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?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This was an unannounced inspection which took place on 8 June 2015. We had previously carried out an inspection on 17 January 2014 when we found the service had complied with all the regulations we reviewed.

Abbeywood provides accommodation for up to forty older people who require support with personal care. Thirty eight people were living at Abbeywood at the time of our visit.

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

Summary of findings

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.

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.

You can see what action we asked the provider to take at the back of the full version of this report.

People who used the service told us that they would talk to the manager or tell a relative if they did not feel safe. All the visitors we spoke with thought that the people who used the service were safe.

Recruitment processes in the service were sufficiently robust to help ensure people were protected from the risks of unsuitable staff being recruited.

There were enough staff on duty to meet the needs of people who used the service. We observed the communal areas and saw there was always a staff presence and people were supported in a calm, unhurried manner.

There were appropriate systems in place for the safe administration of people's medicines.

The home was well decorated and maintained both inside and out and infection control measures were in place. People we spoke with told us "It is very clean, always clean toilets", and "My sister and I always check [my relatives] room and it is spotless." Another visitor said "The environment is clean and safe."

People who used the service told us they enjoyed the food that was available and we saw that they were offered food and drink frequently throughout the day.

People who used the service had access to a doctor who visited the home on weekly basis.

All the people we spoke with gave positive feedback about the staff in. 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.

Systems were in place to ensure that people who used the service were involved in decisions about the end of their life and were supported by relevant healthcare professionals as needed.

People were supported to maintain their independence for as long as possible and activities were available for people to get involved in.

All the people we spoke with told us the managers were approachable and would always listen and respond if any concerns were raised. Feedback from the last quality assurance review was positive.

Prior to our visit we contacted the local authority safeguarding and commissioning teams and no concerns were raised by them about the care and support people received from Abbeywood.

Summary of findings

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.

People told us they felt safe in Abbeywood and suitable arrangements were in place to help safeguard people from abuse. Staff had been safely recruited.

There were systems in place for the safe management of medicines to ensure people received their medicines as prescribed.

The home was well maintained both inside and out and systems were in place to prevent the spread of infection to people who used the service.

Good

Is the service effective?
The service was not always effective.

We found that an assessment of care and support needs had not been carried out for a person who had come to stay at the home on a short term basis.

Staff were not always able to demonstrate their understanding of the Mental Capacity Act (MCA) and their responsibility to support people to make their own decisions wherever possible.

People were able to access professionals and specialists to ensure their health needs were met.

People who used the service told us food was good and they were given sufficient food and drink to meet their nutritional needs.

Requires improvement

Is the service caring?
The service was caring.

People who used the service spoke positively about the attitude and approach of staff. We observed staff to be kind, caring and thoughtful in their interactions with people.

People were supported to receive the care they wanted at the end of their life.

Good

Is the service responsive?
The service was responsive.

There was positive information available about people on their care records with detailed information about what was important to them.

People were encouraged to remain as independent as possible for as long as they were able.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

The home had a team of four managers one of whom was on the premise at all times.

The provider carried out regular audits and asked people and their families what they thought about the quality of care provided by the service.

Abbeywood Tottington Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 Monday 8 June and was unannounced. The inspection team consisted of two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of services for older people.

We had not requested the service complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. However, before our inspection we reviewed the information we held about the service including the previous inspection report and notifications the provider had sent to us. We contacted the local authority safeguarding and commissioning teams to obtain their views about the service. No concerns were raised with us about Abbeywood.

On the day of our inspection we spoke with five people who used the service, three visitors and a doctor. We also spoke with the registered manager, two deputy managers, three staff and two cooks.

We carried out observations in the public areas of the service. We looked at the care records for three people who used the service and the records relating to the administration of medicines. In addition we looked at a range of records relating to how the service was managed; these included staff personnel files, training records and quality assurance systems.

Good

Is the service safe?

Our findings

We arrived at the service at 6.30am to speak to night staff and also to attend the handover between day and night staff.

