

Mr John Pinder

Abiden Care

Inspection report

22-24 Rosehill Road
Burnley
Lancashire
BB11 2JT

Tel: 01282428603

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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

Abiden Care is a residential care home providing personal care and support to 22 people aged 65 and over, some of who were living with dementia. The service does not provide nursing care. At the time of the inspection, there were 22 people living in the home.

The home is an older style property located in a residential area in Burnley. Accommodation is provided in 18 single rooms and two shared rooms on two floors, 10 of the bedrooms have an ensuite facility. CCTV was in operation in the communal areas of the home.

Prior to the inspection, we were made aware of changes to the registration of the home. In the absence of the provider, there was a nominated personal representative and the registered manager who were taking reasonable action to ensure the service was registered with us.

People's experience of using this service and what we found

People were happy about the care and support they received and with the way the home was managed. They made positive comments about the management team and staff. People's views about the quality of care provided were used to make improvements to the service. The quality of the service was monitored, and appropriate action was taken to improve the service when needed. Improvements to the monitoring systems were being made. Lessons had been learned and shared with staff when things went wrong.

People felt safe and described staff as kind, friendly and caring. Staff understood how to protect people from abuse. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. We observed staff responding to difficult situations in a calm and patient manner and records showed appropriate action had been taken to respond to any incidents.

Recruitment processes ensured new staff were suitable to work in the home and there were enough numbers of staff to meet people's needs and ensure their safety; new staff were being recruited. People had no concerns about the care they or their relatives received. People received their medicines when they needed them from staff who had been trained and had their competency checked.

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. People's care needs were assessed prior to them living in the home.

Staff received induction training and ongoing training, supervision and support. They felt valued and supported and enjoyed working at the home. People enjoyed the meals. They were supported to eat a nutritionally balanced diet and had access to various healthcare professionals, when needed.

Staff treated people with dignity, respect care and kindness and knew people well. We observed staff were busy and we observed positive, caring and warm interactions between staff and people. Staff spoke with people in a friendly and patient manner and we overheard laughter and friendly banter. Staff knew about people's routines and preferences and people told us they received the care they needed and wanted. People or their relatives, where appropriate, had been consulted about care needs.

People enjoyed activities and entertainments. Links with local community groups were being further developed to enhance people's lives. People were supported to maintain contact with their friends and family and friendships had developed within the service. People could raise any complaints or concerns if they needed to and knew who to speak with.

People were happy with their bedrooms and with the communal areas. Communal areas were comfortable, clean and bright, bathrooms were appropriately adapted and there was access to outside seating areas. The home was on different levels and the stairs were steep which could present a mobility risk for some people; chair lifts were available. Some areas of the home needed attention. However, action was being taken to address the shortfalls. An improvement plan had been developed to ensure ongoing refurbishment and redecoration.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 06 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Abiden Care

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

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.

Service and service type

Abiden Care is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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. There had been some changes to the management of the home; changes to the registration of the home were underway. In the absence of the provider, a nominated personal representative and the registered manager were taking reasonable action to ensure the service was registered with us. In the interim, the personal representative was 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.

What we did before the inspection

Before the inspection, we looked at the information we held about the service. This information included statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We also contacted local authority commissioners and asked them for their views about the service. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

During our inspection, we spent time in the communal areas observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with six people living in the home and with three relatives. We also spoke with the registered manager, the nominated personal representative, three staff members and a healthcare professional.

We had a tour of the premises and looked at a range of documents and written records. These included three people's records related to their care and support, two staff recruitment records, staffing rotas, training, induction and supervision records, minutes from meetings and complaints and compliments records. We also looked at maintenance and servicing certificates and records related to the auditing and monitoring of service.

After the inspection

We contacted a healthcare professional for their views on the service. We also asked the lead nurse from the infection prevention and control team to contact the service to offer support and advice. Following the inspection, we asked the registered manager to send us information about nutritional assessments, financial matters and training. This was sent to us in a timely manner.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Management and staff protected people from the risk of abuse. Staff knew how to keep people safe and to protect them from discrimination. They had access to appropriate training and to policies and procedures. People told us they felt safe and were happy with the care they received. Relatives spoken with had no concerns about the safety of their family members. One relative said, "I'm very happy that [family member] is safe here and happy now."
- Management and staff understood safeguarding and protection matters and were clear about when to report incidents and safeguarding concerns to other agencies. Prior to the inspection, we were told there had been a delay in reporting a safeguarding matter to the local authority. We discussed this with the registered manager. There was evidence any further concerns had been reported in an appropriate and timely way.

