

Mr & Mrs R C Northover

Abbey Retirement Home

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

The inspection took place on 13 September 2016 and was unannounced. Abbey Retirement Home provides accommodation and support for up to 15 older people with mental health needs or people living with dementia. At the time of our inspection there were 14 people living at the home.

The home had a registered manager who has been registered since October 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People felt safe living at Abbey Retirement Home and they were very much at the heart of the service. The risks to people were minimized through risk assessments. There were plans in place for foreseeable emergencies.

Relevant recruitment checks were conducted before staff started working at Abbey Retirement Home to make sure they were of good character and had the necessary skills. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe.

People were supported to take their medicines safely from suitably trained staff. People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes and went out of their way to provide people with what they wanted.

Staff received regular support and one to one sessions of supervision to discuss areas of development. They completed a wide range of training and felt it supported them in their job role.

Staff sought consent from people before providing care and support. The ability of people to make decisions was assessed in line with legal requirements to ensure their rights were protected and their liberty was not restricted unlawfully.

People were cared for with kindness, compassion and sensitivity. Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.

People were supported and encouraged to make choices and had access to a range of activities. Staff knew what was important to people and encouraged them to be as independent as possible. 'Residents meetings' and surveys allowed people to provide feedback, which was used to improve the service.

A complaints procedure was in place. There were appropriate management arrangements in place. Regular

audits of the service were carried out to assess and monitor the quality of the service.

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.

People felt safe living at the home and staff knew how to identify, prevent and report abuse.

There were enough staff to meet people's needs and recruitment practices were safe.

Risks were managed appropriately and medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff told us they felt supported, had regular sessions of supervision and received a wide range of training.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

People were supported to access health professionals and treatments.

Is the service caring?

Good ●

The service was caring.

People felt staff treated them with kindness and compassion. People were treated with dignity and their privacy was respected.

People were involved in planning their care and were encouraged to remain as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care from staff who were able to meet their needs. Care plans provided comprehensive information and were reviewed monthly.

A range of daily activities were available within the home, which people could choose to attend.

The registered manager sought feedback from people. An effective complaints procedure was in place.

Is the service well-led?

Good ●

The service was well led.

Staff spoke highly of the registered manager, who were approachable and supportive. Staff felt there was an open and transparent culture within the home.

There were systems in place to monitor the quality and safety of the service provided. There was a whistle blowing policy in place and staff knew how to report concerns.

Staff had regular meetings and were asked for ideas on the running of the home.

Abbey Retirement 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 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.

The inspection took place on the 13 September 2016 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information when planning and undertaking the inspection. We reviewed information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with nine people living at the home, and three family members. We also spoke with the registered manager, a senior representative of the provider, the quality and training manager and three care staff. We looked at care plans and associated records for four people, staff duty records, four members of staff's recruitment files, accidents and incidents records, policies and procedures and quality assurance records. We observed care and support being delivered in communal areas of the home. We also received feedback from a health care professional.

Is the service safe?

Our findings

At our previous inspection of the home, which took place in June 2015, we identified infection control guidance was not being followed and risks to people were not always managed. We asked the provider to tell us what action they were taking and they sent us an action plan stating they would be meeting the requirements of the regulations by August 2015. At this inspection we found improvements had been made to infection control risks and risks to people were managed appropriately.

People told us they felt safe and were treated with respect. People said they felt comfortable around the staff and they told us staff supported them. One person told us, "I feel safe living here no complaints whatsoever." Another person said, "I feel safe here, and staff look after me." A family member told us, "I find the home brilliant mum is safe here and treated with kindness I can't fault it." A health professional said; "I have no concerns about people's safety and would be quite happy if a member of my family were living here."

People were supported to receive their medicines safely. All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. Medicine administration records (MAR) documented that people had received their medicines as prescribed. Training records showed staff were suitably trained and had been assessed as competent to administer medicines. Some people needed 'as required' (PRN) medicines for pain or anxiety. People had guidance in their care plans so staff could identify when they required (PRN) medicines. One staff member told us these guidelines helped to, "Reduce the use of PRN medicines." One person told us, "They will give me a tablet if I am in pain."

Staff were patient and caring when supporting people with administering medicines. One person was reluctant to take their medicines. Staff stayed with them for a few minutes and after encouragement the person agreed to take their medicines. Systems were in place to ensure that administration records were regularly checked against stock to ensure that people were receiving the correct dosage of medicines. There was a system in place to record and report if people declined their medicines so appropriate medical advice would be sought. Staff were knowledgeable about these systems and processes and had a clear understanding of how they helped to promote safe medicines management in the home.