We asked people who used the service and visitors if they felt safe and were treated well. We also asked them if they had seen or experienced any bullying and whether they would know who to go to if they needed to talk to someone about it.

All the visitors we spoke with thought that the people who used the service were safe. Three people who used the service told us that they would talk to the manager or tell a relative if they did not feel safe. A fourth person told us that they did not know who to talk to, but was happy because "It doesn't happen." Another person told us that they had observed a person who used the service being verbally aggressive but said that "Staff appeared to deal with it well, but without being condescending" and "I have not seen anything that would worry me."

We spoke to two members of staff, both of whom had completed safeguarding awareness training, and understood the issues of potential abuse and harm. We looked at training records which indicated that safeguarding training has been provided for staff in the past 12 months. There had been no safeguarding alerts raised with the local authority since our last inspection visit to the home.

We looked at the staff recruitment files of three new care staff. The staff files contained proof of identity, application forms that documented a full employment history, a medical questionnaire, a job description and two references. Checks had been carried out with the Disclosure and Barring Service (DBS).The DBS identifies people who are barred from working with vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. The recruitment system was robust enough to help protect people from being cared for by unsuitable staff.

We asked people who used the service if there are always enough staff on duty to look after everyone, and whether they respond quickly when they are asked for something or used the call buzzer. One person said "They could do with more staff at any time" however everyone else felt that there are always sufficient staff and that they do not wait long if they ask for something or if they used their call buzzer. We observed the communal areas and saw there was always a staff presence and people were supported in a calm, unhurried manner.

The manager informed us that there were sufficient numbers of staff in place to support people who used the service and our observations confirmed this. In addition there are cleaning staff, domestics and a laundry assistant all working as part of a team approach. There was always a manager on duty from 7.30 each morning and an on call rota was clearly visible with appropriate contact details of management staff. 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.

All of the people who used the service that we spoke with told us that they received their medicines when they should and that most confirmed that staff waited to see them take it. One person said "I am only here for two weeks respite but they have got in some medication I only take when I need it."

We looked at the management and administration of medicines at the home. We saw that medicines trolleys were securely held in a locked treatment room and were chained to the wall when not in use. However, when we observed breakfast we saw that the medicine trolley, which was in the hairdressing room, was left unattended and open for a short period of time.

The key for the treatment room was held by the manager in charge of the shift. Only those staff who had received the appropriate training and were authorised to do so administered medication.

A monitored dosage system (MDS) was in place. We saw there was a photograph of the person on their medication administration record sheet (MARs) to help staff identify the person as well as a record of any allergies they had. The records we saw were properly completed and up to date.

We saw that records of the room and fridge temperatures were maintained to help ensure that medicines were stored correctly. Eye drops and ointments were dated on opening. No over the counter medicines were being used by the home.

We saw that controlled medicines were held separately and appropriate records were maintained. We checked the

Good

Is the service safe?

controlled medicines and found they were correct. Arrangements for end of life medication were also in place. Where covert medicines were being administered a record of authorisation was in place which was signed by a doctor.

All the people who used the service that we spoke with felt that the building and individual rooms were clean and well looked after. We looked at bedrooms and bathrooms which with the exception of one with malodour all looked in good order and clean. People we spoke with told us "It is very clean, always clean toilets", and "My sister and I always check [my relatives] room and it is spotless." Another visitor said "The environment is clean and safe."

We asked a care worker to demonstrate how they would carry out personal hygiene using the infection control 'box' system. Although this system is not ideal, the care worker was able to demonstrate that the procedure minimised the risk of contamination and cross infection. 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 looked in the laundry, which had appropriate facilities for washing and drying all laundry including a sluice wash for soiled items.

We saw that the premises was well kept and maintained both inside and out. Both dining rooms had recently been refurbished. There was a good standard of cleanliness throughout. Passages and corridors were wide and clear of any obstacles to allow good access. When not in use, frames and mobility aids were kept in alcoves off the main corridors.

