

Abbeywood (Tottington) Limited

Abbeywood Tottington Limited

Inspection report

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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

This was an unannounced inspection which took place on 30 January and 1 February 2018. We had previously carried out an inspection of the service in June 2015 where we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches related to the lack of an assessment and care plan for a new respite resident and the need for staff to carry out training in the Mental Capacity Act (MCA) 2005 to ensure that they were aware of their responsibilities under this legislation.

The service was rated requires improvement in effective and overall as Good. At this inspection we found the breaches had been met and the service remained overall Good in all areas.

Abbeywood Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Abbeywood Residential Care Home is a large extended detached property which provides accommodation for up to 40 older people who require support with personal care. There were 36 people living at the home during our inspection.

The service had a manager who was registered with us. 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 and associated Regulations about how the service is run. The registered manager and the nominated individual, the person nominated by the registered provider were present during this inspection. The nominated individual worked at the home on a day-to-day basis.

Staff had received training in safeguarding adults. They were able to tell us of the action they would take to protect people who used the service from the risk of abuse.

Recruitment checks were carried out to ensure suitable people were employed to work at the home. Our observations and discussions with staff and people who lived at the home confirmed sufficient staff were on duty.

Risk assessments had been put in place and were individual to the person assessed. This was to minimise potential risk of harm to people during the delivery of their care and support.

We found medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept with appropriate arrangements for storing.

We had a walk around most parts of the building and found the home was well decorated and maintained

and infection control measures were in place.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

We observed regular snacks and drinks were provided throughout the day between meals to make sure people received adequate nutrition and hydration.

We found people had access to healthcare professionals and their healthcare needs were met.

During the inspection we observed frequent and friendly interactions between staff and people who used the service. The atmosphere at the home was calm and relaxed.

Enabling people to die with dignity and remembering those who had lived at the home was very important at the home.

People who lived at the home were encouraged to participate in a range of activities that had been organised.

People who used the service and their relatives knew how to raise a concern or to make a complaint. The complaints procedure was available.

The registered provider used a variety of methods to assess and monitor the quality of care at Abbeywood. These included regular audits of the service, quality assurance surveys, resident meetings and staff meetings to seek the views of people about the quality of care at the home.

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 remains Good

Is the service effective?

Good ●

The service has been rerated from Requires Improvement to Good.

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

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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 30 January and 1 February 2018, was unannounced and carried out by one adult social care inspector.

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 what improvements they plan to make. We reviewed the information we held about the service including the previous inspection report and legally required notifications the provider had sent to us. We contacted the local authority safeguarding and commissioning teams to obtain their views about the service. This helped us to gain a balanced overview of what people experienced living at Abbeywood.

We spoke with a range of people about the home. This included five people who lived at the home, three relatives, the nominated individual, one of the deputy managers, one senior and four care staff members, the cook and a housekeeper.

We looked at care records of three people who lived at the home, training and recruitment records of staff members. We also looked at records relating to the management of the service. In addition we checked parts of the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

At our previous inspection we found that the service was safe. At this inspection we had no concerns about people's safety and the service continued to be good in this area.

People we spoke with who lived at the home and their relatives told us they felt safe with staff that supported them and the way the home was run. Relatives said, "Worry? Absolutely not" and "I have peace of mind [relative] is well cared for. They keep me well informed."

Staff had received training in safeguarding vulnerable adults and 'whistleblowing' which is reporting the poor practice of colleagues. This was confirmed by talking with staff and training records looked at. They were able to tell us of the action they would take to protect people who used the service from the risk of abuse. They told us they were certain the registered manager would take any concerns seriously. They said, "I am 100% sure."

We were aware that there was a safeguarding matter in progress. This related to falls. We did not look into the details of this investigation. We saw that the service had taken action to make improvements to their systems with families confirming what level of incident they wanted to be notified about and at what time of the day. A falls flow chart had been put into place so all staff knew what to do and what action to take in informing other health and social care professionals. The nominated individual said staff were also better at requesting test for infections that could have a bearing on falls.

A staff member said, "We try to keep people mobile for as long as possible and try to get them back on their feet." We saw that Zimmer frames were used to help people to maintain their independence and shoes and slippers fitted well to help reduce the risk of falls. We saw wheelchair footplates were always used to help prevent injury to people's feet. Two people were transferred using a hoist. Both people had their own individual sling. We saw that staff fully explained to the person what was happening during moving and handling procedures.

We arrived at the service at 7.45am. The service has a remote control gated entrance. We found that the home was secure and we were unable to access the premises. We also saw that new fob technology was being used by staff so they no longer had to use the key code system. This meant only people authorised to do so had access to the home.