Assessing risk, safety monitoring and management

- The registered manager and staff assessed and managed any risks to people's health, safety and wellbeing. This included assessments of specific risks such as the risk of falls and behaviours and risks arising from skin integrity and nutritional needs. Staff were provided with guidance on how to manage risks in a safe and consistent manner. We observed staff responding to difficult situations in a calm and patient manner.
- The management team had carried out environmental risk assessments in areas such as fire safety, the use of equipment and the management of hazardous substances. Equipment was maintained and serviced. The fire risk assessment was currently being updated and testing of water temperatures was being recorded.

Staffing and recruitment

- The registered manager provided enough staff to meet people's needs in a timely way. We observed staff were busy but responded promptly to any calls for assistance. They interacted with people on an individual basis; we observed staff laughing, chatting and joking with people as they carried out their duties. At times, the service was reliant on agency staff. Recruitment of a cook, care staff and activity organiser was underway.
- The management team employed an external recruitment agency to support them with recruitment of staff. Recruitment processes were followed to make sure staff were of a suitable character to work in a care setting.

Using medicines safely

- The registered manager and staff followed safe processes to ensure people's medicines were received, stored, administered and disposed of safely. We discussed with the registered manager, how improvements

could be made to monitoring the temperature of medicine storage areas and taking additional measures to secure medicine keys. The registered manager addressed this following the inspection.

- The registered manager had consulted best practice guidance in relation to medicines management and policies and procedures were available to all staff. Staff were suitably trained to administer medicines and the registered manager had carried out checks on their practice.

Preventing and controlling infection

- The registered manager had systems to help prevent the spread of infection and staff had received training in this area. People described the home as clean, comfortable and welcoming. All areas of the home were clean and odour free. We referred the registered manager to the local infection prevention and control lead nurse to support them with further development in this area.
- The registered manager provided staff with hand washing facilities and appropriate protective clothing to help prevent the spread of infection.
- The service had received a level four rating following the Food Standards Agency check in 2018. All recommendations had been actioned.

Learning lessons when things go wrong

- The management team promoted an open and transparent culture in relation to accidents, incidents and near misses. There was good evidence lessons were learned and shared with staff.
- Management and staff completed records of any incidents and accidents, including falls. A monthly analysis was carried out to identify any patterns or trends.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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

- The registered manager carried out assessments of people's needs before they moved into the home to ensure they could be looked after properly. Assessments from health and social care professionals were also used to plan effective care for people.
- Management and staff applied their learning in line with expert professional guidance such as the management of nutrition, skin integrity and falls. This led to good outcomes for people and supported a good quality of life.
- Staff considered people's protected characteristics, such as sexuality, age, religion or belief. Policies and the initial care assessment supported the principles of equality and diversity.

Staff support: induction, training, skills and experience

- The registered manager provided staff with a range of training to carry out their role effectively. Most staff had achieved a recognised qualification in care. There was a system to ensure all staff completed their training in a timely manner. New staff were given an in-depth induction to ensure they could carry out their role safely and competently.
- The management team ensured staff received support and supervision. Staff were complimentary about the support they received from the registered manager.

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

- Management and staff ensured people's nutritional needs and preferences were met. People were offered meals, snacks and drink choices throughout the day. They told us they enjoyed the meals. They said, "A lot of the food is homemade and looks very nice" and "The food is very good."
- The registered manager and staff made sure people were supported and not rushed at mealtimes. The atmosphere in the dining room was relaxed with lots of friendly banter, encouragement and discussion. The tables were attractively set, and people were offered various drinks including wines and spirits.
- Staff monitored people if they were at risk of poor nutrition and healthcare professionals were involved where required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager and staff provided people with appropriate support to meet their healthcare needs. People's physical and mental healthcare needs were documented which helped staff recognise any signs of deteriorating health.
- Staff worked closely with other social care and healthcare professionals as well as other organisations to

ensure people received a coordinated service. A healthcare professional said, "All the team are helpful in assisting me."

- Staff shared appropriate information when people moved between services such as transfer to other services, admission to hospital or attendance at health appointments. In this way, people's needs were known, and care was provided consistently when moving between services.

