

Weston-super-Mare Free Church Housing Association Limited

Abbeygate

Inspection report

71 Beach Road
Weston Super Mare
Somerset
BS23 4BG

Tel: 01934621166

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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

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

Abbeygate accommodates up to 20 older people in one adapted building. At the time of our inspection 18 people were living at the service.

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.

Our last inspection was in December 2017 and the service was rated Requires Improvement. We identified one breach of regulations as audits had not effectively identified shortfalls and actions to rectify these. The provider submitted an action plan telling us the improvements they would make. At this inspection we identified that all regulations had been met and the service was rated Good.

People told us they were happy at Abbeygate. They said they were well-cared for by kind and competent staff. The service had a very homely feel and people were encouraged to personalise their bedrooms. Staff were attentive and knew people well. There was a lot of shared laughter between people and staff. People and relatives were very positive about the service.

There was a relaxed, informal atmosphere around the home. There were pictures on the walls of people engaging in activities and people had been involved in decorating the home for the festive season. People regularly accessed the community.

People were happy with the food and said they could choose what they ate. The staff supported people to take part in a range of activities; people told us they could choose to participate. There were regular trips out and people were involved in deciding where to go.

People received support with their health needs. The staff had good relationships with visiting health professionals. Professionals we spoke with were positive about the staff and the service and the management of people's health needs.

People were kept safe as the provider had identified any environmental risks and taken action to reduce these. People's medicines were managed safely; however, we have made a recommendation about the timing of some medicines.

Staff had carried out assessments to determine individual needs and had developed care plans to meet

these. When needs changed staff updated people's care plans.

The home was well-managed. The registered manager operated an effective governance system to identify and rectify any shortfalls in the service. People, their relatives and staff were able to comment on and be involved in the running of the service. There was an effective complaints system in place, however, the people we spoke with said there was nothing to complain about.

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.

Medicines were obtained, stored and disposed of safely. However antibiotics were not always given at regularly spaced intervals; we have made a recommendation about this.

People felt safe at the service.

Risks to people were managed effectively.

There were sufficient staff, safely recruited.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were trained and competent.

People had enough to eat and drink; they were positive about the food.

The staff team worked effectively with healthcare providers.

Staff understood and worked in accordance with, the Mental Capacity Act (2005).

Is the service caring?

Good ●

The service was caring.

People were very positive about staff attitudes and behaviour.

Staff treated people with kindness and compassion.

People were supported to maintain their independence.

Staff respected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care.

People were supported to engage in a variety of activities.

There was an effective complaints system in place.

People were encouraged to make their own choices about how they spent their time.

Is the service well-led?

The service was well-led.

There was an open, responsive culture in the service.

People felt confident in how the service operated.

There was an effective governance system and staff morale was good.

People, relatives and staff were able to give input into the running of the service.

Good ●

Abbeygate

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 05 December 2018 and was unannounced.

The inspection team consisted of an inspector, an assistant 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.

We reviewed the information we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us.

During the inspection we spoke with 12 people living at the home, four relatives and five staff members, this included senior staff, and the registered manager. We also spoke with two health professionals. We reviewed three people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Is the service safe?

Our findings

People felt safe at the service. They told us, "We are well looked after here, the staff do all they can to keep us safe, they are always popping into the lounge to make sure we're okay and at night they pop into my bedroom," and, "Everything is done to keep us safe here, they (the staff) check up on us all of the time, everything is done to make sure we never have to worry." Relatives told us they were confident their loved ones were safe, "My [Name] is very safe here. I was so worried before but since they have been here I never have to give safety a thought, everything is done to keep everyone safe and sound. If they have any issues the staff spring into action straight away."

Staff knew how to keep people safe. Risks to people had been assessed and suitable plans were in place to keep people safe whilst supporting their independence. For example care records alerted staff to the risk to people of naked flames if they were prescribed paraffin based skin cream. Guidance was also provided on washing clothes at a high temperature, if possible, to reduce the build up of flammable substances. Environmental risks had been identified and action taken to minimise these. For example radiators were covered to prevent burns, and window restrictors were fitted to reduce the risk of falls from a height. The environment was checked regularly and hazards such as frayed carpets, which could be a trip risk, were addressed.