We looked at three staff records and saw staff had been safely recruited. Checks included contact with the Disclosure and Barring Service (DBS) for all applicants. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks help to prevent unsuitable people from working with people who use care and support services.

We saw on the care records we looked at that risk management plans were in place to guide staff on the action to take to mitigate the identified risks. Risk assessments were reviewed by staff identified as having a

special interest or as a champion in key areas. These included the Malnutrition Universal Screening Tool (MUST) and oral health care, pressure area care, continence, dementia awareness and end of life care.

We observed the care and support people received in communal areas and saw there was always a staff presence and people were supported in a calm, unhurried manner. No outside agency staff were used by the home which helps to ensure that people who use the service received continuity of care and support from staff. The nominated individual told us that there had been a low staff turnover and staff that had left had mainly gone due to career progression opportunities. They said more staff were now on part time hours and this gave the service better flexibility for staff cover.

The building was clean and free from offensive odours. In February 2017 the local authority health protection nurse completed an infection control audit at Abbeywood. The home achieved 94% compliance. The home had three housekeepers and a laundry assistant who worked at the home over seven days each week.

We looked in the laundry, which had appropriate facilities for washing and drying all laundry including a sluice wash for soiled items. People had access to liquid hand wash and paper towels. We saw that there was hand gel available for people to use at strategic points throughout the home, for example by the front door and the dining rooms.

We talked with a housekeeper who said they were happy with the cleaning products and explained the system in place for deep cleaning bedrooms, including the use of antibacterial sprays to help control and prevent the spread of infections.

We looked to see if there were safe systems in place for managing people's medicines. We found that people received their medicines as prescribed and medicines were stored securely. We found medicines management policies and procedures were in place. Records showed that staff had been trained in the safe administration of medicines and had their competency to administer medicines regularly checked.

We looked at documentation and found equipment had been serviced and maintained as required. For example records confirmed gas appliances and electrical equipment complied with statutory requirements and were safe for use. We did find that a small number of recently replaced new windows did not have appropriate restrictors in place. The provider took immediate action to address this matter.

Is the service effective?

Our findings

At our previous inspection we found the service was requires improvement. At this inspection we had no concerns and the service was rated good in this area.

At our last inspection we found that the service was in breach of Regulation 9 Person centred care. This was because a person who had recently been admitted on respite to the service did not have a pre-admission assessment or care plan in place. This information helps to make an informed decision about whether the person is suitability placed at the service and if their needs could be safely and effectively met. No concerns were found at this inspection relating to the lack of pre-admission assessment.

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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. We did not observe people being restricted or deprived of their liberty during our inspection. When we undertook our inspection visit 25 people who lived at the home had been assessed as lacking capacity to consent to their care and had a DoLS in place. Independent mental capacity advocates (IMCAs) had represented people subject to a DoLS authorisation where there was no one independent of the service, such as a family member or friend to represent them.

People told us, "You can do what you want to do. I go out when I want and come back when I want I just have to let them know." We saw on people's care records that they signed their consent for information to be shared with others, for staff to arrange physical examinations and consultation with health care professionals, agreement for staff to manage their medication and also to have their photograph taken. Arrangements for who was to be involved in decision making were also available on records.

No bedrails were being used which could restrict people's rights to move. Alarm sensors and crash mats were in place, where needed, to help alert staff that people were moving and may need support to help reduce the risk of falls.

At our last inspection we asked about people's bedroom doors being locked during the day. We were told that this was because people did not want other people to enter their rooms and staff would take people back to their bedrooms if they asked. We saw that some people preferred to spend time in their room and had kettles and fridges. They said, "I have a lovely room. We decorated it at Christmas", "I have got a key to my room", "Its warm and it clean" and "If I need anything I press the buzzer and they come."

Staff we spoke with said, "We are a good staff team and we work well together. I have learning opportunities that give me the chance of career progress" and "We all have the training and work as a team regardless of our role."

Staff told us they had received an induction and worked alongside more experienced staff, not only to learn

and understand the role, but also to get to know the residents. All staff undertook the Care Certificate regardless of their role. The Care Certificate is a standardised approach to training for new staff working in health and social care. The induction includes an introduction to the home, information about the individual staff member's role and policies and procedures.

We saw a copy of the staff team training record. This showed that most staff had received health and safety, infection control, food hygiene, fire training, first aid and medication training. The record also showed that fourteen members of the care staff team including managers had received National Vocational Qualification (NVQ) training to Level 2 and above.