There were sufficient staff to meet people's care needs. During the inspection we saw that staff were not rushed and responded promptly and compassionately to people's requests for support. Staffing levels were determined by the number of people using the service and their needs. Call response time in communal areas were under a minute when people called out. A health professional told us, "Seems enough staff always someone about." A staff member said, "I feel we have enough staff. It helps that we have a cleaner on duty so we can spend more time with the residents which is better." One person who was cared for in bed had a call system to call staff, but staff also checked on them every thirty minutes to ensure they were comfortable and had something to drink.

Robust recruitment processes were followed that meant staff were checked for suitability before being

employed by the service. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working at the home.

People were protected against the risks of potential abuse and had access to information about safeguarding and how to stay safe. The home displayed a safeguarding board with information for people, visitors and staff on the different types of abuse and procedures to follow. If they had any concerns telephone advice numbers were clearly displayed. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. One staff member told us, "I had safeguarding training when I first started, and if I had any concerns would report it straight to my manager." Another staff member said, "If I had any safeguarding concerns I would go to management straight away."

Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. People had individualised evacuation plans in case of an emergency. A fire risk assessment was in place and weekly checks of the fire alarm and fire doors. Records showed staff had received fire safety training. Staff were aware of the action to take in the event of a fire and fire safety equipment was maintained appropriately. There were plans in place to deal with foreseeable emergencies, the registered manager told us, "If we had to evacuate we have an agreement with a local care home or if it is for longer we can transfer people to one of our other homes." Safety checks of water, gas and electrical equipment were conducted regularly.

Risks and harm to people were minimised through individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risks of harm. Staff showed that they understood people's risks and we saw that people's health and wellbeing risks were assessed, monitored and reviewed regularly. People were supported in accordance with their risk management plans. For example, for one person records showed that they can be at risk of falls when they go into the garden and staff were to ensure that they have their mobility frame with them when going into the garden. Risk assessments were in place for moving and handling, mobility, health issues, fluid and nutrition, skin integrity and falls. A person who was cared for in bed had appropriate measures put in place around pressure relief, fluid and nutrition in order to keep them safe.

People and their families told us the home was kept clean. One family member told us, "The home is kept nice and clean and there are no unpleasant odours." Staff followed a daily cleaning schedule and areas of the home were visibly clean. Arrangements were in place to manage infection control. All staff had received training in infection control. Staff had access to supplies of personal protective equipment around the home to keep people safe. The registered manager told us, "I walk the floor every day and look at the environment, cleanliness, health and safety and people's appearance."

Is the service effective?

Our findings

People and their relatives spoke positively about the quality of the food. One person said, "Food is excellent. Everything is good." Another person said, "They will come around and ask what I want for lunch, you get given a good portion." A family member said, "The food is good I had a roast dinner with mum the other day it was really nice."

Staff were all aware of people's dietary needs and preferences. Staff told us they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans. People received varied and nutritious meals including a choice of fresh food and drinks. There was a choice of two hot meals at lunch time and a choice of two different puddings. If people did not want the choice on the menu they could choose an alternative. The dining room was welcoming and tables were attractively laid out with tablecloths and fresh flowers.

When we visited the home it was a very hot day and the home had a heat wave plan in place. This involved keeping windows open, closing curtains if direct sunlight was shining in the window and prompting additional fluids. One person told us, "They always come round with drinks, especially when it's hot." They closely monitored the food and fluid intakes of people at risk of malnutrition or dehydration and took appropriate action where required.

Staff were skilled and knowledgeable about how to care for people living with dementia. One person told us, "They [staff] all know what they are doing." Training records showed staff had completed a wide range of training relevant to their roles and responsibilities. All training is now being provided in house by the quality and training manager including, infection control, safeguarding, health and safety, food hygiene, mental capacity act, food and nutrition, managing behaviours that is challenging, dementia, medicines, equality and diversity and end of life. The quality and training manager informed us that fire and first aid training will still be provided by an outside company. In addition a high proportion of staff had completed or were undertaking vocational qualifications in health and social care. Staff praised the range and quality of the training and told us they were supported to complete any additional training they requested. One staff member said, "My training is all up to date and I am now completing my NVQ3."

New staff to Abbey Retirement Home completed a comprehensive induction programme before they were permitted to work unsupervised. All new staff worked towards the completion of the Care Certificate. The Care Certificate is awarded to staff who successfully complete a learning programme designed to enable them to provide safe and compassionate care.

People were supported by staff who had supervisions (one to one meetings) with their line manager and annual appraisals. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One staff member told us, "I have supervisions every three months, which are good."

Staff had received training in the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to

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. Where people had been assessed as lacking capacity, best interest decisions about their care had been made and documented, following consultation with family members and other professionals, where relevant.