Staff had been trained in understanding and identifying what constituted abuse. Staff understood how to identify potential concerns and what action to take. The registered manager had sought advice from the local authority safeguarding adults team and made referrals when appropriate.

The service employed sufficient staff, who were safely recruited. People told us, "You never seem to have to wait for anything, you ring the bell and they come to you straight away." A relative told us, "Always plenty of staff on duty in this home, My [Name] rings the bell and they come running." The provider followed a recruitment procedure to reduce the risk of employing unsuitable staff. Staff files showed the provider had carried out checks before employing new members of staff. All contained a Disclosure and Barring number (DBS) this is a check that is made to ensure potential staff have not been convicted of any offence which would make them unsuitable to work with vulnerable people. Staff files also contained proof of identity, an application form, a record of their interview and two references.

Medicines were obtained, stored and disposed of safely. Staff recorded all medicines administered on a medicines administration record (MAR). At our previous inspection we found that the provider had failed to identify that staff had not signed the MAR to confirm creams had been applied, people did not have body maps to identify where to apply them, and audits had not identified this. At this inspection we found that this had been addressed. The registered manager told us they had tried several different systems and the current one was working. People now had a body map (if required) in their bathroom and MARs sheets had been signed consistently.

However, we found that antibiotics were not being given at regularly spaced intervals. This reduced their effectiveness. This had not been identified by the pharmacy who had carried out a recent medicines audit.

We recommend the service reviews the systems it uses to ensure that medicines are given at appropriately spaced intervals in line with published guidance.

Some people at the home managed their medicines independently. Staff had carried out a risk assessment of people who did this and carried out monthly checks of their medicines to check they continued to do so safely.

People were protected from the risk of infection. People said, "My room is clean and tidy, the lounge and dining room is a pleasure to sit in, everywhere smells really fresh." Relatives commented, "The home is always clean and it all always smells fresh, never stale." Staff wore personal protective equipment (PPE) when they provided support to people. A relative said, "I see the staff wearing gloves and aprons when they attend to my [Name], they are always washing their hands and putting gel on." During our visit we observed staff wearing PPE, with staff using different coloured gloves for any food preparation. This was a visible way of ensuring staff had changed PPE before taking part in any serving of food or drink.

Staff followed a consistent system to separate laundry. Soiled laundry was separated and washed separately. The laundry area was clean and tidy. Mops had been washed regularly and were stored dry which was good practice to reduce the spread of any infection. All bathrooms had liquid soap and paper hand towels available for hand washing.

The registered manager kept a log of all accidents and incidents. Staff knew what to report and completed records legibly with sufficient information. For example, staff kept an overview of falls. During our inspection one person was visited by the falls nurse as they had fallen several times. Staff had already taken action to make sure the person had good fitting footwear, always used their stick and had replaced their chair with a higher one. They had referred the person when these measures had not been sufficient.

Is the service effective?

Our findings

People told us they thought the staff were competent. We were told, "The staff know what they are doing and do it well, they put your needs first, everything is good here," and, "They know exactly what they are doing, no worries about that." Relatives were confident about the skills and abilities of the staff, one commented, "The staff appear well trained and competent to me."

Staff received regular training and supervision. Staff received training in areas such as dementia, dignity, person-centred care, communication, safeguarding, fire, infection control and the Mental Capacity Act (2005). In the last three months staff had received training in person-centred care and communication parts one and two. Staff received a comprehensive induction and their competency was checked. Staff we spoke with were able to tell us about training they had received and demonstrated an understanding of issues such as mental capacity and safeguarding which meant the training had been effective.

Staff received supervision every four months. Supervision is where staff meet with a senior staff member to review and discuss work or any other issues affecting the people who use the service. In these meetings areas of discussion included, strengths and skills, any issues or concerns with the job role and colleagues, health, and training.

People were supported to eat and drink enough to maintain a balanced diet. People we spoke with told us they enjoyed the food and always had a choice. Comments included, "The food here is very good you get a wide choice every day," and, "Last night I did not want any tea, but at 8.30 I was hungry, they brought me a cheese sandwich and a packet of crisps, you can always get something you would like to eat here."