The handrails in some corridors did not stand out from the decorated walls. If they were more obvious this would aid people with vision and perception impairment to use the rails more effectively. We also found that people's photographs on their bedroom doors were high up and people who use the service might not be able to see them. There were no picture signs on bathroom and toilet doors, which might help people with confusion, find their way around the home. Picture signs may also help people choose their meals. However we did see some good practice in the use toothbrushes that fitted directly onto a person's finger for people who lived with dementia that reduced the complexity of the task. Also staff stood behind the person whilst cleaning their teeth so they could not be seen in the mirror to reduce the person's sense of anxiety and resistance to the task.

We saw that there was equipment in use around the home. This included grab rails, raised toilet seats and pressure relieving cushions. We saw that when wheelchairs were being used by people that footplates were always used by the staff member supporting them and they always fully explained to the person what was happening during moving and handling procedures.

We saw that risk assessments were in place on people's records which related to nutrition, pressure area care and moving and handling. Accident and incident records showed a high number of falls over the past six months, however there was no apparent pattern to the falls and no specific person subject to repeat falls. Where a head injury was recorded staff would either contact the emergency duty doctor for advice or escort the person to accident and emergency at the local hospital. The falls team were involved, where people were prone to falls, and carried out assessments for the appropriate walking aids. Tests would also be carried out to check there was no underlying infection.

Requires improvement

Is the service effective?

Our findings

We noted that there was one resident who was on respite in the care home. However this person was not assessed prior to admission from hospital and did not have any clear plan of care in place. We discussed with the registered manager the circumstances surrounding this person's admission. We were told by the registered manager that this would be addressed immediately.

The lack of an assessment and care plan was a breach of Regulation 9 person centred care of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014 which is required to give clear direction to staff into how the person is to be supported with their personal care needs.

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.

We were concerned that during the day people's bedroom doors were locked. We were told that new locks had recently been fitted to people's bedroom doors. We were told this was because people did not want other people to enter their rooms. We were told that six people had their own keys and that if any other people wished to return to their room they could ask a member of staff who would escort them to their room but we were told that people never asked.

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. No bedrails were being used at the time of our inspection visit.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. This legislation is in place to ensure people's rights are protected. We reviewed the Deprivation of Liberty file which indicated only one person is subject to a DoLS and found the appropriate records in place.

The registered manager was able to demonstrate a good understanding of the DoLS procedures and the Mental Capacity Act (MCA) 2005. However the staff we spoke with were unable to show any knowledge of MCA legislation in relation to their responsibilities.

The lack of knowledge by staff about the responsibilities they have to protect people's rights was a breach of Regulation 12 safe care and treatment of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014. Staff must have the right qualifications, competence, skills and experience to support people safely and effectively.

The visitors spoken with all felt confident that staff had the necessary knowledge and skills to provide the required care for their relative. We saw that there was a verbal handover between the night shift and staff coming on to the day shift and notes were taken of concerns that needed to be followed up. We saw evidence of good team work throughout our inspection which was task centred.

We spoke to two carers. They 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. The recruitment files for the new care staff showed that their induction had included questionnaires to check out competency in relation to safeguarding, whistleblowing, fire training, infection control and moving and handling people.

We received a staff team training record from the home which 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 thirteen members of the care staff team including managers had received National Vocational Qualification (NVQ) training to Level 2 and above. In addition nine staff had undertaken Six Steps end of life training.

We asked people who used the service what they thought about the food offered and the response was positive. People said "The meals are alright, adequate", "You can tell them what you like, they will make you something different", "I'm happy with the meals; I particularly like the potato pie, with a crust. You can have beetroot with it", and "I like the breakfasts."

We were told by people that they could choose what they had for their meals. We observed meals were eaten in either the large dining room or a smaller dining room. The

Requires improvement

Is the service effective?

dining rooms were attractively presented and dressed with blue tablecloths, pale blue glass type place mats and drinks coasters, flowers in a small vase, and condiments and cutlery. Slide chairs were used to help people get in and out from the table.

We saw information that showed the home ran a protected meal time 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 giving people their meals.

We observed staff in the process of supporting people with their meals. We noted particularly at breakfast that they were attentive to the needs of people and supported them to eat at their own pace, and engaged them in conversation however this was seen to be less so at lunchtime.

