Papillon Care Limited

Abbeyvale Care Centre

Inspection report

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28 June 2018

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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 inspection took place on 27 and 28 June 2018 and was unannounced. This meant the staff and the provider did not know we would be visiting. This was the first inspection of the service following the change in registration to a new provider for this location. Although the registration of the provider had changed, the service had the same staff and people living there, remained the same.

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.

Abbeyvale Care Centre accommodates up to 42 older people, some of whom were living with dementia, others had personal care or mental health needs. On the day of our inspection there were 35 people using the service.

The home had a registered manager in place. A registered manager is a person who has registered with CQC 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 provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service.

People who used the service and their relatives were complimentary about the standard of care at Abbeyvale Care Centre. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Care records showed people's needs were assessed before they started using the service and care plans were written in a person-centred way and were reviewed regularly. Person-centred is about ensuring the person is at the centre of any care or support and their individual wishes, needs and choices are taken into account. Care plans were in place that recorded people's plans and wishes for their end of life care.

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs.

People had access to healthcare services and received ongoing healthcare support.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs, in the home and within the local community.

The provider had effective procedures in place for managing the maintenance of the premises and appropriate health and safety checks were carried out. The home was clean, spacious and suitable for the people who used the service.

Accidents and incidents were appropriately recorded and risk assessments were in place. The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Appropriate arrangements were in place for the safe management and administration of medicines.

Staff were supported to provide care to people who used the service through a range of mandatory training, supervision and appraisal. Staff said they felt supported by the registered manager.

The provider had an effective complaints procedure in place and people who used the service and their relatives were aware of how to make a complaint.

The provider had an effective quality assurance process in place. People who used the service, relatives and staff were regularly consulted about the quality of the service through meetings and surveys.

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.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service.

Appropriate arrangements were in place for the safe management and administration of medicines.

Is the service effective?

Good

The service was effective.

Staff were supported to provide care to people who used the service through a range of mandatory training, supervision and appraisal.

People had access to food and drink throughout the day and we saw staff supporting people to eat and drink at meal times when required.

People who used the service had access to healthcare services and received ongoing healthcare support.

Is the service caring?

Good

The service was caring.

People who used the service and their relatives were complimentary about the standard of care at Abbeyvale Care Centre.

The staff knew the care and support needs of people well and took an interest in people and their relatives to provide individual personal care.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's

right to privacy.

Is the service responsive?

Good

The service was responsive.

Care plans were written in a person-centred way and were reviewed regularly.

People had access to a range of activities in the home and within the local community.

The provider had a complaints policy and procedure in place and people felt comfortable to raise concerns.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post.

Staff told us the manager was approachable and they felt supported in their role.

The provider had a quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Abbeyvale Care Centre

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 27 and 28 June 2018 and was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by an adult social care inspector and an expert by experience. The expert by experience had personal experience of caring for someone who used this type of care service.

Before we visited the home, we checked the information we held about this location and the service provider, for example, we looked at the inspection history, complaints and statutory notifications. A notification is information about important events which the service is required to send to the Commission by law.

We contacted professionals involved in caring for people who used the service, including commissioners, safeguarding and infection control staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection, we spoke with 10 people who used the service and five relatives. We spoke with the registered manager, regional manager, deputy manager, five care staff, the activities co-ordinator, cook, kitchen assistant, laundry assistant, domestic, administrator and a visiting healthcare professional.

We looked at the personal care or treatment records of four people who used the service and observed how

people were being cared for. We also looked at the personnel files for four members of staff.

We reviewed staff training and recruitment records. We also looked at records relating to the management of the service such as quality audits, surveys and policies.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe at Abbeyvale Care Centre. One person said, "I am safe and very happy here" and another person said, "I do feel safe, no problems at all." A relative told us, "Yes they are safe, they look after [Name] very well."

The provider had a recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

There were sufficient numbers of staff on duty to keep people safe. The registered manager told us that the levels of staff provided were based on people's dependency needs. Staff, people who used the service and visitors did not raise any concerns about staffing levels. Our observations confirmed call bells were responded to by staff in a timely manner.

The provider's safeguarding adults policy provided staff with guidance regarding how to report any allegations of abuse. Where abuse or potential allegations of abuse had occurred, the registered manager had followed the correct procedure by informing the local authority, contacting relevant healthcare professionals and notifying CQC. Staff had been trained in how to protect vulnerable people. The staff we spoke with demonstrated a good awareness of safeguarding and whistleblowing procedures.

