

Abbeyfield The Dales Limited

Abbeyfield - The Beeches

Inspection report

The Beeches
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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

Abbeyfield - The Beeches is a supported living service and registered to provide personal care. People using the service lived in flats which were all situated over three buildings on one site. People using the service had access to communal facilities including a lounge and dining facility. At the time of inspection 15 people were receiving personal care. Not everyone who used the supported living service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People felt safe and received support from staff when they needed it. The service identified where people needed additional support and equipment to help keep them safe. Risks to people were usually assessed and managed although some information was out of date; the registered manager immediately reviewed and updated the relevant assessments. Staff and the management team were confident the service promoted an open culture and everyone was encouraged to report accident and incidents. Staff understood their responsibilities under safeguarding people from abuse procedures and were confident the management team would act swiftly and deal with any issues appropriately. Systems were in place to ensure medicines had been ordered, received, stored and disposed of appropriately.

Staff received appropriate induction, training and regular updates; they felt supported in their role. People received good support at meal times and had pleasant dining experiences when they chose to use the communal dining facility. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Systems were in place to meet people's health needs. A visiting health professional told us, "They have caring staff who know the residents well. I never have any concerns."

Feedback from people was consistently positive. They told us they were well treated. One person said, "I'm happy with things. It's reassuring someone is there when I need them." People spoke with genuine warmth when sharing their experience about staff and management. Staff were confident people received good care; they understood how to promote privacy, dignity and independence.

The service delivered care that met people's needs and preferences. New style care plans were being introduced which provided good instruction for delivering person centred care. The management team acknowledged some existing care plans were not up to date but were confident this would be addressed once the new plans were fully in place. The service offered people opportunities to engage in social and leisure activities. An activity calendar informed people of forthcoming events. One person said, "There is something every day." People felt comfortable talking to staff and management and were confident any issues raised would be resolved.

People who used the service and staff told us the registered manager led the service well. Everyone was

encouraged to share views and put forward ideas. Quality management systems were usually effective although some issues identified during the inspection had not been picked up by the provider. The management team were responsive and addressed issues promptly. They introduced measures to improve their systems and prevent the same shortfalls from recurring.

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 13 July 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 not always 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.

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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 an inspector and an assistant inspector.

Service and service type

This service provides care and support to people living in three 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 30 January 2020 and ended on 4 February 2020. We visited the location on 30 January 2020 and 4 February 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This

information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and one relative about their experience of the care provided. We spoke with a professional who regularly visits the service and seven members of staff including the provider, registered manager, senior care worker, care workers, chef and activity co-ordinator.

We reviewed a range of records. This included four people's care records and four people's medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, meeting minutes and quality assurance records.

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

- People were protected from abuse and poor treatment. Information was displayed to help make sure everyone knew how to report concerns.
- Staff received safeguarding training and knew how to respond to allegations of abuse and raise whistleblowing concerns.

Assessing risk, safety monitoring and management

- Risks to people were usually assessed and managed. The service identified where people needed additional support to keep them safe. For example, if people were at high risk of falls.
- Risk assessments were not always kept up to date. Some recent changes to people's needs had not been added to assessments. The registered manager acknowledged this was an oversight and promptly carried out reviews.
- The provider was in the process of improving their care planning and risk assessment process. All risk assessments were being reviewed.
- People had equipment to help keep them safe. For example, some people wore pendant alarms. They told us if ever they requested assistance staff responded promptly. One person told us they had used a three wheeled trolley to aid their mobility but following a fall they were given a four wheeled trolley which was much safer.

Staffing and recruitment

- There were enough staff to keep people safe. A regular number of workers were on shift each day and the registered manager was based at the service and accessible. People told us they received support from staff when they needed it. One member of staff said they were not concerned about people's safety but sometimes staff were rushed on a morning.
- People received support from the same group of staff, which provided continuity of care.
- Staff were recruited safely. Appropriate checks were carried out before staff started working at the service.