In the main dining room we saw that people were eating a choice of either liver or meat pie. There were jugs of water and glasses on their tables. One person used a plate guard and one person was wearing a tabard and using a cup with a straw. In the small dining room more vulnerable? people were being assisted with their meals. The soft diet looked colourful and easily distinguishable, as carrots, mashed potato, savoury mince or liver and cauliflower.

Food and fluid charts were maintained as necessary and people's weights were checked monthly. We saw that drinks and snacks were offered to people throughout the day.

Most of the people receive health care from the same local GP practice and a link doctor visited the home every Monday to review the residents' health needs and discuss with managers any health issues. The doctor we spoke with was supportive of this arrangement which ensured the close monitoring and observation of any changes in health needs. District nurses visited as required.

Visitors were aware that the doctor was in the home and that they regularly came to see people who lived there. They also said that their relative had recently seen a chiropodist and an optician. People told us that the staff contacted the doctor if they were feeling unwell. The care records we saw showed that people who used the service had regular appointments with chiropodists, opticians and dentists.

Good

Is the service caring?

Our findings

When we arrived at the service at 6.30am we found that there was one person up and they had been given a drink. By 7.30am ten people were up who were all fully awake, were well dressed and their hair was combed. We saw that ladies had either their handbag with them or had personal items they wanted with them for example magazines and books, in a bag attached to their personal walking aid.

People who used the service who we spoke with told us that the staff treated them with dignity, respect, kindness and compassion. One person said "The staff are nice, but they don't sit with you and chat." A visitor said "They are all kind and caring, they may speak in a loud voice to people but it is in a kind voice, clear in their speech." Another visitor said "Staff are pleasant and cheerful", "They are outgoing, I have no concerns" and "My relative feels safe and secure here."

We saw examples of staff empathising with people who used the service and understanding their needs. For example we observed a staff member went to a person and spoke very quietly to them, and asked if she would come with them. When the person asked why the staff member quietly said "I want to take you toilet." This demonstrated that the carer was aware of maintaining the dignity of the person concerned. We saw a person wearing woollen mittens and a staff member asking her whether she was still feeling cold. This was asked in a caring way and the answer was listened to carefully. We saw other people with blankets on their knees. Another person said they were hot. They were sitting in the lounge with the sunshine streaming in. A staff member promptly opened a window saying "Let me know if it gets draughty," and pulled a curtain to partially block out the sun.

When asked what was hardest about the job, one carer said "When they are not well, you can feel their pain. It's hard to explain, but even though you know what's wrong, you feel unable to help them." When asked what they liked about their role they said that the staff were all caring and supportive of people and of each other, and that they felt the home provided a safe environment for people. They also said they would be happy if their mother or grandma were to live at the home.

The home had access to the internet and some people had used Skype to keep in contact with their relative. We saw many thank you cards and letters from relatives in the entrance hall of the home. A priest usually visited the home twice a week to take communion with people who wanted it.

To protect people's rights to privacy we saw that personal information about them was kept in a locked 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.

We noted that many staff had received training in the Six Steps End of Life pathway and an end of life care plan was developed with people and their families as appropriate. This included an assessment of spiritual needs. A picture of an angel was placed on a person's door as they were coming to the end of life to alert other people of the situation and respect their privacy. There was a lot of information available about the Six Steps process and also a bereavement handbook.

Staff were encouraged to keep abreast of new developments in end of life care. They showed enthusiasm for new ideas and ways of working, for example, the end of life pathway and oral hygiene. The deputy manager told us about the specialist training they had received would be shared with other staff so they would be able to apply the knowledge practically. The products, for example toothpaste that did not contain foaming agents that could dry out the person's mouth, had been purchased ready for use.

Good

Is the service responsive?

Our findings

All the people who used the service thought that most of the staff knew them well. Two visitors told us about the keyworker system and thought that it worked well for them and people who used the service. When we asked people who used the service about their care plan nobody could tell us anything about them except for one person who said "I know a care plan was done but I didn't see it."