Entry to the premises was via a locked, key pad controlled door and all visitors were required to sign in. The home was clean and tidy. En-suite bathrooms, communal bathrooms, shower rooms and toilets were well maintained. Appropriate personal protective equipment (PPE) and hand washing facilities were available. Staff had completed infection control training. Infection control audits and cleaning schedules were up to date to ensure people lived in a clean and safe environment. One person told us, "It is very good here, nice and clean", another person said, "It is always nice, clean and fresh here. They have made improvements and have decorated" and a third person commented, "It is clean and the carers always wear gloves and aprons."

The provider had effective procedures in place for managing the maintenance of the premises and appropriate health and safety checks were carried out. Hot water temperature checks had been carried out and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014. The records for portable appliance testing, gas safety and electrical installation were all up to date.

Equipment was in place to meet people's needs including hoists, pressure mattresses, wheelchairs and pressure cushions. Where required, we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). Wardrobes in people's bedrooms were secured to walls and window opening restrictors were in place.

Accidents and incidents were recorded and the registered manager reviewed the information monthly in order to establish if there were any trends or lessons to be learned and made referrals to professionals when required, for example, to the falls team.

People had risk assessments in place relating to, for example, falls, weight loss, breathing, diet and being unable to use nurse call. The assessments were detailed to ensure staff were able to identify and minimise the risks to keep people safe. The service also had environment risk assessments in place relating to, for example, the use of equipment, chemicals, bedrails and slips/trips/falls. These contained detailed information on particular hazards and how to manage risks. This meant the provider had taken seriously any risks to people and staff, and put in place actions to prevent accidents from occurring.

There were arrangements in place for keeping people safe in the event of an emergency. The provider's business continuity plan provided the procedures to be followed in the event of a range of emergencies, alternative evacuation locations and emergency contact details. A fire emergency plan was displayed in the reception area, a fire risk assessment was in place and regular fire drills were undertaken. The checks or tests for firefighting equipment, fire alarms and emergency lighting were all up to date. People who used the service had Personal Emergency Evacuation Plans (PEEPS). This meant appropriate information was available to staff or emergency personnel should there be a need to evacuate people from the building in an emergency situation such as fire or flood.

Appropriate arrangements were in place for the safe management and administration of medicines. The provider's medication policy covered all key areas of safe and effective medicines management. Staff were able to explain how the system worked and were knowledgeable about people's medicines. Medicines were stored appropriately. Temperature checks for treatment rooms and refrigerators were recorded on a daily basis and all were within recommended levels by the British Pharmacological Society.

We looked at medication administration records (MAR). A MAR is a document showing the medicines a person has been prescribed and records whether they have been administered or not, and if not, the reasons for non-administration. Records we viewed were up to date with no omissions. Medicine administration was observed to be appropriate. Staff who administered medicines were trained and were required to undertake an annual competence assessment. Medicine audits were up to date.

Good

Is the service effective?

Our findings

People who lived at Abbeyvale Care Centre received care and support from trained and well supported staff. New staff completed an induction to the service. The majority of staff mandatory training was up to date and where gaps were identified, training was planned. Mandatory training is training that the provider thinks is necessary to support people safely.

Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace.

People's needs were assessed before they started using the service. Pre-admission assessments included details of the person's medical history and an assessment of the person's care needs, including the level of support required and details on people's communication needs.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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 were being met. The registered manager had a good understanding of their legal responsibilities with regard to the MCA and DoLS and staff had received training in the MCA. Applications for DoLS had been submitted to the supervisory body. Mental capacity assessments had been completed for people and best interest decisions made for their care and treatment. Consent to care and treatment was documented in people's care records.

Care records provided information on people's preferences, whether they had any specific dietary needs and guidance for staff to follow to support the person. They also demonstrated people's weight was monitored regularly. The cook was knowledgeable about people's special dietary needs and preferences. The provider had a nutrition policy in place and staff had completed training in safe food handling. Focus on undernutrition training was planned between July and August 2018. The home had been awarded a "4 Good" Food Hygiene Rating by the Food Standards Agency on 23 May 2018.

At lunch time, we observed staff assisted people to their tables in the dining room and we saw staff supporting people on a one to one basis if they required assistance with their meal. People were asked if they wanted a dignity tabard to avoid food spoiling their clothes. Staff chatted with people and the

mealtime was not rushed. Lunch was a sociable experience. People were supported to eat in their own bedrooms or to cook their own meals in kitchenettes in the dining rooms, if they preferred.