Staff were clear about the need to seek verbal consent before providing care or support and we heard them doing this throughout our inspection. One person said, "When I say no [have a wash], they don't force me. I do things in my own time but I do need their [help]." One staff member told us, "I always ask people for consent. If they say no, I will leave it and try again later to see if they have changed their mind."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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 was being met. DoLS applications were in place for six people and three further applications were being processed by the local authority. Staff were aware of the support people who were subject to DoLS needed to keep them safe and protect their rights

People were supported by health professionals and staff knew how to access specialist services for people. A health professional told us, "Staff are very helpful and management seem to be on the ball." They also told us, "Good working relationship with the home and I have no concerns. They always notify us if we need to see someone." Records showed people accessed a range of health care services, which included doctors, chiropodists, and district nurses.

The home was easy to navigate and good signage was used around the home. The home had two lounges which provided sufficient areas for people to relax, with a choice of seating in quiet or busy areas, depending on their preferences. Good lighting levels, and pictures placed at appropriate heights were used to create an environment suitable for people living with dementia. However we noticed clocks and calendars in both lounges were showing the wrong day, month and year. Clocks and calendars are a good aid to orientation for people living with dementia, but can confuse people if they are not accurate. We spoke to the registered manager who was going to order some new appropriate clocks for the home.

Is the service caring?

Our findings

People were cared for with kindness and compassion. One person told us, "Staff are very good and very caring." Another person said, "Staff are friendly and they are kind." A third person told us, "They [staff] make an effort with us; it's the little things like that make it for me." A family member told us, "Staff very caring couldn't ask for more 100% kind." Other comments from family members included, "Couldn't offer more", "well cared for", "so thankful she is here" and "Staff are caring and very good." As well as, "[carers name] is very special mum loves her."

When people moved to the home, they and their families (where appropriate) were involved in assessing, planning and agreeing the care and support they received. A family member told us, "I'm involved in care plans and reviews and kept informed at all times."

Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. Staff demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were. Staff showed respect for people by addressing them using their preferred name and maintaining eye contact. One staff member told us, "I enjoy working here. It's lovely coming in and seeing the residents and it's a lovely place." People were relaxed and comfortable in the company of staff. All the interactions we observed between people and staff were positive and friendly. We saw staff kneeling down to people's eye level to communicate with them. Staff gave people time to process information and choices were offered. Although busy staff did not rush people when supporting them. We heard good-natured banter between people and staff showing they knew people well. One person was confused about what time of day it was as curtains were closed because of the heat and they became disorientated. Staff were reassuring and patient with the person who quickly regained their orientation.

People were supported to maintain friendships and important relationships; their care records included details of their circle of support. This identified people who are important to the person. People and their families confirmed that the registered manager and staff supported their relatives to maintain their relationships. One person told us, "They [staff] always let me use the phone to call [my relative], it's never a problem". A family member said, "We are always made to feel welcome. We have no concerns and have had other family members stay here."

Staff respected people's privacy and dignity. We observed care was offered discretely in order to maintain personal dignity. For example when people got up out of their seats, staff checked that their trousers were not tucked into their socks or their dress was caught round their waist. Staff monitored this discreetly as to not bring attention to people. Staff knocked on doors and waited for a response before entering people's rooms. One staff member said, "If I am providing personal care I make sure it's in a private room with the door closed and they are covered up with a towel." Another staff member said, "I respect people's choices and if they don't want something I respect their wishes."

The home promoted a dignity champion who kept updated by attending local forums on dignity and sharing best practice. As part of an activity people were involved in a colourful board display which stated,

'our residents do not live in our workplace we work in their home.'

Staff understood the importance of promoting and maintaining people's independence. One staff member told us, "I promote independence, so if they can wash themselves I let them. Also little things like putting their own butter and jam on their toast." Peoples care plans had details of how to support people to do things as independently as possible. People who required prompting to use mobility aids, were prompted to be as independent as possible, and staff stayed with them and prompted safe use without over supporting and taking away people's independence.

Information about advocacy services was clearly displayed on a notice board with details of how to access services. Confidential information, such as care records, were kept securely and only accessed by staff authorised to view it. When staff discussed people's care and treatment they were discreet and ensured people's care and treatment could not be overheard.

Is the service responsive?

Our findings

People and their families told us they felt the staff were responsive to their needs. One person told us, "They [staff] have helped me walk again and must get credit for that." Another person said, "It's like a five star hotel. I'm really happy here and I can't complain." A third person told us, "The garden is nice; I enjoy going out there when it is hot." A family member said, "I think it's one of the best care homes." The senior representative of the provider told us, "It's about being responsive to people's needs and knowing how far the service can take them."

Care plans provided information about how people wished to receive care and support. Assessments were undertaken to identify people's individual support needs and their care plans were developed, outlining how these needs were to be met. Care plans were comprehensive and detailed, including physical health needs and people's mental health needs. For example, a communication care plan for one person stated gestures they may use could be to blink their eyes to express uneasiness with a situation. Another person had details about their religious beliefs identified in their care plan. The home organised for a weekly visit from the priest on an on going basis as the person no longer felt able to attend church. Staff told us; "Care plans are very detailed. These have just been updated and are much better than the last ones."

