

Central Bedfordshire Council

Abbotsbury Residential Home

Inspection report

Mead End
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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 21 February 2016 and was unannounced.

Abbotsbury Residential Home is a residential care home registered to provide care to 32 older people, some of whom may be living with dementia. At the time of our inspection there were 29 people using the service including five respite placements.

At the last inspection in March 2015 the service was rated good. At this inspection we found the service remained good.

People were kept safe from avoidable harm and staff understood the process to follow to safeguard people if they needed to report any concerns. There were comprehensive risk assessments in place to detail ways in which risks could be appropriately managed. People had care plans in place which detailed their backgrounds, preferences and the level of support they required. People were kept stimulated and had opportunities to enjoy activities and hobbies in and out of the home.

People had a choice of food and were positive about the quality of the meals provided to them. People's healthcare needs had been identified and they were supported to access other healthcare professionals as needed. They were supported to make decisions impacting on their own care and were asked for their consent for the support provided. People's views and feedback were used to make improvements within the service.

There were enough staff deployed to meet people's needs safely. There was a system in place to ensure that staff recruited had the appropriate skills and experience and were of good character. Staff received regular supervision and appraisal and were positive about the quality of training available to them. We observed caring, patient and kind interactions between staff and people and evidence of strong relationships that enabled them to provide person-centred care. Staff were supported to contribute to the development of the service through team meetings.

The registered manager promoted a positive, person-centred culture and was committed to making continued improvements to the delivery of care. Regular audits were carried out to identify areas for improvement, and surveys and questionnaires were sent out to gather views and suggestions. There was a system for handling and resolving complaints. There was evidence of strong links with the local community to provide opportunities for people.

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 remains 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.

Abbotsbury Residential Home

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.

This comprehensive inspection was carried out on 21 February 2017 and was unannounced. The inspection was carried out by one inspector 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. Their area of expertise was caring for older people.

Prior to the inspection we reviewed the contents of notifications received by the service. The provider also completed 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.

During this inspection we spoke with ten people using the service, two of their relatives, five care staff, the kitchen manager and the registered manager.

We reviewed four care records and three staff personnel files. We also reviewed records relating to the management of the service including recruitment and training information. We looked at how medicines were managed and observed medicines being given during lunchtime. We looked at the quality monitoring systems in place for identifying improvements that needed to be made. We looked at complaints received by the service and surveys which had been sent out to people and their relatives.

Is the service safe?

Our findings

All of the people and relatives we spoke with told us they felt that the service was safe. One person said, "Oh I feel safe here, they [staff] look after me." A relative told us, "[Person] is very safe here, they look after [them] well. They are kind and they keep [them] safe because [they] aren't very confident."

The staff we spoke with were able to explain the ways in which they kept people safe. One member of staff said, "We have our pagers so we can respond to people quickly if they need us but we also have the risk assessments in place. Sometimes we'll do a specific risk assessment if we're worried about somebody's safety. For example we have one person who likes to go out alone. We risk assessed this and we've provided them with a phone in case anything happens." There were risk assessments in place to address risks to people's mobility, skin integrity and the safety of the environment. These included control measures which detailed how these risks could be effectively managed.

There was a safeguarding policy in place and staff understood the procedure to follow to report concerns if they felt that people might be at risk of avoidable harm. There was also a whistle-blowing policy in place to enable staff or visitors to report concerns anonymously without fear of the consequences of doing so.

People and their relatives told us there were enough staff to keep people safe. A relative said, "I come every day and there's always people around, it's not a problem." We looked at the staffing dependency tool and noted that staffing was allocated according to the level of individual need of people. We reviewed rotas for the week prior to our inspection and saw that enough staff were deployed to meet people's needs throughout the day and night. The registered manager explained that there was an on-call system available in case of shortages and regular agency staff were used if necessary. We observed that staff were busy but were able to attend to people on time.

There was a recruitment policy in place which was being followed to ensure that staff employed had the necessary skills to carry out their duties safely and effectively and were of good character. Employment was subject to two employment references and a DBS (Disclosure and Barring Service) check. DBS checks are a way of preventing unsuitable staff from being employed.

