Abbeyfield Deben Extra Care Society Limited (The)

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Inspection report

Highlands
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Tel: 01394386204

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 23 February 2007 and was unannounced. Abbeyfield Deben Extra Care Society provides accommodation and personal care for up to 24 people. On the day of our inspection there were 22 people living at the service.

The service had a registered manager. 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.

People were not always supported to be as independent as they were able. People were supported in the least restrictive way possible but were not always supported to exercise maximum choice and control. Care plans did not always contain detailed information about how people wanted to live their lives or their personal history.

People felt safe living in the service. Staff understood the need to protect people from harm and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required to keep them safe and recruitment procedures protected people from receiving unsafe care from care staff unsuited to the role. People had risk assessments in place which identified and managed people's known risks, and appropriate arrangements were in place to manage and store people's medicines.

People received care from staff that were supported to carry out their roles to meet the assessed needs of people living at the service. Staff received training in areas that enabled them to understand and meet the care needs of each person. People had their healthcare needs managed in a way that was appropriate for each person and people's nutritional needs were supported.

People received support from staff that treated them well and prioritised their needs. People were relaxed and comfortable around staff. People were encouraged to maintain good relationships with people that were important to them and the service was using modern technology to support this.

Systems were in place for the home to receive and act on feedback. There were policies and procedures in place to support the provision of good care and support.

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.

Staff demonstrated they understood how to recognise signs of abuse and knew how to report concerns.

The service had risk assessments in place to protect people from hazards and abuse.

There were enough staff to meet people's needs. Staff had received medicine administration training.

Regular medicines audits took place to ensure errors did not occur.

Is the service effective?

Good

The service was effective.

People were supported by staff that had the knowledge and skills necessary to provide the required care and support.

People's freedom and rights were respected by staff who acted within the requirements of the law.

People's health and wellbeing were monitored and they were supported to access healthcare services where necessary.

Is the service caring?

Good

The service was caring.

People were supported by staff that were caring.

People were involved in making choices about their care and their views and preferences were respected by staff.

Contact with friends and relatives was supported.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care plans did not contain personalised information as to how people wanted to live their life and recording of people's history was inconsistent.

People's individual hobbies and interests were not always supported and encouraged.

There was a complaints procedure which was available to people.

Is the service well-led?

Good

The service was well-led.

People, relatives and health care professionals were encouraged to give feedback which is acted upon to improve the quality of the service.

The registered manager is pro-active in ensuring the service is up to date with current practice.

Abbeyfield Deben Extra Care Society Limited

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 checked 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.

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to a criminal investigation and as a result this inspection we did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of related to the environment. This inspection examined those risks.

This inspection took place on 23 February 2017 and was unannounced.

The inspection team consisted of two inspectors 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. Our expert had experience of supporting a person with dementia.

Before our inspection we reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We spoke with six people who used the service. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection. We spoke with the registered manager and deputy manager. We also spoke with three members of care staff and observed the staff handover meeting.

To help us assess how people's care and support needs were being met we reviewed nine people's care records and other information, for example their risk assessments and medicine administration records. We looked at five staff personnel files and records relating to the management of the service. This included recruitment, training, and systems for assessing and monitoring the quality of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. When we spoke with one person about what made them feel safe they told us about the pendant alarm that they took with them when they went out into the garden which reassured them that should something happen when they were walking in the grounds they could summon assistance.

Staff had been provided with training in safeguarding people from abuse. They understood their roles and responsibilities regarding safeguarding, including the different types of abuse and how to report concerns. One staff member told us, "We can come across all sorts of abuse, such as physical, financial and verbal. I would always report this to my manager immediately". Another said, "The residents come first, I would always report any concerns straight away".

Risk assessments provided staff with guidance on how risks to people were minimised. These included risks associated with accessing the community, nutrition, skin integrity, moving and handling, and falls. Risk assessments were regularly reviewed and amended to reflect changing needs. However, some of the templates the service was using to monitor and identify risk were produced using a 'tick list' format. This did not allow the service to add additional information personal to the individual. We brought this to the registered manager's attention who informed us that they were already looking to improve several areas within people's care plans to ensure that documentation was more person centred.

The registered manager carried out a Health and Safety assessment of the building using the provider's check list. This had recently been re-visited with further assessments carried out. The registered manager told us that they had an appointment to meet an external risk assessment body with a view to engaging their services.

The service did not have a formal tool to assess staffing levels. We discussed this with the registered manager who told us that, as it was a relatively small service, they were aware of staff workload and were able to adjust staffing levels when people's needs increased. They gave us an example of when they had done this. Staff told us that there were sufficient staff to meet people's needs. One staff member told us, "I think there are enough staff. I can always find another staff member if I need them". Another said, "There are enough staff. In the past they [management] have increased staffing levels when needed". We observed staff to be visible and unhurried throughout the day.

The provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles. Staff had to attend an interview and provide documents to confirm their identity. Records showed that a Disclosure and Barring Service (DBS) check had been carried out before care staff started work. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with vulnerable people. References were also provided and checked.

There were systems for people who chose to independently manage their medicines. Where this was in place, a risk assessment had been completed which determined if this was safe, and the person had signed

to agree. Medicines administered by the service were kept securely in a locked trolley and cabinet. Medicines administration records (MAR) were received printed from the chemist. These were checked before being put into the MAR folder. This gave a clear audit trail and record of people's medicines. Staff had received training to administer people's medicines safely. One staff member told us, "I had the necessary training to administer people's medication. This included a practical session to ensure we [staff] understood". Regular audits of medicines and MAR's were carried out and action taken to address any problems identified such as medicines which had not been signed for.

Good

Is the service effective?

Our findings

People received support from staff that had received training which enabled them to understand and meet the needs of the people they were supporting. Staff training included an induction before they started working in the service consisting of mandatory training such as moving and handling and safeguarding. The induction provided new staff with time to shadow other experienced staff to gain knowledge of the role. Care staff we spoke with confirmed that shadowing had been part of their induction. However, there was no formal paperwork which documented that training and shadow opportunities had been completed for new staff. We spoke to the registered manager about introducing this to ensure staff inductions were consistent. One staff member said, "I had a very good induction. It was a long time before I worked alone, which was good, it gave me time to understand the role".

The service was up to date with current best practice guidelines in relation to training in health and social care, including the introduction of the Care Certificate, which we saw was being undertaken by three new members of staff. The Care Certificate is an identified set of standards that health and social care workers adhere to in their work.

We observed the staff hand over between shifts. Staff demonstrated a good knowledge of the needs of the people they were supporting. The senior carer from the morning shift went through each person explaining any changes or concerns. This ensured staff were up to date with any issues or concerns regarding people's care and support. Any changes were also documented in the person's care plan.

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 decision, 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. The service did not have any DoLS authorisations in place but the registered manager was aware when these needed to be in place and the procedures for applying. Care records contained people's signature to confirm they consented to the care and support they received. We also observed care staff obtaining people's consent and offering choice as they provided support. For example asking a person where they wished to sit.

People were supported to eat sufficient amounts and maintain a balanced diet. Where monitoring identified that a person was losing weight their food intake was monitored and food was fortified using high calorie supplements such as cream shots. Records showed that the person's weight had subsequently increased. Where appropriate the service made referrals to the dietician and Speech and Language Team.

People told us that they enjoyed the food. One person said, "The food is generally very good." Another person said, "The food here is excellent and they always check after the meal if you have enjoyed it. Which I generally do." People were involved in choosing the menu for the service with the minutes of residents meetings showing various suggestions made by people. We observed the lunch time meal and saw that this was a sociable experience with members of staff sitting and eating with people and engaging in conversation.

Records showed that people were supported to maintain good health, have access to healthcare services and receive on-going healthcare support with appropriate referrals to chiropodist and other healthcare professionals. The registered manager told us that the service was supported by two GP practices who visited the service regularly. One GP commented on a feedback form, "Highlands [name used by the service] is a well-run and homely place where the residents are well looked after and their wishes respected by the care team. Medical problems are reported promptly and appropriately."

Good

Is the service caring?

Our findings

Care staff had developed caring supportive relationships with the people they supported. On the day or our inspection the area was being battered by storm Doris. One person told us that they had been considering going out to the local shops but at staff suggestion, because of the inclement weather, staff had offered to do their shopping they wanted.

However, we did observe some brusqueness from staff towards people when serving them with refreshments. We were also made aware of an incident where care staff had used inappropriate language between themselves when describing a person's needs. We spoke with the registered manager about this. They told us that dignity was covered in staff induction but that further dignity training was planned.

Care plans contained information about people's end of life wishes with preference about end of life support and funeral arrangements. Care plans also included dates that were important to people such as birthdays, relatives visiting or holidays. This meant that staff were made aware of people's wishes and what was important to them.

People were supported to maintain their religious beliefs. Some people were enabled to go to a local church on a Sunday. Another person was visited by the local priest who gave them communion.

Minutes of residents meetings demonstrated that people's views were sought and they were encouraged to be involved in decisions within the service. For example discussion about menu's and the placing of pictures within the service.

A relative had responded to a quality survey by saying, "I am very impressed by the high standard of care at Highlands. The staff are very caring and competent. They are also approachable and helpful for relatives. It is always a pleasure to visit my [relative] here but also to feel confident that [relative] is well looked after by people who care." The service had a self-contained guest room which was available for relatives and friends to say in either for a holiday or if their relative was unwell. During our inspection we observed that people were able to take telephone calls from family and friends. The service also had several tablet computers which were used to enable people to talk with family and friends using a video link. This provided an opportunity for people to have contact with relatives to help keep them involved and connected with relatives and friends.

Requires Improvement

Is the service responsive?