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

- The management team made sure the design and layout of the home was suitable for people living there. Communal areas were comfortable and bright, bathrooms were appropriately adapted and there was access to outside seating areas. We noted some areas of the home were on slightly different levels and the main stairs were steep, which could present a mobility risk. Stair lifts, clear signage, sensor mats and risk assessments were in place.
- The management team provided people with modern style bedrooms and people were able to personalise their bedrooms with their own furniture, decorations, pictures and ornaments. People were very happy with their bedrooms.
- The management team had completed a check of all areas of the home and were aware of where improvements were needed. One person said, "They are continuously replacing and updating." We noted areas of the home needed improvement. For example, we found handles missing from drawers, a damaged window pane, damp on a bedroom wall and loose or missing wallpaper. We noted repairs were underway. We discussed the benefits of formalising a development plan and keeping it under regular review. The registered manager sent this to us following the inspection.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager understood when an application for a DoLS authorisation should be made and how to submit one. Staff demonstrated an understanding of the principles of the MCA. They made sure people were supported to have maximum choice and control of their lives and supported them in the least restrictive way possible.
- The registered manager worked with the local authority to ensure where people were deprived of their liberty, any decisions made on people's behalf, were lawful and in their best interest. At the time of the inspection, there were two authorisations approved by the local authority and additional applications had been made. There were no conditions attached to the authorised DoLS.
- Staff recorded people's capacity to make decisions in the care plans. Where possible, some people had recorded their consent. We discussed how this could be improved with regards to the management of medicines and sharing of information. Best interest meetings were held for some important decisions to ensure people's rights were protected.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Management and staff interacted with people in a warm and friendly manner and treated people with patience, kindness and respect. They respected people's equality, diversity and human rights and recorded them as part of the care planning process. People described staff as kind, friendly and caring. They said, "The staff are great; they work really hard."
- People were complimentary of the care and support they received. Messages of appreciation highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. Comments included, "The care [family member] receives is truly amazing" and "Staff care about [family member] and love him nearly as much as we do."
- The registered manager and staff knew about people's preferences and how best to care and support them. Staff and people living in the home had developed good relationships.

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

- Staff encouraged people to make decisions about their day to day routines, in line with their personal preferences and abilities. People confirmed they were able to make choices and decisions.
- The registered manager and staff consulted people, or their relatives, about their care needs and encouraged them to express their views as part of daily conversations and customer satisfaction surveys. Meetings were held to keep people informed of proposed events and of any changes.
- Staff gave people information advising where they could access advocacy services and how to contact other useful agencies. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

Respecting and promoting people's privacy, dignity and independence

- Management and staff respected and promoted people's privacy and dignity and encouraged and supported people to maintain their independence whenever possible.
- Staff understood how they should respect people's privacy and dignity in a care setting. They knocked on people's doors and waited to enter. Bathrooms, toilets and bedrooms were fitted with appropriate locks. One person said, "They always treat people's possessions with respect."
- People's information was stored and held in line with the provider's confidentiality policy and with recent changes in government regulations.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Management and staff planned people's care and support in line with their choices and preferences.
- Staff understood people's needs well and could describe people's care and support needs in detail. People's care plans described their health, care and support needs and included their preferences and daily routines. Daily records were written in a respectful way but were not sufficiently detailed about how people spent their day or about the care they received. The registered manager was already addressing this with staff.
- The registered manager kept people's care plans under review to make sure they received the correct care and support. Some people, or their representatives, had been involved in decisions about care needs.
- The registered manager and staff recognised the importance of appropriately supporting people on an individual basis. They understood the importance of promoting equality and diversity and respecting individual differences.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Management and staff provided people with various activities and entertainments. People enjoyed activities such as pet therapy, pamper sessions, games and singers. We observed much enjoyment and chatter whilst people participated in a game of dominos. We also observed two people who appeared to have limited interaction with staff, other than during care tasks. We discussed this with the registered manager who agreed to address this.
- The registered manager was developing links with local community groups. People were supported to attend local churches and enjoyed group activities with other people from nearby homes.
- People were supported to maintain contact with their friends and family and friendships had developed within the service. Visitors said they were made to feel welcome.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The management team and staff understood about the Accessible Information Standard. People's communication needs were identified and recorded in their support plans and shared appropriately with others. Further work was being done to make sure information was available in a variety of formats, such as easy to read and pictorial information to meet the communication needs of people and to give people more

control over their lives.