One person told us, "I think it is very nice, I get a good variety. I get a choice of two meals and pudding. It is always nicely presented" and another person said, "I can have my meals in my room or in the dining room." A third person commented, "I can cook for myself and I have fridge in my room." A relative told us, "[Name] is eating well here. I joined them when they put a buffet on for Father's Day it was nice. I know I can eat with him, if I want to."

People had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists including, GPs, district nurses, dietitians, physiotherapists and chiropodists.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely and the home was suitable for the people who used the service. The provider had a maintenance schedule in place and the registered manager told us how people had been consulted about, and involved in, the recent refurbishment of the home.

Good

Is the service caring?

Our findings

People who used the service and their relatives were complimentary about the standard of care at Abbeyvale Care Centre. One person told us, "They are so kind, they will help me day or night. I just have to ring my buzzer" and another person said, "The staff are very nice, they will do anything for me." A third person commented, "This place has changed my life for the better."

We observed staff chatting to people in communal areas and engaged with them in meaningful conversation. Staff knew people's names and talked with, and listened to, people in a kind and caring manner. A person told us, "The staff are kind and very friendly."

People were well presented and looked comfortable in the presence of staff. We saw that staff were very kind and thoughtful and interacted with people in a friendly and reassuring way. One person told us, "The staff are kind and helpful." One relative told us, "It doesn't matter whatever she wants, they are there for her."

Staff demonstrated they understood what care people needed to keep them safe and comfortable. We saw staff assisted people, in wheelchairs in a calm and gentle manner. We observed two members of staff aided a person to move safely from their wheelchair to their chair in the lounge. Staff constantly reassured the person, until they were seated and comfortable.

Staff worked well as a team giving individualised care and attention to people. Our observations confirmed staff treated people with dignity and respect. We saw staff knocking before entering people's rooms and closing bedroom doors before delivering personal care. One person told us, "They (staff) treat me with dignity, I am a shy person but I don't feel embarrassed when the carers are helping me (wash)." Staff had completed dignity in care and equality and diversity training.

People had a good rapport with staff. Staff knew how to support people and understood people's individual needs. One person told us, "They (staff) know my likes and dislikes, they remember how much sugar I like in my tea", another person said, "We all have a good rapport" and a third person commented, "I feel part of something good." One relative told us, "She lost her glasses a few weeks ago and the carers found them. The staff are very good, they are excellent at chatting with her. Always been friendly, all carers will talk when they walk past" and another relative said, "He likes to sleep in and they let him do this. They quietly check on him."

People were encouraged and supported to maintain their relationships with their friends and relatives. Staff were able to tell us about people's relatives and how they were involved in their care. One person told us, "My family come to see me. They can come anytime" and another person said, "I can have visitors when I want." One relative told us, "I come nearly every day, they are very nice to me" and another relative said, "They are very good to me and look after me as well." A third relative told us, "They (staff) are caring, patient and kind. They have made me feel very welcome."

Staff supported people to maintain their independence. One person told us, "I can be independent here. I cook for myself", another person said, "I am able to go out into the community." A third person told us, "I go out and visit the shops with another person who lives here. It is nice to go out" and a fourth person said, "I have a budgie and two finches. They (staff) thought it would be good for me to have responsibility and it is."

People's bedrooms were individualised, some with their own furniture and personal possessions. Many contained photographs of relatives and special occasions. A member of staff was available at all times throughout the day in most areas of the home. People received help from staff without delay.

Advocacy information was made available to people who used the service. Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

People were provided with information about the service in the provider's 'statement of purpose' and 'service user guide' which contained information about the facilities, staff, services, activities, meals, fire safety, spiritual support and complaints/compliments. Information about health and local services was also prominently displayed on notice boards throughout the home.

We saw that people's care and treatment records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records.

Good

Is the service responsive?

Our findings

People's care records were person-centred and demonstrated a good understanding of their individual needs. A pre-admission assessment was completed to determine whether the service would be able to meet people's needs. People's care records contained a 'one page profile' document which had been developed with the person or their relative and detailed what was important to the person and how they wanted to be supported.

Care plans were in place and covered a range of needs including, personal care, nutrition and hydration, sleep and rest, mobility, falls, behaviour, continence and medication. Care plans included the person's identified need in that area, the anticipated outcome and the approach required from staff. An appropriate risk assessment was also in place. People had hospital passports in place with detailed information about their medication, support needs and communication methods as well as health issues. This would accompany the person should hospital treatment be required. Care records were regularly reviewed, updated and evaluated.

Staff used a range of assessment and monitoring tools. For example, the Malnutrition Universal Screening Tool (MUST), which is a five-step screening tool. This was used to identify if people were malnourished or at risk of malnutrition and the Braden scale, which is a tool to predict the risk of pressure sores. Body maps were used where they had been deemed necessary to record physical injury.