People told us they had confidence in the way their medicines were managed. One person said, "They are so good with medicines, mine are like a second breakfast and they are always careful." We observed the lunchtime medicines round and saw that procedures were being followed correctly and that good hygiene practice was being observed. Medicines were stored appropriately and the medicines administration record (MAR) charts were completed correctly with no unexplained gaps.

There was a robust system in place for maintaining and auditing the safety of the environment, which included equipment used by people to help them to mobilise. The home was clean and tidy with no malodours and a proactive approach was taken to the control of infection by monitoring any illnesses or viral strains to individual people using the service.

Is the service effective?

Our findings

People and their relatives told us that they were supported by staff who had the skills and experience to carry out their duties effectively. One person said, "They're really very good, you never see a bad one." Another person told us, "I can't fault any of them here. They pop in and see me and they always ask me what I need."

Staff we spoke with were positive about the quantity and quality of the training they received. One member of staff gave an example of how a training course they had attended had enabled them to identify improvements that could be made to the care. They said, "I took a course which included information about oral health. I was able to suggest changing to a gel which helped us to improve the dental care we gave to people, particularly those towards the end of their life." Staff completed training which included safeguarding, moving and handling and dementia care amongst others. The registered manager was well qualified in the delivery of person-centred care and had provided this training to staff. A team leader had been trained to deliver moving and handling courses. This demonstrated a proactive approach to keeping training in-house so that it could be tailored more specifically to the people using the service.

Staff we spoke with told us they received appropriate supervision and appraisal, and we were provided with a supervision matrix which showed that staff were supervised every two months or more. The service sometimes carried out 'themed supervisions' which focused on particular topics such as capacity or dementia. This encouraged staff to consider how their practice could be developed to better meet people's needs. New staff joining the service received a thorough induction and an opportunity to work alongside experienced members of staff.

Staff received training to understand the Mental Capacity Act (2005) and were able to describe how this applied in practice. 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). People who lacked capacity to make decisions or consent to their care had completed assessments in place if decisions needed to be made in their best interest. We saw that the DoLS applications authorised by the local authority were appropriate for people's safety and welfare.

People were positive about the home-cooked food on offer and the choice available to them. One person said, "The food is nice. It's cooked here, there is always enough and I get full up!" Another person said, "The food is great here." People were given choices and asked what they would like to eat before each meal and the kitchen were able to cater for everybody's preferences. The cook told us, "My attitude is if they can't get it here then where can they get it? They can't go to the supermarket or shops so it's my job to provide it for them." We observed the dining experience during lunch and noted that a good variety of food was served which took into account any dietary needs or allergies. People were relaxed and comfortable and enjoyed their food.

People we spoke with told us their healthcare needs were met. One person said, "My [staff member] is going

to come with me to the hospital, I can always rely on [them]. Another person said, "The doctor comes if I need them. I'm on antibiotics and they are fixing up an x ray for me." Healthcare conditions were detailed in people's care plans, and all visits to professionals were recorded with outcomes and what this meant for the person's care.

Is the service caring?

Our findings

Throughout the inspection we were told by people and their relatives that staff were caring, kind and considerate. One person said, "The carers are really nice, all of them." Another person said, "I'm very happy here. The carers are so lovely." We observed carers taking the time to talk with people while they worked and reassuring those who needed some extra care. We also observed several carers having a joke with the residents and making them smile. People who were upset or distressed were immediately given a reassuring arm around the shoulder and staff took the time to listen to their concerns and provide them with the support they needed.

We observed that staff and people had developed strong and meaningful relationships, and staff were able to tell us about people's backgrounds, preferences and interests. This was demonstrated through the photos we saw in the environment of places where people had grown up, or things that were meaningful to them such as the royal family. One person had written a story which was proudly displayed for visitors to read. One member of staff said, "I think it's a really high standard of care we provide for people." The in-depth knowledge that staff had in relation to people's needs enabled them to provide meaningful person-centred care which helped them to feel 'at home' and cared for.