People said about the food, "I like the breakfasts" and "The foods not bad but it is not like my cooking." The dining rooms were attractively presented and slide chairs were used to help people get in and out from the table. We saw information that showed the home ran a protected mealtime policy and encouraged people not to visit at mealtimes so that people who used the service could concentrate on eating their meals. We saw that staff wore tabards whilst serving people their meals.

We observed a lunchtime meal in the small dining room. People who lived at the home were offered a two course lunch with alternative choices. Some people had plate guards and coloured plates, which enabled them to eat independently. We observed people being assisted with their meal. The staff member sat at eye level and supported the person in a patient and encouraging way. Staff encouraged people to eat as much as possible. This demonstrated staff were attentive throughout lunch and aware of people's needs.

The deputy manager showed us the Dementia Mealtime Assessment Tool (DMAT) that the home used for people living with dementia. Observations were carried out to look at people's preferences, ability and behaviours around food and drink and the best way to support them to make the most out of meal times. For example, some people eat more when you put a small portion onto a large plate.

Staff were aware of people's needs and worked with their routines. For example, one person because of their dementia sometimes slept during the day. Meals were always kept for this person so that they could ensure they had enough to eat.

The home also promoted good oral health care and used finger toothbrushes for people who lived with dementia to use and also stood behind the person to help reduce their anxiety and resistance to the task.

The deputy manager said, "We don't try to bring people (who live with dementia) back to us we go with them and their changing support needs."

Three people were receiving supplements and one person had a dietician involved in their support. One person was receiving support from the Speech and Language Therapist because they were at risk of choking. People identified at risk of malnutrition were weighed weekly and others monthly.

A doctor from the local medical centre visited the home every week. This meant the doctor knew individual people well and was able to treat them quickly. Families were also able to come into the home and support their relative when they had an appointment with the doctor. The managers of the home spoke positively about the doctor and said that they worked well in partnership together.

The care records we saw showed that people who used the service had regular appointments with chiropodists and opticians. A mobile dentist carried out routine checks at the home and people went to the dental surgery if treatment could not be carried out at the home. One person was receiving care from the

district nurses and podiatry visit to treat small pressure sore. Information about people's glasses and oral health care needs was available in people's bedrooms.

We saw that there was a rolling programme of refurbishment in place that was to a good standard, for example, new flooring, beds, bedding and furniture in bedrooms. Plans were in place to refurbish the hairdressing room into a salon. A new smart heating system which could digitally control the heating system to help maintain constant temperatures throughout the home.

We saw that the home had an attractive garden. A bus stop sign and bench had been added to the garden where people could sit. Photographs of people were on bedroom doors to help them orientate themselves. Some people also used memory boards. Every room had an en-suite facility which helped to maintain people's privacy and dignity. A relative told us that whenever they had wanted something new for their relatives room it had been provided.

Is the service caring?

Our findings

At our previous inspection we found the service was caring. At this inspection we had no concerns and the service continued to be good in this area.

We observed a pleasant, relaxed and friendly atmosphere at the home. We received positive feedback about the home from people, visitors and staff.

People said, "I get on well with the staff they spoil me", "I am happy here. I have got friends and staff are fun and friendly", "I am happy to be back in Tottington. I have a key to my bedroom and I don't mind sharing" and "It's nice. I am happy here."

Staff said, "I love the residents." "Each and every one of us are here for people and we give them our best support. I do like coming to work and I enjoy looking after the residents" and "Its rewarding."

People appeared well dressed and cared for. Some people told us that they choose their own clothes through buying them online. Hairdressers visit the home twice a week. We saw that ladies had either their handbag with them or had personal items they wanted with them in a bag attached to their walking aid as appropriate.

The home had access to the internet and some people had used Skype and Face Time to keep in contact with their relatives and friends. A priest usually visited the home twice a week to take communion with people who wanted it. There was a keyworker system in place.

To protect people's rights to privacy we saw that personal information about them was kept in a lockable cupboard within an office that was locked when not in use. Staff responsibility about people's rights to confidentiality was discussed with them during the induction process.

Is the service responsive?

Our findings

At our previous inspection we found the service was responsive. At this inspection we had no concerns and the service continued to be good in this area.

Arrangements were in place to help ensure people received individualised care to meet their different needs. We looked at the care records for three people who used the service. We noted these contained detailed information regarding people's health and social care needs. There was a good level of positively written personal information about people. This information included a one page profile, a relationship circle, strengths and needs, a social history, their preferred daily routines and decision making arrangements. This information helped to identify people's personal preferences and wishes.