People and their relatives were aware of and involved in the care planning and review process. Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms were included in care records and we saw evidence that the person, care staff, relatives and healthcare professionals had been involved in the decision making. We saw appropriate end of life care plans were in place for people and staff had received training in end of life care. This meant that information was available to inform staff of the person's wishes at this important time to ensure that their final wishes could be met.

The service employed two activities co-ordinators. Planned activities, outings and events were displayed in communal areas throughout the home and included bingo, gardening, jam making, Armed Forces Day and an Elvis tribute entertainer. People and their relatives were complimentary about the activity co-ordinators and the activities in the home. We observed a group of people playing dominoes. It was a sociable event with people laughing and chatting amongst themselves. There was old time music playing in the back-ground. We saw some people were watching the World Cup on television and some people were enjoying the sun in the garden with a drink. We saw one person playing on the PlayStation and two others playing pool.

One person told us, "I join in more and do more activities and I like to read", another person said, "I like the singers and comedian. I also do knitting and embroidery." A third person told us, "The activities are advertised on the board. I occasionally, see a good singer" and a fourth person said, "I have been to the community centre for lunch and I go in the garden." One relative told us, "She does activities, searching for words, dominoes and we all going to the community centre on Friday night for a concert" and another

relative said, "They (staff) take them out to community centre. She has been on a bus trip to Hartlepool and has made cards."

People informed us that they were treated as individuals and were able to make choices for themselves if they were able to do so. One person told us, "I can have a bath when I want" and another person said, "They know what I like and sometimes I want be alone." A relative told us, "In the morning they offer to put her clothes on, if she doesn't want to, they put a clean pair of pyjamas on." People's preferences were recorded and met by staff. For example, one relative told us, "She loves babies, she had a doll and a cot. A young care worker made a picture book of babies and wrote about the baby underneath. She likes to look at it."

The provider's complaints policy was on display. It informed people who to talk to if they had a complaint, how complaints would be responded to and who to contact, if the complainant was unhappy with the outcome, for example CQC and the local government ombudsman. Complaints were recorded, investigated and the complainant informed of the outcome including the details of any action taken. There were no open complaints at the time of our inspection. People and their relatives told us they knew who they could go to with any concern or complaint and all felt that they would be listened to and that the concern would be addressed.

Good

Is the service well-led?

Our findings

At the time of our inspection, the home had a registered manager in place. The registered manager had been registered with CQC since 26 May 2017 and told us they felt supported in their role. They told us the home had an open door policy, meaning people who used the service, their relatives and other visitors were able to chat and discuss concerns at any time.

People who used the service and their relatives spoke positively about the registered manager and the staff. They said that they were very approachable and visible. They would have no concerns in approaching them if they had any worries or concerns. One person told us, "The manager is lovely and very approachable" and another person said, "She [registered manager] talks to me and makes a fuss of me and treats everyone in the same way." A third person commented, "I told the manager I miss my dog. She is going to look into it to see if it is possible to have one here." A relative said, "I have been happy from day one. I think it is one of the best care homes in the area. I would recommend it."

Staff were regularly consulted and kept up to date with information about the service and the provider. Staff meetings were held regularly, although they were not always well attended and the registered manager told us ways that this was being addressed. Staff morale was high. The staff we spoke with felt supported in their role and felt they were able to report concerns. One member of staff told us that the registered manager was "very approachable" and another staff member said, "I love working here. Staff work well together as a team." A visiting healthcare professional told us, "Staff are aware of resident's needs. They always meet you with a smile and are very polite, friendly and helpful. They always take you and introduce you to residents and comply with any instructions provided."

We looked at what the provider did to check the quality of the service and to seek people's views about it. The provider carried out regular audits to ensure people who used the service received a high standard of care. These included audits of care records, health and safety, medication, dining experience, infection control and catering. All of these were up to date and included action plans for any identified issues.

The provider regularly sought the views of people who used the service, their relatives and visiting professionals through quality assurance questionnaires. Themes included staff and care, comfort and cleanliness, activities, laundry and food. Where improvements were identified these were actioned and communicated to people. Residents and relatives meetings were held regularly. Discussion items included food, activities, different ideas/suggestions and upcoming/previous events. One person told us, "They do ask and listen to what we like."

The service had close links with the local community including the local schools, churches, library and community centre.

The provider had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions. These provided staff with clear instructions and the staff we spoke with told us they were accessible and informative. The provider was

meeting the conditions of their registration and submitted statutory notifications in a timely manner.