People told us they were able to make decisions about their care and support. One person said, "I like a drink at night, so every night I have a brandy and lemonade. They bring it for me because they know that's what I like." Another person's room had been decorated to their preferences and all of the furniture, including the bed, had been bought from their home. The registered manager explained, "It was important to them. [Person] has dementia and now always recognises the bed and familiar bedding." A husband and wife, who had previously lived in separate services, had been placed together in the home and adaptations had been made so they could share a room together. This caring and thoughtful approach helped people to feel more at home.

People told us that they were treated with dignity and respect. One person said, "They treat me like a person. It isn't easy with [personal care] but they are always so nice." We observed staff knocking on people's doors before entering, ensuring people had privacy when required and speaking to them respectfully throughout the day. One of the staff told us they had been appointed dignity champion for the service and was charged with considering how well dignity was being observed.

Is the service responsive?

Our findings

People had detailed, person-centred care plans in place which evidenced involvement from people and their relatives. We saw detailed, personalised information in relation to people's backgrounds, hobbies, family history and things that were important to them. This enabled staff to develop a good understanding of each person's needs and preferences which enabled them to deliver more person-centred care. An initial assessment was completed to capture people's needs prior to admission and develop a comprehensive care plan. Care plans were then divided into sections such as communication, mobility and healthcare, and each was reviewed monthly and updated if people's needs changed.

Whilst there was no activity co-ordinator in place, people were encouraged to take part in activities by the staff throughout the day. There were often entertainers or visitors booked to come to the home to provide entertainment to people. On the day of our inspection a pianist was attending to host a sing-a-long in one of the lounges. The service regularly held parties, movie nights and bingo sessions. There was an activity room where people had access to games and crafts. The registered manager told us that the ethos of the service was to encourage the staff to think about activities and hobbies as part of people's fundamental needs and to make time for this wherever possible. People were supported to access community services if they chose. One person told us, "I like it here best because the staff are so good but I can go to my day club (day centre) on my usual two days too."

People we spoke with told us they would be confident in making a complaint. One person said, "I'd tell the team leader if something wasn't right." A relative said, "I've not had to complain – they are very good." There was a system in place for handling and resolving complaints of both a formal and minor nature. The registered manager showed us an audit of how complaints had been managed and the resolution to each. We saw that they were being dealt with appropriately. Outcomes were communicated to complainants and used to drive improvement within the service. For example a relative complained that they were not informed of an incident and were immediately provided with an apology and assurance of how the service would ensure that this did not happen again.

Is the service well-led?

Our findings

The registered manager demonstrated a strong person-centred ethos and a high level of knowledge about the people using the service. People told us she was supportive and approachable. A relative said, "We can always talk to the manager." The registered manager was visible throughout the service and worked as part of the care team on occasion. Staff were equally positive about her management and one member of staff said, "I think [registered manager] is great. Really easy-going and if you've got a problem she'll listen to you and sort it out." Another member of staff said, "She's the most approachable manager I've ever had and she deals with any issues so quickly."

There was a culture of learning and development within the service that enabled both people and staff to contribute to the continued improvement of care being delivered. Staff told us they regularly attended team meetings, while residents and relatives meetings were held to enable people to air their views and suggest improvements. Action was taken in response to these and included the introduction of 'seated aerobics' in relation to a request for more exercise for people. The staff we spoke with felt they had the freedom to ask questions and suggest changes to improve people's quality of life.

Surveys and questionnaires were sent to people and their relatives to ask for their feedback. The response was extremely positive, with people rating the service highly across all areas. Compliments received included "I want to say a huge thank you for caring so much for [relative]. You've given me the best present ever: a smiling and happy [relative]."

We saw good evidence of links with the local community, such as a local branch of Tesco who provided food to the home and had provided gifts for people at Christmas time. Children from a local school had visited to spend time with people.

The registered manager carried out a series of audits to identify areas for improvement. This included a 'walk around' with observations of practice and the environment, as well as audits of individual files and records. The registered manager was able to describe several improvements the service intended to make, such as an electronic system for care planning which was intended to reduce the time staff spent completing paperwork.