We saw that since our last inspection the arrangements for table and chairs had been changed to encourage people to socialise more and take part in activities in small groups. The home had purchased a smart television and Ipad that could be used for activity purposes.

Music was very popular. Staff were aware of the change in age of people who used the service and musical era's for example as well as old time they had introduced the Beatles and other artists from that era into activity sessions for an age range of between 69 - 102 years old. Dementia CDs and singalongs were seen to be used via the smart television and music could be piped around the building, for example in corridors.

We saw that activities were offered twice a day and there was an activities planner supporting this. We saw people engaged in a competitive game of dominoes. The community based Art to Heart visited the home every week and ran an arts and crafts session.

We saw that one person had a befriender who took them out on trips. A person said, "Staff take me to the local Post office and the shop when I want to go."

We saw that picture activities profiles were in the process of being developed. We looked at three. They showed what people were interested in which included, online shopping, reading on a Kindle, watching television, reading the newspaper, going out to lunch, singing with a microphone, dominoes and going out with their befriender.

We saw that a relative was involved in fundraising for money that went towards activities for the home. They made beautiful personalised cushions and other items. They said, "I like to help in any way I can and [relative] is involved too."

The home was one of the original care home group in the Bury area to become involved in the Six Steps End of Life pathway. The staff at the home remain committed to Six Steps and have been responsible for the running of the Six Steps forum meetings in the past and were still active members. Trained staff supported people and their families to develop an end of life care plan.

When a person was nearing the end of life a picture of an angel was placed on a person's door. This was to discreetly alert staff of the situation so the person's privacy was respected. There was an area in the garden to remember those people who had lived at the home. We saw a compliment letter that had been received from a funeral director after they heard about the care a person had received from the home at the end of their life.

A relative said, "I can raise any issues I have with them. They always listen and sort it out." The home had a complaints procedure which was on display and accessible for people to see. The nominated individual informed us that there had been two formal complaints about the home in the last twelve months, including information received by them from CQC with what action had been taken in relation to the outcome.

Residents meetings take place every three months. The last resident's meeting was held in November 2017. At this meeting arrangements for the Christmas Meal Out and entertainment including Santa Claus [played by a relative] were discussed. Ideas for future activities were also discussed including a picnic on a barge.

Records of compliments received by the home were kept. Comments included, "Just wanted to write and thank you for all the care and sensitivity you showed my [relative] as well as visitors", "What a fantastic job you do. Thank you for making [relatives] birthday so special" and "Thank you so much to everyone at Abbeywood for the kindness and caring shown towards my relative and myself during [relative's] stay. It is difficult to express my appreciation adequately as you all deserve the most magnificent of accolades."

Is the service well-led?

Our findings

At our previous inspection we found the service was well-led. At this inspection we had no concerns and the service continued to be good in this area.

The service had a manager in place who was registered with the Care Quality Commission (CQC) as required under the conditions of the service provider's registration. The nominated individual also worked as part of a management team and worked directly with people who used the service on a day-to-day basis and knew them well. Two deputy managers supported them. We were told that one of the managers was on duty at all times to ensure oversight of the home. A director for the company regularly visited the home and was said to respond to any requests for improvements and resources.

Before our inspection we checked the records we held about the service. We found that the registered manager had notified CQC of any accidents, serious incidents and safeguarding allegations as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

The management team worked in partnership with other organisations to make sure they were following current practice, providing a quality service and people in their care were safe. These included the local GP, district nurses and other health and social care professionals.

Staff told us they enjoyed working in Abbeywood and felt well supported both by their colleagues and the managers in the service. Senior and staff meetings took place every three months following the residents meetings. Staff meetings are a valuable means of motivating staff, keeping them informed of any developments within the service and giving them an opportunity to discuss good practice. Staff were thanked for all their hard work at these meetings.

The registered provider had procedures in place to monitor the quality of the service provided. Regular audits had been completed. These included reviewing care plan records, monitoring medication administration and staff training. Regular checks were also made to the building and fire procedures and equipment. This helped to ensure people were living in a safe environment.

The nominated individual for the home carried out monthly management audits and checked a range of areas which included, accidents, hoists and slings, medication, infection control, pressure care, food hygiene and residents rooms.

People who used the service and visitors we spoke with told us they had regular opportunities to comment on the service provided. The nominated individual carried out a quality assurance review every six months. The last review was carried out in July 2017. The outcome to the evaluation forms completed was positive with responses to people about activities that take place at the home. They also carried out a monthly quality assurance check with a resident every month and reported their findings. The check included the person's views on the staff at the home, daily care, comfort and cleanliness, planned activities, food, rights,

privacy and independence and health and safety.