

# Edge View Homes Limited

# Abbeycroft

## Inspection report

16 Crabbs Cross Lane  
Crabbs Cross  
Redditch  
Worcestershire  
B97 5LD

Tel: 01527540403

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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: This service supported people with learning disabilities, mental health and physical disability support needs. It was registered for the support of up to seven people. Six people were using the service at the time of the inspection

- What life is like for people using this service:

People enjoyed living at Abbeycroft and felt safe and at ease around staff who understood their needs and how to keep them safe. Staff knew how to recognise and report abuse.

- Staff recognised the risks to people's health, safety and well-being and how to support them.
- People had access to support from sufficient staff when needed.
- Staff recruitment processes included a check of their background to review staff suitability to work at the home.
- People received support with the medicines. Regular checks were undertaken to ensure people received the correct support by staff who were competent to help them.
- The home was clean and staff were working on further supporting people with their personal care.
- The registered manager ensured people's care was based on best practice standards and staff had the correct training to meet people's needs.
- Guidance on people's needs was also shared through supervision and staff meetings.
- People were offered choices at mealtimes and encouraged to decide what menu options they would like.
- People were supported to attend healthcare appointments and advice from healthcare professionals was incorporated into people's care.
- People were treated with dignity and respect and their independence was promoted.
- People and their families were involved in planning their care with support from staff.
- Staff supported people to enjoy a range of activities which reflected people's individual interests.
- People and their families understood how to complain if they wanted to. Systems were in place to take any learning from any complaints made.
- Staff enjoyed working at the home and received advice and guidance from the registered manager.
- Staff worked together with the registered manager and families to ensure people's care was continually monitored, reviewed and reflected changing needs.
- The registered manager with stakeholders such as the specialist charities to seek advice and guidance and incorporate learning into people's care.

• We found the service met the characteristics of a "Good" rating in all areas; For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: Good. The last report for Abbeycroft was published on 02 March 2016.

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

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

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.

# Abbeycroft

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 24 January 2019 and was unannounced.

There was one Inspector in the inspection team.

As part of the inspection we looked at information we held about the service and we asked the local authority if they had any information to share with us about the home. The Local Authority is responsible for monitoring the quality and for funding some of the person's living at the service.

During our inspection we spoke to one person who lived at the service. We used different methods to gather other people's experiences of what it was like to live at the service, such as observations of staff interaction with people living at the home. We also spoke to the registered manager, the operations manager, the head of HR, an area manager and three members of staff.

We looked at records relating to the management of the service such as the care plans for two people, incident records, medicine management, staff meeting minutes and quality assurance records. We also reviewed recruitment processes undertaken for two members of staff.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

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

### Systems and processes

- People felt safe. One person confirmed staff looked after them and made them feel safe.
- Staff understood what it meant to keep people safe through training they had received and the process for reporting their concerns. The registered manager understood their obligations for submitting notifications to the CQC where necessary.
- The registered provider had a system for completing background checks of potential employees to assure themselves of the suitability of staff to work at the home. Background checks included a DBS (Disclosure Barring Service) check to ensure potential staff did not have a criminal background.

### Assessing risk, safety monitoring and management

- Risk assessments provided staff with guidance to manage risks to people's health. Staff explained how they kept people safe and knew the steps to take in order to minimise risks.
- The registered provider explained how risk assessments for people were being reviewed and updated in line with their expectations and improved way of recording risks.

### Staffing levels

- People had access to support from staff when needed.
- Staff described staffing levels as adequate and the registered manager described how recruitment of new staff was ongoing.

### Using medicines safely

- Regular checks were undertaken to ensure people received their medicines as they should. Staff competencies were reviewed to ensure their practice was safe to support people with medicines.

### Preventing and controlling infection

- The home was clean and tidy.
- The registered manager had sought additional advice and guidance to manage people's personal care where issues had been identified and were actively working on this to make improvements.

### Learning lessons when things go wrong

- Staff understood incidents and accidents needed to be recorded and shared with the registered manager for their review.
- The registered manager explained how incident and accidents were analysed and where appropriate additional advice was sought to better support people. The registered provider was also kept informed of any accidents and incidents through regular reporting.

# Is the service effective?

## Our findings

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

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

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

- Assessments of people's needs were shaped following input from health and social care professionals.
- People and their families were invited to participate in the assessment process and contribute their ideas to support staff to understand people's needs.