Our findings

People's care plans were devised using a tick list format, which did not reflect a person centred approach. Care plans were not fully focussed on a person's whole life, including their emotional and social care needs. For example, one person experienced anxiety and this was documented in their care plan. It went on to ask the question, "What assistance is needed from staff?", but this part was not completed. It did not describe how staff could reassure the person and provide comfort when they were feeling anxious. Another person had a health condition which fluctuated in its severity, and this meant that at times the person needed extra support. The care plan did not explain how much support was needed at these times, which would provide additional guidance for staff.

Some care plans provided little information about how the person wanted to live their life at the service, and how they could be enabled to do so. Information relating to people's life history was also not consistent across the service. Where some information had been recorded, this was not developed in a way that supported staff to have meaningful conversations with people about their lives and what was important to them. We brought our concerns to the attention of the registered manager, who had already identified that this was an area for improvement, and had arranged care plan training for the following week.

People were not always supported to be as independent as they were able. One person pointed to a line of walking frames that staff had removed from the dining room and placed in the conservatory and said, "You see those, they always do that stack them up. Means we have to wait for the staff to get them or we're stuck at the table." We observed the lunch meal and saw that people's walking frames were removed from the dining room to the adjacent conservatory. We were given an example of where a person had wanted to leave the dining room but had not been able to do so as there were no staff available to get their walking frame for them.

People told us that they were happy with the times they went to bed and got up. However, comments made to us suggested timings were organised to suit staff and not people's preference. For example, one person said, "The night staff prefer us to be in bed when they come on duty." However, they went on to say they were happy with this as they, "…don't want to be a nuisance, after all they have their jobs to do."

There was not a formal activity co-ordinator working within the service, as they were on leave until mid-April 2017. The registered manager told us that care staff supported people to take part in activities such as board games, which we observed during the inspection. There were also activities planned outside of the home, such as a visit to the theatre and a garden centre. There were themed evenings planned, such as a 'Greek night' where people could sample Greek food, and a 'takeaway' evening, chosen by people. However, records kept of people's participation in activity did not always demonstrate what people had been involved with, and some people had no entries on their activity logs. We observed a board game in the afternoon of our inspection and noted that only six people participated.

We also noted that people's individual interests were not always supported and encouraged. For example one person had recently moved into the service and had a lifelong interest in photography and had brought

some photography equipment with them when they moved into the service. They had been a member of the local camera society but reduced mobility had curtailed their attendance. Their care plan did not reflect their interest and there was no information as to how the service was supporting the person to maintain their interest. We brought this to the attention of the registered manager so they could ensure that that there was sufficient activity provision across the service to meet people's individual and specialist needs.

The provider had a system in place for recording and investigating complaints. People told us they knew how to complain and said they would speak to their family members or staff if they had concerns.

Good

Is the service well-led?

Our findings

There was a clear leadership structure in place. Staff were knowledgeable about their roles and responsibilities. They were aware of the reporting procedures and escalated concerns as and when necessary. Care staff spoke positively about management and the culture within the service. One member of care staff said, "Generally the service is managed well. If something is not working well it gets changed."

People, their relatives and healthcare professionals were encouraged to give feedback. Yearly surveys were sent out to people and their relatives. Once these surveys had been completed and returned, they were analysed and action plans were created to respond to any issues raised. People were also asked for their views in the form of regular residents meetings. During these, people were asked for their opinions on a range of topics including food, activities and home décor. Any suggestions were actioned such incorporating people's suggestions into the menu and moving pictures within the service.

Staff were encouraged to share their views and provide feedback in order to improve the service. Regular staff meetings took place in which staff were asked for their views. A member of care staff said, "There are good staff meetings and senior meetings, so we all know what is going on in the service." Staff were also asked to complete surveys regularly and any feedback provided was reviewed and acted on where appropriate. One member of staff told us that they had raised a problem with shower chairs at a meeting and the service had responded by replacing all the shower chairs.

The service is an independent registered charity but is a member of the wider Abbeyfield Society. The Chairman of the Trustees meets weekly with the registered manager to discuss any issues of concern. The service responds positively to identified risk. For example the registered manager told us that they had arranged a meeting with an external Health and Safety consultant following an incident at the service. The registered manager had also identified that care plans could be improved to better reflect people's care and support needs. They had positively engaged with the local authority regarding reviewing care plans, attending a training course on care planning. The registered manager had also recently enrolled on a networking and development course for care home managers run by the local authority. They spoke enthusiastically about the course and how it would support them to improve the service provided. This demonstrated that they were pro-actively seeking best practice in the care industry.

The service received support from the Abbeyfield Society with policies and procedures which covered all aspects relevant to operating a care home which included safeguarding and recruitment procedures. The policies and procedures were detailed and provided up to date guidance for staff. Staff had access to the policies and procedures whenever they were required and staff were expected to read and understand them as part of their role. The registered manager had submitted notifications to the CQC when required, for example, as a result of safeguarding concerns.