Using medicines safely

- Medicines were usually managed safely. Systems were in place to ensure medicines had been ordered, received, stored and disposed of appropriately.
- Medicines were administered as prescribed. Administration records were well completed.
- Regular medicine audits were completed by the management team. The stock of medicines was checked, and most were correct; two discrepancies were noted. The senior care worker on duty made a formal record

and agreed to follow these up.

- People received good support with their topical creams and lotions. Guidance was usually in place to make sure staff knew how to apply these correctly. However, one person's topical cream was not recorded on an administration record or in their care plan. The registered manager addressed this immediately and said they would remind staff when applying creams, a record must always be maintained.

Preventing and controlling infection

- Systems were in place to prevent and control infection. Hand hygiene supplies were available throughout and staff used protective equipment such as gloves and aprons when appropriate.

Learning lessons when things go wrong.

- Staff and the management team were confident the service promoted an open culture and everyone was encouraged to report accidents and incidents.
- Accidents were recorded and monitored by the management team.
- Staff and management recorded recommendations to help prevent repeat events but some lacked detail and actions were not always clear. The provider was introducing a new form which required more detail. Senior managers were confident this would address the issue and agreed to monitor.

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

- People's needs were assessed before they moved into the service to make sure the service was suitable. The provider told us in the PIR, "We adopt a holistic approach to the assessment process, looking at the person and all of their needs, wishes and preferences."

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and had the skills to carry out their role and responsibilities.
- Staff received appropriate training and supervision and told us they felt well supported. One member of staff said, "I think we get a lot of training and in all aspects. I am up to date with my training. We are quite keen with the training here."

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

- People had positive meal experiences and could eat in their accommodation or the communal dining room.
- The service cooked lunches and evening meals on site. People told us they enjoyed the food and were offered good choice. People who required help with preparing breakfast, snacks and drinks received appropriate support.
- Systems were in place for supporting people who were nutritionally at risk. One person told us they had a medical condition which effected their appetite. They said staff encouraged them to eat well and drink food supplements which had been prescribed.

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

- Systems were in place to meet people's health needs. Care records had good information about people's medical conditions and health appointments.
- The service liaised with other professionals as appropriate. People told us staff arranged visits and appointments when they needed support. One person said, "They always contact the GP if I'm not feeling well." A regular visiting health professional told us the service asked for visits at the right time and acted on advice.
- The provider was improving their system for ensuring relevant information was passed on when people used other services. They were introducing 'hospital grab packs' which would inform other professionals when a person attended an appointment or was admitted to hospital.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People were supported to have choice and control of their lives. Everyone we spoke with said they made decisions about their care. One person said, "I told them when I wanted to get up."
- The service made sure people had consented to care. Everyone had signed records in the file which confirmed they agreed to care being delivered. One member of staff said, "I always ask their permission before I do anything."
- Care records had information about people making decisions and who else could be involved in the process. The registered manager said everyone could make day to day decisions such as when to get up, but some people needed help with more complex decisions, and people's capacity around receiving care was usually assessed by other professionals. Senior managers said they would review their processes and ensure the service was equipped to assess people's mental capacity for decisions, such as medicine administration.

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

- People were well cared for. Feedback from people was consistently positive. One person said, "I'm happy with things. It's reassuring someone is there when I need them." A relative said, "Fantastic care. We would be lost without them."
- People spoke with genuine warmth when sharing their experience about staff and management. One person said, "Staff will chatter, they are kind and willing to help. Staff are different, but all are caring." Another person described the activity co-ordinator as "fantastic".
- The service promoted people's rights and systems were in place to ensure people were not discriminated against. Care records had information about people's background, interests and preferences, which helped staff get to know the people they were supporting.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and felt listened to. One person had expressed they only wanted female care workers to support them with personal care; their views were respected.
- Staff respected people's privacy. They routinely used a doorbell to alert people they had arrived at their accommodation. Staff checked it was convenient for them to enter.
- Staff understood how to promote good care principles and ensured people were enabled to be independent. One person said, "I couldn't manage living on my own but here I can have my own place and support is at hand."
- People received information to help them understand what was happening at the service and what they could expect.

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; End of life care and support

At our last inspection we recommended the provider review care plans to make sure they provided accurate and up to date information. The provider had made improvements, but some care plans were still not up to date. The provider was introducing new style care plans and the management team was confident once these were fully rolled out the care planning process would be fully effective.