We looked at three people's care records. We saw that there was a lot of positive personal information about people who used the service as well as their support needs. 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.

Care plans were seen to be up to date and were reviewed on a monthly basis, and signed off by a manager. We saw that meetings took place with people and their families to discuss 'what's working and what's not'. We noted that the key workers were allocated on a 'matching system based on the person's needs, wishes strengths and weaknesses.

We discussed with people the choices they were able to make. We were told by all that they can choose whether they have a bath or shower, and when they want to have it. We were told by most people that they can get up and go to bed when they wish. However, one person told us "They get me up at 8.30am but I could sleep for hours" and "I go to bed at 11.00 when I want to." We were also told "I go out for a smoke and sit on the form outside. I just ask to be let out". Another person said "Nobody says you can't do anything."

We saw staff moving people from room to room and from wheelchair to lounge chair. In all instances staff spoke to the person to ask them permission to carry out the procedure. All of the staff demonstrated they had knowledge of each individual person's particular moving and handling support needs e.g. the way in which they can mobilise etc. We observed staff patiently walking with people who used frames to mobilise at the person's pace encouraging them but not rushing them.

We asked people who used the service what activities they did, and how they liked to pass the day. One person told us that they enjoyed the ball game, and that schoolchildren had recently been in singing. They also said "The TV goes on after tea, and there is usually music on, but it isn't always our kind of music, we don't choose it". Another said "I like dancing; we also play bingo and dominoes." Visitors told us that that some of the people who used the service went out for lunch and trips out and that people liked to go out into the garden when the weather was better.

We looked for information on activities on offer at the home. We were informed by staff that the activities were led by the carers and that the senior care staff planned them. Entertainers regularly visited the home and ipads were also used to help people engage particularly with finger applications and You Tube for reminiscence around the past for example music and local pictures.

On the day of our visit the doctor and the hairdresser were visiting the home. We were told that the activities planner that was on the wall needed to be updated as one of the hairdressers had recently changed the day they came into the home. The planned activities for the day therefore did not take place. However there was a game of bingo late morning and baking was replaced by a quiz game.

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 no formal complaints about the home since our last visit. Any concerns that were raised with managers were address with people as they made.

Good

Is the service well-led?

Our findings

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 registered manager was also the registered provider of the home.

The registered manager was part of a management team all of whom worked directly with people who used the service on a day to day basis and knew them well. The management team included the nominated individual responsible for the service and two deputy managers. We were told that one of the managers was on duty at the home at all times.

Everybody we spoke with was aware of the roles of the staff and who the managers were. We asked if they felt that they could talk to the registered manager was and would be listened to by them. Everyone we spoke with said that this would be the case.

Both staff members we spoke with said that they were encouraged to express their views and believe that any recommendations for improvement were well received by the management team. They told us that they were given opportunity to attend training courses, monthly team meetings and received supervision every eight weeks. They told us that this gave them the opportunity to reflect on their practice and learn on the job.

We saw a copy of the last team meeting which showed an agenda that thanked staff for attending the meeting and all their hard work and asked staff to raise any problems they were having or any ideas they may have that may improve the service.

The nominated individual for the home carried out monthly audits and checked a range of areas which included, accidents, hoists and slings, medication, infection control, pressure care, food hygiene and residents rooms. 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. Comments from the person completing the last review were "On the whole it is very good here. If I had any problems I would tell our [relative] and he would sort it out."

The nominated individual carried out a quality assurance review every six months. The last review was carried out in January 2015 and 26 families completed the evaluation sheet. The outcome to the evaluation forms completed was positive.

Prior to our visit we contacted the local authority commissioner and safeguarding teams. They did not raise any concerns with us about Abbeywood.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care People were at risk of receiving unsafe care and treatment because an assessment had not always been carried out and care plan put in place. Regulation 9 (3) (a) (b) (c)

Regulated activity	Regulation
	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Staff did not always have the knowledge they needed about their responsibilities they had to protect people's rights. Regulation 12 (2) (c)