Lifestyle (Abbey Care) Limited

Lifestyle (Abbey Care) Limited Elizabeth - Swale

Inspection report

Abbey Care Village
Scorton
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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Requires improvement

Overall summary

We carried out an unannounced comprehensive inspection of this service on 3 February 2015 and October 2014. We found a number of breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These correspond to breaches of the new regulations of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identified below. These were in relation to safe and appropriate care:

The registered person had not taken proper steps to ensure each service user received care that was appropriate and safe. Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered person failed to recognise care practice which constitutes abuse; Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. And Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were also breaches of regulation relating to the safety and cleanliness of the premises;

Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Summary of findings

After the comprehensive inspection, the provider wrote to us with an action plan to say what they would do to meet legal requirements in relation to the breaches.

We undertook this focused inspection on 8 August 2015, to check that the provider had followed their plan and to confirm that they now met with the legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lifestyle (Abbey Care) Limited Elizabeth-Swale on our website at www.cqc.org.uk

Lifestyle (Abbey Care) Limited Elizabeth-Swale is a residential care home, located on the Abbey Care Village site in Scorton. The service is registered to provide accommodation for people who require personal care for 54 people living with dementia and does not provide nursing care. There were ten (10) people living at the home. There is an enclosed garden, accessible via patio doors in the lounge area, and car parking is available on site.

There was a registered manager in post. 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.

We noted improvements in all the areas of concern previously reported on and found that the breaches of regulation identified in February 2015 were now met

There were sufficient staff available and they were deployed in a manner which meant people who used the service had their needs attended to in a timely manner.

The provider had taken action to ensure areas of the home we had previously identified as unsafe We found those areas had been rectified and were now safe.

Action had been taken to ensure staff understood safeguarding issues with regard to people's dignity and choice. They had also received further training in order to fully understand the principles of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).This was reflected in the care practice we observed during the inspection.

Staff had received further guidance and training with regard to current good practice for supporting people living with dementia. They were able to speak more confidently about the issues and how this had impacted on their practice and improved the well-being for people they cared for. Our observations indicated that there was a better balance between tasks staff needed to complete and supporting people with their choices about how they were occupied and choose to spend their day.

Staff were kind, caring and compassionate. We saw staff treated people with respect and dignity. People who lived at the service and their relatives confirmed this to us.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

Previously identified breaches in regulation are now met so this domain is no longer rated as inadequate. However, in order for this domain to be rated as

good we need to see consistent good practice over time therefore we will return and review these areas again at the next inspection.

People and their relatives told us they felt safe. There were sufficient staff who worked together to make sure staff were available in all areas of the home. This meant people were appropriately supervised which helped to reduce the risk of people coming to harm.

The environment of the home was maintained satisfactorily and there were monitoring systems in place to alert the provider quickly for the need of repairs.

The home had effective cleaning schedules in place which helped reduce the risk of infection.

Staff now understood the complexity of safeguarding issues with regard to people's dignity and choice and they demonstrated this through their care practice.

Is the service caring?

Good

People were positive about the staff and told us they were kind and caring. We observed staff responded to people in a kind and caring manner.

We could not improve the rating for caring from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service responsive?

Requires improvement

People using the service had personalised care plans and their needs were regularly reviewed to make sure they received the right care and support.

Staff responded when people's needs changed, which ensured their individual needs were met. Relevant professionals were involved where needed.

There was an imaginative variety of activities available for people either for individual interests or group activities. There were plenty of books, magazines and rummage boxes available for people to spontaneously occupy themselves.

We could not improve the rating for responsive from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Lifestyle (Abbey Care) Limited Elizabeth - Swale

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Lifestyle (Abbey Care) Limited Elizabeth-Swale on 6 August 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 3 February 2015 had been made. The team inspected the service against Three of the five questions we ask about services: is the service Safe; Caring and Responsive. This is because the service was not meeting some legal requirements.

This inspection took place on 6 August 2015 and was unannounced. It was carried out by one inspector.

We did not ask 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 gathered the information we needed during the inspection visit. We also reviewed the information we held about the service, such as notifications we had received from the manager. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

Before the inspection we had attended or received minutes of meetings arranged by the local authority and attended by representatives of the local authority safeguarding team, the local authority contract and commissioning team and the local Clinical Commissioning Group (CCG) as well as the directors of this service in order to monitor the situation at Elizabeth Swale. We also reviewed all of the information we held to help us make a judgement about this service.

During the inspection we spoke with two people who used the service, two visitors to the service and two visiting health professionals. We also carried out observations of staff interacting with people and included structured observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who were not able to talk with us. We looked at all areas of the home including a sample of people's bedrooms.

During the inspection visit we reviewed three people's care records in detail. We looked at records required for the management of the home such as maintenance records relating to equipment and the health and safety of the home, quality assurance audits, minutes from meetings, satisfaction surveys, medication storage and administration. We also spoke with the registered manager; and four members of staff.