Staff skills, knowledge and experience

- People felt assured staff understood how to look after them.
- We saw staff supported people confidently and understood how each person required help. For example, one person preferred staff not to direct speech at them. Staff understood this and responded accordingly.

Supporting people to eat and drink enough with choice in a balanced diet

- People were offered meal choices. People were encouraged to share their preferences, so these could be incorporated into meal planning. Where people required assistance, this was provided.

Staff providing consistent, effective, timely care

- People had access to the healthcare they needed. Staff understood people's physical health and well-being needs. People were supported to attend routine health appointments, such as GPs and dentists.
- Staff provided examples of additional care they provided to people so they were fully supported when receiving treatment from other health and social care professionals. For example, staff attended multi-agency meetings and understood the advice offered to them.

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

- People's rooms reflected what was important to them. A number of communal areas were available for people to spend time quietly, or to socialise as they wished.

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 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. 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 were being met.

- We found the MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way, authorisation correctly obtained, and any conditions observed.



# Is the service caring?

## Our findings

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

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

Ensuring people are well treated and supported

- People told us that they were cared for well and that they liked the staff who supported them.
- We saw when people expressed anxiety or were upset, staff understood how the person required reassurance. For example, we saw when one person become agitated staff distracted the person which reduced their anxiety.
- One person had suffered a bereavement of a close friend. They told us about how staff had supported them to grieve as well as reassuring them they were there to support them which helped them.

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

- Staff understood how each person required support to express their care needs. For example, where pictorial prompts were needed, staff used these to ensure people were able to best communicate their thoughts and wishes.
- Each person had a key worker who supported them to indicate how they felt about their care. People were encouraged to make day to day decisions such as, where they chose to spend their time. For example, some people were supported to go out whilst others chose to spend time at home.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. Staff understood people's individual support needs and how they required help to maintain their independence.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

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

How people's needs are met

Personalised care

- Staff met regularly with people and understood their individual care requirements. For example, by understanding what had and had not worked well and making changes where appropriate.
- Staff supported people to do things they enjoyed and that interested them. One person told us they were happy with the support they received to achieve this.
- People's care was continually reviewed and updated according to their changing need. For example, one person's health condition had progressed, and their care had been amended and support increased in response. Guidance was also updated in care plans for staff to follow and refer to.
- The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensured people who use the service lived as full a life as possible and achieved the best possible outcomes that included choice, promotion of independence and inclusion. People living with learning disabilities at Abbeycroft were supported to live as ordinary a life as any citizen.
- The service identified people's information and communication needs. Staff understood the Accessible Information Standard. People's communication needs were identified and recorded in care plans. These needs were shared appropriately with others. Evidence demonstrated that people's communication needs were met, such as information showing people's preferred communication methods.

Improving care quality in response to complaints or concerns

- People understood they could complain and understood the process. One person told us they had no complaints and could speak to staff if they had any concerns.
- The registered provider understood family concerns and was assured the registered manager where possible worked with families to resolve these.

End of life care and support

- The registered manager had where appropriate, begun discussions with people and their families about their end of life care to understand people's wishes.

# Is the service well-led?

## Our findings

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

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

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The registered provider understood each person living at the home had very specific care needs and took steps to ensure guidance was available to staff to support people.
- Accidents and incidents were analysed by the registered manager to understand whether people's care met their needs. Where changes were required, people's care was amended and learning shared with staff.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager was supported by a management team who helped to review care provided at the home. Regular checks were completed by the registered provider and where required improvements were made to the way information was recorded and analysed. This enabled the registered provider to assure themselves that information in care plans was accurate and reflected people's current levels of need.
- Staff felt regular team meetings gave offered them opportunities to ask and raise questions when required. Staff reported a good working relationship with the registered manager who they felt offered them support and guidance.

Engaging and involving people using the service, the public and staff

- One person living at the home told us they felt able to speak with staff and feedback about the care they received by regularly chatting with staff.
- Relatives, where possible were invited to participate in meetings about their family member's care and feedback what they thought about care provided so that the registered provider could understand where improvements were necessary.

Continuous learning and improving care

- The registered provider understood the need to review and improve systems for reviewing people's care. They were implementing new systems for care planning as well as documenting the risks to people's health having identified improvements needed.

Working in partnership with others

- The registered manager understood the need to work collaboratively to understand and meet people's specific needs. The registered manager worked with a number of multi-disciplinary agencies including charities to better understand people's care and implement specialist advice they offered to improve

people's care.