

Abbeyfield Society (The) Phil Mead House

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

About the service: Phil Mead House is registered to provide accommodation and personal care for up to 28 people. At the time of inspection, 28 people were using the service

People's experience of using this service: People continued to receive safe care. Staff understood safeguarding procedures that should be followed to report abuse and incidents of concern. Risk assessments were in place to manage risks within people's lives, whilst also promoting their independence.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out. Staffing support matched the level of assessed needs within the service during our inspection.

Staff training was provided to ensure they had the skills, knowledge and support they needed to perform their roles. Specialist training was provided to make sure that people's needs were met and they were supported effectively.

Staff were well supported by the registered manager, and had one to one supervisions. The staff we spoke with were all positive about the senior staff and management in place.

People's consent was gained before any care was provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff continued to treat people with kindness, dignity and respect and spent time getting to know them. Care plans reflected people's likes and dislikes, and staff spoke with people in a friendly manner.

People were involved in their own care planning and could contribute to the way in which they were supported. People and their family were involved in reviewing their care and making any necessary changes.

A process was in place which ensured people could raise any complaints or concerns. Concerns were acted upon promptly and lessons were learned through positive communication.

The service continued to be well managed. The provider had systems in place to monitor the quality of the service. Actions were taken and improvements were made when required.

Rating at last inspection: Good (report published 14/03/2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as

per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

Phil Mead House

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This 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.

Service and service type: Phil Mead House 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced. Inspection site visit activity started on 4 February 2019 and ended on 4 February 2019.

What we did: Before the inspection, the provider 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. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

We spoke with four people using the service, and three relatives of people who used the service. We also spoke with two staff members, the chef, the registered manager, and a visiting health professional. We also looked at two people's care plans, staff files, and other records such as audits and incident records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and relatives we spoke with felt safe. One relative told us, "Yes, [name] is safe here. I come every day, they are really good with her".
- There were systems in place to ensure people were safeguarded from abuse, and staff were knowledgeable about what to do if they had concerns that people were at risk.
- The registered manager promptly reported safeguarding concerns to the local authority and other key agencies and acted to ensure people's safety.

Assessing risk, safety monitoring and management

- People had risk assessments in place which showed how staff supported them safely. This included personal emergency evacuations plans, to ensure people could be supported to exit the building in the event of a fire.
- Incidents and accidents including any falls, were monitored by the registered manager. We saw a detailed log of every accident that had occurred, what measures were in place, and what further actions needed to be taken to reduce any risk, including the involvement of outside professionals when required.

Staffing and recruitment

- People told us staffing levels were adequate. One person said, "I have a call bell, no delays in answering, they are very good". Another person said, "I only use my bell at night if I want to go to the toilet. They come very quickly".
- Our observations on the day of inspection were that there were enough staff on site to meet people's needs promptly.
- The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.

Using medicines safely

- People received their medicines safely. Medicines were administered by staff that were trained to do so. Medicines were stored securely, and medication administration records in use were accurate, and regularly checked for any mistakes.

Preventing and controlling infection

- The service was clean and tidy, and staff observed infection control procedures. One person said, "I've noticed they always wash their hands and put blue gloves and apron on when they shower me".
- The service had been given a rating of five out of five for food hygiene by the local authority.

Learning lessons when things go wrong

- Prior to our inspection, the service had notified us of several errors in medicine administration. We saw that action had been taken by the new registered manager to drive improvements in this area and learn from prior mistakes. This included extra checks on medicines, re-training of staff, and inviting health professionals from outside agencies to come in to the service and conduct an independent audit.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they came to the service to ensure they could be met. Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs they had.

Staff support: induction, training, skills and experience

- Staff were sufficiently qualified, skilled and experienced to meet people's needs. One staff member said, "The training is very good, we regularly do top up training to refresh knowledge and find out about any updates."
- We saw that an ongoing schedule of training was in place, to ensure staff kept up to date with good practice.
- All new staff went through a comprehensive induction period, which included shadowing more experienced staff to get to know residents, as well as covering the basic training subjects.

Supporting people to eat and drink enough to maintain a balanced diet

- People enjoyed the food on offer. One person told us, "The food is very nice. I don't think there's another place like this". Another person said, "There's two choices. The staff came around at 10.30 to ask what I wanted".
- We spoke with the chef and care staff who all had a good knowledge of people's dietary needs and preferences. We saw that vegetarian and diabetic needs were catered for, as well as any allergies people may have.
- We observed the lunchtime period and saw that people received the support they required to eat and drink. When one person did not want what was on offer, the staff were able to provide them with an alternative promptly.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked consistently to meet people's needs. All the staff we spoke with said that good teamwork was in place, with good communication, and an ethos which put people first.
- Staff told us that relationships with outside agencies, such as the doctor or other health professionals, was good, and people received the care they required promptly.

Adapting service, design, decoration to meet people's needs

- The service was laid out in a way that was accessible for people to use. There were several communal areas which we saw were accessed and used by people and their family members who were visiting. People in wheelchairs could easily access these areas.