Requires improvement

Is the service safe?

Our findings

During the previous inspection we carried out on the 3 February 2015 we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Our previous inspection identified that staff lacked awareness with regard to people's needs. This placed people at risk of receiving care that was not personal to them or their identified areas of risk. For example we had witnessed two people who used the service struggling with food and both had coughed and appeared to choke. We had seen a delay before staff attended to them because they were not in the immediate vicinity. We had also observed someone who was disorientated make their way into a corridor area with access to the vertical passenger lift unnoticed by the staff. We had noted from staff meeting minutes the registered manager had raised concerns about staff congregating in the dining room and not spending time with people and attending to their needs. We witnessed this on more than one occasion during the inspection.

During this inspection we spoke to staff and they were able to speak to us knowledgeably about people's individual needs. Our observations indicated staff were mindful of individual risks and made themselves available to ensure these were avoided. For example, for those people who were at risk of choking staff attended to people or were close at hand when people were eating or drinking. This means that the breach of regulation identified on the 3 February 2015 is now met.

At the inspection of 3 February 2015 we spoke to staff about safeguarding adults. They confirmed they had attended training and could demonstrate an understanding of the issues; what constituted abuse and when to raise an alert. However, the practice we observed indicated staff did not have a practical understanding of the more complex issues surrounding care that was degrading and disregarded the needs of the person. For example we observed staff failing to attended to a person's continence needs; staff failed to change this person and sat them at the table for their lunch.

We identified this as a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we spoke with the registered manager who explained there had been a number of staff changes and the provider had used their disciplinary procedures to ensure staff now employed at the home held values which would protect people from harm. During this inspection we spoke again to staff; they told us the issues previously raised had been discussed in staff meetings and one to one supervision. Our observations reflected a change in staff attitude toward providing care and support which was both safe and had regard for people's dignity. This means we found this this breach of regulation was now met.

During the previous inspection of 3 February 2015 we identified a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We had looked around the premises and noted a number of areas which posed health and safety risks. A new ground floor shower had been fitted; however, we noted missing ceiling tiles and poor tiling to the walls with some missing or cracked. In one person's bedroom we saw a TV situated so that the person could watch the TV from their bed however this meant the wire was taut making it unstable. In the ground floor corridor there was a raised but covered access hatch. This meant the floor was uneven and a potential trip hazard. We were concerned that the vertical passenger lift was accessible to people living with dementia. The lift went to the first floor which then had access to large unused areas of the building. This posed a potential risk for someone disorientated to find themselves in the lift and on the first floor.

The action plan the provider sent us detailed action taken to address the environmental issues we had raised. At this inspection we completed a tour of the premises and noted that action had been taken in all the areas of previous concern. The shower rooms were completed and in full use and the lift was now not accessible. There were new environmental check lists in place and a system to alert the maintenance team when repairs were required. This system helped ensure shortfalls were identified in a timely manner and dealt with quickly before they posed a risk to people. This means we found this this breach of regulation was now met.

During the previous inspection we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Requires improvement

Is the service safe?

We had seen fabric chairs located outside toilets for people to use to rest; these were stained and dirty. A number of carpets were stained. We observed faeces on two commodes and one wheelchair which were cleaned later that day but a cushion in someone's bedroom still had faeces on it at the end of the inspection day.

At this inspection the registered manager told us they had implemented new cleaning schedules and new staff had received training with regard to infection control. We observed the service to be spotlessly clean and all issues previously noted to have been rectified.

At the previous inspection we had seen appropriate comprehensive risk assessments for people who used the service, however had observed the content of them was not reflected in some of the practise we had observed, for example in safe moving and handling techniques.

During this inspection we observed staff assisting people to transfer and saw this was completed in accordance with risk assessments. This means we found this this breach of regulation was now met.

Previously identified breaches in regulation are now met so this domain is no longer rated as inadequate. However, in order for this domain to be rated as good we need to see consistent good practice over time therefore we will return and review these areas again at the next inspection.

Good

Is the service caring?

Our findings

During the previous inspection we identified a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We had observed some staff practice failing to respect people and treat them with dignity. We had observed that staff were occupied with completing tasks and when these had been completed spent time with other staff rather than with people who used the service.

During this inspection, although staff were involved in necessary tasks of the day, we observed staff spending time with people and engaging with them as they carried out tasks. We saw staff attend to people swiftly when they needed it.

People we spoke with told us staff were very kind and compassionate. One relative told us a member of staff made a special effort to come into the service to wish their relative a happy birthday even though they were not due at work that day. A person who used the service said, "It's lovely here, they look after me well, the girls are smashing.

Staff told us they had completed end of life care training and in the last days of people's lives they worked closely with the district nursing teams. One relative told us, "The staff were fantastic, so kind and thoughtful."

During the day we saw visitors coming and going; they were offered a warm welcome by staff. We spoke to two visitors; one said, "there is a lovely atmosphere here, it's really warm and friendly." Another said, "Staff take the time to make sure people have everything they need."