People's daily records of care were up to date and showed care was being provided in accordance with people's needs. Care staff members were able to describe the care and support required by individual people. For example, one care staff member was able to describe the support a person required when mobilising. This corresponded to information within the person's care plan. Handover meetings were held at the start of every shift and provided the opportunity for staff to be made aware of any relevant information about risks, concerns and changes to the needs of the people they were supporting.

Staff told us they reviewed care plans with people monthly. Records of care confirmed that people received appropriate care and staff responded effectively when their needs changed. People or their relatives had signed care plans demonstrating they had been involved in identifying how their needs would be met.

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to undertake. One family member told us, "There is lots of entertainment." Another family member said, "The manager gets entertainment in for people." Organised activities were held in the afternoon. These included board games, bingo, hand message and nail painting, giant Ludo and giant snakes and ladders and puzzles. When we visited the home music was playing in main lounge which people were clearly enjoying as some people were singing along to the various tracks. The registered manager told us about a new activity that had started in the home where an outside activity organiser comes in with a big screen and shows clips of various subjects with film and dance and gets people involved by reminiscing for example '1950 music', and 'history of musicals.' The registered manager said, "We tried this and it was so popular and people really enjoyed it that we have now booked them to come in once a month." We observed people playing giant snakes and ladders in the lounge which was well attended and people were clearly having fun. Afterwards people were playing bingo with staff assisting where required which again was well attended.

'Residents meetings' were held every three months and people's families were also invited to attend to. Minutes from a resident meeting showed that most people had attended and that people were happy with the food and activities. Staff told us this was a time to discuss any issues in the home. The registered manager told us "If we get a request we try and meet their needs. For example in the hot weather people told us quilt covers were too hot, so we got some cotton sheets in for people and gave them a choice of bedding."

The provider sent out annual surveys to people and their families, and health professionals. The survey results seen from May 2016 showed people were happy with the service provided at Abbey Retirement Home. There were a couple of comments about having more choice on the menus. As a result the chef went round to people and asked what they would like to see on the menu and made changes to suit peoples dietary preferences.

People knew how to complain or make comments about the service and the complaints procedure was prominently displayed. The provider hadn't received any complaints in the past year but the registered manager described the process they would follow as detailed in the provider's procedure.

Is the service well-led?

Our findings

At our previous inspection of the home, which took place in June 2015, we identified the provider had not notify us about all incidents as required. We asked the provider to tell us what action they were taking and they sent us an action plan stating they would be meeting the requirements of the regulations by August 2015. At this inspection we found improvements had been made and the provider was now sending us notifications.

People and their families felt the home was well run. One person told us, "[The manager] is always smiling and having a laugh." Another person said, "They run it well, the managers keep it all ticking over." Other comments included, "It's a nice home, helpful people [staff]." And "I can't fault the place, first class." A family member told us, "Manager and deputy manager are great."

There was an open and transparent culture in the home. The previous inspection report and rating was displayed prominently in the reception area. One staff member told us, "I feel it's an open door policy and I can approach my manager any time if I have a problem." Staff felt supported by the registered manager. One staff member said, "My manager is really approachable and I can have a chat with her at any time, if I'm not sure about anything."

Staff meetings were carried out every three months and minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up quickly. Staff were involved in the running of the home and were asked for ideas. A yearly questionnaire was sent to all staff. Results showed staff were happy working at the home. Staff were satisfied with training and support and felt valued. Comments included, 'I enjoy work because of the people I work for.' As well as 'I feel inspired and motivated.'

The registered manager used a system of audits to monitor and assess the quality of the service provided. These included care plans, medicines, infection control, and health and safety. The registered manager told us that in addition to the audits they walk round the home daily. They told us this was really important, "as people's happiness is my top priority, so I like to walk around to check people are happy and well cared for."

The provider has two other homes as well as Abbey Retirement Home and had recently employed a quality and training manager to cover all the homes. The quality and training manager told us, "The registered managers complete their own audits in the home. But I will follow up and check the score and see if any action is needed." They said, "My role is to ensure systems and process are in place to monitor the care provided." A senior representative of the provider carried out monthly environmental reports of the home, which included all internal rooms and the outside area and garden. They told us about progress and measures put in place over past year. For example employing the quality and training manager to support the registered manager which has seen an improvement in reporting and recording processes around the home which has meant the service can be more responsive to people's changing needs.

The registered manager informed us they kept up to date by attending provider forums to share best

practice with other providers. They also received regular updates from the provider and were in the process of completing their NVQ 5. There was a whistle blowing policy in place and staff were aware of it. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. One staff member told us, "I'm aware of whistleblowing and would go to my manager or the director."