- The management team and staff used technology as a means of achieving positive outcomes for people. Technology, such as the use of CCTV, sensor mats and mobile phones were used.

Improving care quality in response to complaints or concerns

- The provider had a system to monitor any complaints, compliments or concerns to understand how they could improve or where they were doing well. Complaints and concerns were responded to in line with the service's complaint's process.
- People told us they had no complaints or concerns and would feel confident talking to staff or the registered manager if they had a concern or wished to raise a complaint. The complaint procedure was available in the service information guide and displayed in the hallway. We asked the registered manager to make the procedure and contact numbers more accessible to people.
- People were encouraged to discuss any concerns during meetings and during day to day discussions. They also participated in a satisfaction survey where they could air their views about all aspects of the service.

End of life care and support

- The staff team had experience of caring for people at the end of their life. Relevant professionals were involved when required and appropriate medicines and equipment was made available to ensure people received dignified, pain free care. At the time of our inspection, the service was not supporting anyone with end of life care.
- People's preferences and choices in relation to end of life care and their cultural and spiritual needs had been explored and recorded. Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) forms were available where people did not want to be resuscitated.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The personal representative and registered manager were knowledgeable about their legal responsibilities. Any notifications they were obliged to make, had been made to CQC and the local authority. There had been recent changes to the registration of the home. The nominated personal representative and registered manager were taking action to ensure the service was registered with us. In the interim period, the personal representative was legally responsible for how the service was run and for the quality and safety of the care provided in the absence of the provider.
- The management team ensured there was a good standard of organisation within the service. Prior to the inspection, we were told records had not been maintained in line with guidance. We discussed this with the registered manager who had taken immediate action to address the issue. We found records were accessible, completed to a good standard and used for auditing purposes.
- The registered manager monitored the quality of the service provided. When shortfalls were discovered, improvements were actioned. Auditing tools were being further developed to assist with recruitment, infection prevention and control and the environment.
- Staff understood their individual responsibilities and contributions to service delivery. Staff were provided with job descriptions and had access to a set of policies and procedures to guide them.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Management and staff planned and promoted person-centred care to ensure good outcomes for people. People told us the home was well managed and homely. One person commented, "It feels like home from home."
- The registered manager ensured the culture of the service was caring and focused on ensuring people received high standards of person-centred care that met their needs in a timely way. It was clear management and staff knew people well and put these values into practice. People, where possible, were empowered to make decisions about their care and support.
- Staff were committed to providing high standards of care and support and felt valued and supported. Staff told us they enjoyed working at the service and received appropriate support from the registered manager.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood and acted on their duty of candour responsibilities. They promoted

and encouraged candour through openness. Good relationships had been developed between management, staff and people using the service and their family members.

- The management team had spoken with people when things went wrong. Any incidents were fully discussed with staff during meetings or in one to one support sessions.

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

- Management and staff supported people to be engaged in the development of the service and encouraged feedback from people living in and visiting the home. The quality of the service was monitored regularly to ensure people were happy with the service and to ensure their diversity and personal and cultural needs were met. People's needs were fully discussed, recorded in the care plan and shared with staff. Staff told us they were kept up to date and they felt communication was good.

- The registered manager had an 'open door' policy, so people could approach them directly to discuss any concerns openly and in confidence. People told us the registered manager was visible, approachable and supportive.

Continuous learning and improving care; Working in partnership with others

- The registered manager encouraged continuous learning and development within the service. Staff meetings and handover meetings were utilised to ensure continuous learning and improvements took place. Staff told us they were comfortable in raising any issues or concerns within the meetings.

- The management team were aware of the improvements that were needed. Plans for improvement included, developing stronger links with other agencies and commissioners, attending to ongoing repairs and maintenance, reviewing policies and procedures, improving auditing systems and the recruitment of a stable team of staff.

- The service had close links and good working relationships with a variety of professionals to enable effective coordinated care for people. This included healthcare professionals such as the district nurses and the local GPs, as well as social care professionals such as the safeguarding, mental health and social work teams.

- Management and staff attended local meetings and training presented by local commissioners. They were developing partnerships with external agencies where they could learn and share valuable knowledge and information that promoted the development of the service.