- People's rooms were decorated and furnished in the way they wanted.

Supporting people to live healthier lives, access healthcare services and support

- People had access to the healthcare they needed. One person told us, "The GP comes every Monday, they put your name if needed in a book. The chiropodist comes, she comes regularly".
- Care plans documented in detail any health care requirements that people had, and included an update of any visits or appointments with health care professionals. People's weight was regularly monitored when required.

Ensuring consent to care and treatment in line with law and guidance

- 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 can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found the service to be working within these principles.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: □ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People felt well cared for. One person we spoke with told us, "They are all very kind".
- Staff we spoke with had a detailed understanding of people's relationships and provided the necessary support whilst maintaining people's independence.
- One staff member said, "I think the whole team here treat people kindly and with respect. I would certainly say something if that wasn't the case."
- Our observations during our inspection were of staff talking to people in a kind and respectful way, giving people the time they required to communicate.

Supporting people to express their views and be involved in making decisions about their care

- Staff checked with people and their family on a regular basis about their care, to make sure that no changes were required. A system was in place for monthly checks to all care planning which involved people as much as they could be.
- Relatives we spoke with confirmed they were involved in people's care and staff kept them well informed.
- People were involved in choosing the decoration and furnishings in the home. The registered manager told us that people were being shown different options for curtains and furniture, and their opinion was valued.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. We saw staff knock on doors before entering and speak with people discreetly when required.
- People's independence was promoted. One person told us, "I like to be independent. They say 'would you like to do it yourself'", Another person said, "If I ever ask the question, I always get the answer".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

At our last inspection in March 2016, this key question was rated "requires improvement". This was because people told us there was not always activities to take part in, they could not always choose what time they got up in the morning, and they could not access baths or showers as much as they would like to due to lack of staff support. At this inspection, we found the service had taken steps to improve in these areas. Therefore, the rating for this key question has increased to "good".

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At this inspection, we found that the service had employed an activities co-ordinator, and when the activities co-ordinator was not available, staff stepped in to provide activity.
- Not everyone we spoke with chose to engage in activities, but there was something on offer daily for people to do. One person said, "They tell us a story. We play games. There is singing, they try and suit everybody. They tell you at the start, you don't have to do them. I enjoy them".
- People had set days planned for when they had baths or showers, but were able to have baths and showers as and when they wanted as well. We found that some people were not aware they could have extra baths or showers as and when they wanted. The registered manager said she would be talking with people to make sure they knew the staff had a flexible approach, and could have this support at any time. Other people we spoke with were aware of this, and were choosing as and when to shower.
- People chose their own routines, and were able to get out of bed as and when they chose.
- Care plans were personalised and contained information about people's likes and dislikes. For example, one person's plan documented how much they loved singing, and who their friends were within the home.

Improving care quality in response to complaints or concerns

- People and families were confident to make a complaint to the management if required. One person said, "When I mention anything they are straight on it. Really good".
- The provider had a complaints procedure which they followed. Complaints were recorded, along with the outcome of any investigation and action taken. No recent complaints had been made.
- The process and procedure for making a complaint was displayed on the notice noticeboard in the entrance area.

End of life care and support

- No current end of life care was being delivered. The manager was aware of what was required to support people with end of life care and care plans documented people's needs and requirements in this area if needed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager knew all the people using the service well and was involved in supporting them.
- The home had a friendly and open culture, and people told us they found the registered manager approachable and easy to talk with. One person said, "There's a new manager, she's very pleasant, comes to see you".
- The manager was aware of the requirement to notify the CQC of certain incidents, and our records showed that these notifications were sent in as required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
- Staff were confident in their roles. All the staff we spoke with were aware of their responsibilities, and felt they could gain support from the registered manager at any time. One staff member said, "The new manager is excellent, she has good ideas." Another staff member said, "The registered manager is fantastic, we are going to learn a lot from her."
- Staff we spoke with acknowledged problems within the service in the past, but were positive that improvements had been made, and could be sustained.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were engaged in the service and how it was run. One person said, "Yes, the staff are very approachable, we are always asked at meetings to make suggestions".
- We looked at resident meeting minutes and saw that feedback was gathered about the food, activities, and future plans. Actions were taken when required to address any concerns.

Continuous learning and improving care

- Comprehensive audits were undertaken in all areas of the service to identify where improvements could be made, and actions were taken. For example, the medication administration had been worked on and improved when errors had been found.
- Staff felt that team meetings were useful and they could openly discuss any issues or areas for improvement.

- Questionnaires were sent out to people and family members to comment on the overall quality of the care. This included a specific feedback form on the quality and choice of food available. We saw actions were taken as required.

Working in partnership with others

- The service worked openly and in partnership with others, including visiting health professionals. A doctor visiting the service told us, "This is an excellent home. The staff stay here, which provides consistency. The communication is excellent, and I would recommend this home to anyone".