plans. One person said, "My care plan was discussed last Tuesday and I do get to make decisions about the care given." A relative told us, "Mum has had two reviews of her care plan so far and I am very happy with her care."

People received responsive care. For example, one relative told us, "Mum has blood pressure and is a diabetic. The staff are very caring and mindful of any problems. Her care plan was updated six months ago and I have noticed she had been very content in the last six months."

Staff understood about providing personalised care to people and people's preferences were recorded. For example, one person's care plan stated how they liked their window open at night, what time they preferred to go to bed and how many pillows they slept with. One staff member told us, "We have time to talk with people. We do one to one's and have 'quiet' time so we get to know people and what they like.

People were cared for by staff who had the most up to date information about them. Staff had handovers between shifts and handover sheets were drawn up which noted any important information or changes in relation to a person.

Information of what to do in the event of needing to make a complaint was displayed in the home. The

complaints procedure included the contact details of other agencies that people could talk to if they had a concern. A record was in place of complaints received and the registered manager took prompt action to resolve these. For example, in relation to fire doors causing a noise to one person when they were closing. People told us they could say if they were not happy and they would speak with staff. One person said, "I would talk to the manager" if they had any concerns. Another person said, "I have no complaints about the staff and care." A third person said, "If I needed to complain I would ask for senior management. Any minor concerns are discussed at residents meetings." A relative said, "Overall we have no complaints. Another relative told us, "I have no complaints on the staff front." A third relative commented, "They look after her very well. I am happy with all aspects of her choices."

## Is the service well-led?

### Our findings

The registered manager had a proactive approach. They told us, "Do not tell someone to do something that you have either not already done yourself or are willing to do yourself, lead by example." They said they worked as 'one family' and when the need arose they carried out care, housekeeping and general tasks around the home. This helped them to understand the role of each member of staff. We saw them do this on the day. A member of staff told us, "The registered manager has encouraged me to develop my skills. She leads by example." The registered manager took time to ensure staff felt as though they mattered. We read in the staff meeting held before Christmas it was recorded the registered manager had expressed a big, 'thank you' to staff for their commitment and hard work during the year. The registered manager had good management oversight of the home as they sat in on daily handovers to ensure they had an overview of people's daily needs and that people received the appropriate care.

People were involved in the running of the home. Residents meetings were held and feedback from people was listened to. For example, people had asked for more outings, fruit throughout the day and cups and saucers for their drinks, rather than mugs. All of these had been addressed by the registered manager. People had also asked for condiments to be placed on tables and we saw these were provided during lunch. As well as general meetings for people individual living areas held their own meetings which meant people could make decisions and changes specific to the wishes of the people who lived in that particular part of the home. For example, one living area had asked for teapots and these had been provided. One person told us, "We have regular residents meetings where we can air our views." Another said, "We have regular residents meetings where we can make decisions on our care and environment."

Relatives were encouraged to give their feedback. We read relatives had asked for Wi-Fi to be installed, more outings and for relatives meetings to be held on a different day. The registered manager had accommodated all of their requests.

We asked people if they felt the home was well managed. They told us, "I don't know the name of the manager, but my view is that everything works well anyway." Another told us, "I know the management would handle any complaints quickly and efficiently." Other people said, "Overall I would say that the place is well managed. It's clean, there are usually staff around so anything you want can be accessed within a short timeframe," "I think the staff and management manage well. The staff are all very friendly and work well together and give us good care," "I've seen both managers today and they are very friendly and helpful as are all the staff. I don't know what they could do to improve things." A relative told us, "I am very happy with the way the management and staff look after my mum. I think the home is well managed. The management team are very approachable and seem to have a handle on what is going on." A visitor told us they were confident the registered manager would sort out any problems. The registered manager and deputy manager were visible throughout the day of our inspection.

Staff worked together to ensure the care provided was of a good standard. Staff held regular staff meetings. These included meetings of head of department, general staff meetings, housekeeper meetings and night staff meetings. Discussions and any actions agreed at these meetings were taken forward. For example, new



menus had been introduced.

Staff felt supported by management. One staff member told us, "The (registered) manager and deputy manager are very, very supportive." They said the registered manager, "Listens to everyone and acts promptly." They added the registered manager always reminded staff they were working as a team whatever role they were in. Another member of staff said, "The (registered) manager is focussed on everything, not just people's primary needs. She is always supportive, listening and doing the right thing." A third member of staff said the (registered) manager was very approachable and they had a good rapport with them. They added they had been, "Bringing the home up to scratch" and, "It's looks much better now." A further member of staff said, "It may not be a hotel, but it's four star."

Annual surveys were carried out and the response received was positive. Of the 16 responses received from the 2015 survey we read people's satisfaction in the staff, home comforts, care and choice had increased from the responses received in 2014.

A range of quality assurance audits were completed by the registered manager and provider that helped ensure quality standards were maintained and legislation complied with. These included audits of medicines, accidents and incidents, health and safety, care records and staffing. There were no significant actions identified from any of the audits we looked at. We noted a recent local authority quality audit had been carried out. No actions had been identified, only good practice recommendations.