- New style care plans were comprehensive. People's routines were detailed and provided good instruction for staff to make sure care was person centred and reflected people's needs. For example, 'I like a glass of juice with my meal and a cup of tea afterwards.' Some people did not have new style care plans; these were being drafted and being checked by the registered manager to make sure they were accurate and met the required standard.
- Daily notes usually reflected the care delivered and showed people's needs were met. However, some entries were ambiguous and care plans were not up to date. For example, it was unclear if one person was managing aspects of their own care or if staff had delivered the care. The registered manager addressed the shortfalls raised during the inspection and was confident once the new format was in place care plans would be up to date.
- The provider was further developing end of life care planning to ensure people had opportunity to share their preferences and wishes.
- The service delivered care that met people's needs and preferences. The service involved people in planning their care and others who were important to them. One person said, "I have always been an early riser and that is what has happened since I came here. We went through everything about me, and then I read through the care plan and then I was asked to sign it to say I'm happy with the care."

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.

- People's communication needs were met. Everyone had information in their care records about their ability to communicate and any aids they used, for example, with sight and hearing.
- Information was presented in different formats to help people understand. For example, words and pictures were used to explain the activity programme and had pictures of foods. The service was developing some pictorial care plans. One person had photographs to show how they were supported to transfer using a hoist.

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

- The service offered people opportunities to engage in social and leisure activities. An activity calendar informed people of forthcoming events. One person said, "There is something every day; bingo, beetle drive, nail painting today. We had a brass band at Christmas, and a pantomime. Children from the primary school come and talk to us and exchange memories. Playgroup, they come every month, and we all join in."
- People discussed activity choices at resident meetings.

Improving care quality in response to complaints or concerns

- Systems were in place for dealing with concerns and complaints. The registered manager told us no formal complaints had been received in the last 12 months. The service had recorded concerns and responded appropriately, for example, issues had been raised about a specific meal and this was discussed with the catering team.
- People felt comfortable talking to staff and management and were confident any issues raised would be resolved. One person said, "[Name of registered manager] is terrific. She will listen to problems, if anything goes wrong she will sort it right away."
- Information about raising concerns and complaints was shared with people so they knew who to contact.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a clear vision to deliver quality care. People who used the service and staff told us the management team genuinely promoted person centred care. One person said about the registered manager, "I can't speak highly enough. She has been here all the time and is as pleasant today as she was when we first came."
- The registered manager led a dedicated staff team who understood the service's vision and values. A member of staff said, "It is very well managed, and I am proud to work here."
- People were encouraged to share views through surveys and meetings. The service had received compliments from people who used the service and relatives about their experience. One relative commented, "A truly fabulous job and if angels walked the earth there would definitely be some at the Beeches."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager understood their legal responsibilities and provided clear leadership. They received good support from senior managers.
- Quality management systems were usually effective. The service carried out a range of checks, such as, accident reporting and medicines. Outcomes were shared with the provider, so they were aware of what was happening at the service. The provider also visited the service on a regular basis.
- Although quality monitoring ensured people received quality care, some issues identified during the inspection had not been picked up through the provider's monitoring system. For example, some risk assessments were not up to date. The registered manager and provider were responsive and addressed issues promptly.
- The provider promoted an open and transparent culture and followed procedures when things went wrong. They usually informed CQC when significant events occurred although two recent incidents had not been reported. As soon as this was raised with the provider the relevant notifications were sent retrospectively. The provider told us they had introduced a more robust system to ensure all notifiable events were submitted without delay.

Continuous learning and improving care; Working in partnership with others

- The service had a continuous improvement plan that identified areas to develop. Key priorities, such as documentation, lessons learned, and end of life care were incorporated into the plan.
- The provider was rolling out new processes to improve service delivery. These included, new style care plans and more detailed accident forms.
- The management and staff team worked in partnership with key organisations to benefit people using the service and improve service development. A visiting professional who regularly worked with the service told us, "They have caring staff who know the residents well. I never have any concerns."