Our observations indicated that people who used the service knew staff and responded with familiarity. In turn staff knew people well and we witnessed some light hearted banter, and genuine care and compassion towards people. Two people who used the service were recently bereaved and staff spoke of how they were supporting these people with their loss. We heard staff refer to people by name, smile and have eye contact with people and we saw some staff used touch to reassure.

We saw reference to privacy and dignity issues recorded as being discussed in staff meetings. There was a 'dignity tree' next to the main notice board in the main corridor and people were encouraged to write statements about respecting people's dignity. The registered manager said this helped remind people of the importance of privacy and dignity.

We saw outside people's bedroom doors notices to alert staff to offer people privacy when people were receiving personal care. We found privacy and dignity issues embedded throughout care plans with reference to the importance of supporting people to be as independent as possible. Personal touches, which were important to people, such as wearing perfume or wearing smart dress were also noted and attended to.

The previously identified breach in regulation is now met so this domain is no longer rated as inadequate. However, in order for this domain to be rated as good we need to see consistent good practice over time therefore we will return and review these areas again at the next inspection.

Requires improvement

Is the service responsive?

Our findings

During the previous inspection we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous inspection staff were unable to speak with us knowledgably about current good practice and initiatives with regard to supporting people living with dementia. We had seen this reflected in practice observed. We saw staff were unable to support people appropriately who were distressed and people were not given an opportunity to spend their day as they wished.

At this inspection staff were able to talk to us more confidently and demonstrated an understanding of people's individual needs and how to respond to them. Staff told us they wanted to provide 'the best dementia care they could'. It was clear from these discussions that staff were motivated and committed to achieve this.

We looked at three care plans and saw that they contained an assessment completed on admission which detailed people's needs and further care plans covering areas such as personal care, mobility, nutrition, daily and social preferences and health conditions. We saw that people had corresponding risk assessments in place. People's plans gave specific, clear information about how the person needed to be supported. For example one person's care plan stated because of their diagnosis of dementia they had difficulties with sequencing but this person expressed a wish to be as independent as possible. Staff were advised in the care plan to be aware of this and to pace their support accordingly.

We could see that people's care had been reviewed and their plans amended. For instance we saw that one person had lost weight and had been referred to the dietician and now required their food and fluid intake to be monitored. We saw the corresponding records for this. We looked at people's daily notes and saw the information provided a picture of how the person had spent their day. The detail in these records meant people's needs could be monitored and any changing needs picked at an early stage.

Some people living at the service with dementia were unable to tell us about their experiences in the home. So we spent time observing the interactions between the staff and the people they cared for. Our use of the Short Observational Framework for Inspections (SOFI) tool found people responded in a positive way to staff. We observed staff treating people with kindness and compassion, staff spoke with people at a pace which appeared comfortable to them.

During the previous inspection we had identified a lack of activities and occupation available for people. At that time the registered manager told us a new activities organiser had been recruited and was due to start. During this inspection, unfortunately we were unable to speak to the activities organiser; however we were able to see the impact they had had on people's occupation and wellbeing.

We saw photographs and spoke with staff about an individual who had previously been a nurse. The activities organiser had sourced bandages, stethoscope and slings. We heard how this person had enjoyed using the items and this had facilitated discussion about the person's work as a nurse. We could see form the photographs how much enjoyment they had received and we were told this was a regular activity which they enjoyed repeating.

The registered manager had made a board with light fittings and plugs attached for some of the men living at the service to take apart and repair. There was also shoe cleaning equipment available. This gave men living at the home the opportunity to participate in traditional male activities. Similarly there was laundry available for women to fold and sort. We also saw 'rummage' boxes and memorabilia located around the home to stimulate people's interest and provide something for them do.

Volunteers from a local charity, Friends of Scorton, visited regularly and supported people with activities. They together with staff and people living at the home had planted bedding plants and made the garden into an attractive area to spend time in.

We looked at the records of activities and saw people had been involved in charitable fund raisers for example red nose day, Macmillian coffee morning and 'wear a wig' for children's cancer.

We also saw a file containing information and suggests available for staff when the activities organiser was not available. Staff told us although there was a dedicated role for activities everyone now got involved. Improved care records provided information about people's social

Requires improvement

Is the service responsive?

histories and interests so that staff could engage with people with activities that were personal to them. For example one person enjoyed country music so CDs had been purchased for them to listen to.

People were involved in and had an opportunity to influence improvements to the service. Regular relatives meetings and 'tell us your opinion' surveys were analysed and any issues raised addressed. For example we saw a photo board of staff with their names which had been a direct request from relatives. A relative told us " I have been involved all the way, it's a joint effort and communication is good." And another relative said "I'm involved in everything, staff keep in touch."

This means we found this this breach of regulation was now met.

We could not improve the rating for responsive from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.