All of the people resident in the home had opted to eat in the dining room, the tables were laid with a festive place mat, cutlery and cruet sets, people chose where they wished to sit. The staff wore blue plastic aprons and gloves. Lunch began with the ringing of a bell and the saying of Grace. Everyone was offered a napkin along with a glass of water, and a choice of fruit juice. Meals were well presented and served by the care staff. People were offered a choice of two main meals but could mix and match across the menu as they wished. After the main meal people were offered a choice of dessert, followed by a hot drink.

People were weighed regularly and this was used to complete a nutritional assessment. Staff had been concerned about one person's swallowing and had supported them to be assessed by a speech and language therapist (SALT).

The staff team worked effectively to deliver good health outcomes to people both within the team and by working with external health professionals. Records showed people had regular chiropody visits and were supported to attend hospital appointments. The staff worked well with professionals, who told us, "They are good at contacting us and the GP, they will chase the GP if they need to. They always have the correct documentation available," and, "The staff are fantastic. They are really good. We've got a very good relationship."

People's individual needs were met by the design and decoration of the service. The environment was very homely and communal areas contained lots of pictures of activities people had participated in. As part of the Christmas decorations there was a Christmas tree in the foyer which was decorated with small framed pictures of people. They liked to go up to it and find their picture. People's rooms were furnished to their individual taste. They were encouraged to bring their own furniture if they wished. We saw people had sofas, pictures and other items important to them. People could also choose to have their own bed linen.

People had the use of a stairlift and people could operate this independently. Staff supported people who needed help in operating it. One person had their scooter stored in the service's garage. Throughout the day we were told by staff and the registered manager, "This is their home, they can have what they like."

Consent to care and treatment was sought in line with legislation and guidance.

Staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. People living at the service were assumed to have capacity in line with the principles of the MCA. The 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.

The majority of people had capacity to consent to care and treatment at the service. People had signed a consent form for care at the service and to allow the use of their photographs in the newsletter and in displays around the service. Where people did not have capacity an assessment had been carried out. The assessment clearly recorded people's responses to the questions in the assessment and demonstrated how they decision they did or did not have capacity was reached.

People told us staff always sought consent before delivering any care. We observed that people were always asked by staff before support was offered.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There were two people with a DoLS authorisation in place and applications had been made for a further five people. These people were all supported to access the community with a member of staff if they wished. People who were not on DoLS were able to access the community independently or with support. One person said they wanted to go out but the door was always locked. We discussed this with the registered manager who had made a DOLS application for this person. We were told they liked to go out and were regularly supported to go out with staff.

Is the service caring?

Our findings

People we spoke with were all very positive about the care they received from staff. Comments included, "I would simply describe the staff as wonderful, caring people," and, "I was in another home, not a patch on here, this is the best home around. I am so happy and so pleased to be in here, this is my home, everyone is so kind and full of laughter." Relatives said, "The staff here are first class, they are at the top of the caring game, they put the person first, my [Name] is in here but when my other relative died they offered support towards my [Name] and the family, they were without question wonderful."

Throughout our visit we observed kind and caring interactions between staff and people living at the service. We observed one particularly notable interaction between staff and a person's visitor who had a disability. The staff were very kind and patient and knew the person well. They made them feel very welcome and the other relative accompanying them commented to us on how important this had been.

There was a lively atmosphere in the service. Festive decorations had been put up around the building which people living there had been fully involved with. The staff were all dressed in Christmas T-shirts or jumpers. One member of staff was wearing a festive novelty hat and another wore a halo.

People received emotional support when needed. One person became upset during our visit and staff were patient and kind, attempting to reassure and comfort them. Each person had an emotional and well-being support plan.

People were supported to express their views and be involved in the running of the service. Whilst we were at the service people asked staff if they could go ice skating. Staff contacted the local ice rink who confirmed that wheelchairs could be taken onto the ice so a trip was being arranged for the following week.

People's privacy, dignity and independence was respected and promoted. Staff always knocked on people's doors and understood how to protect people's privacy and dignity if assisting them with personal care.

Staff informed involved people's family in their care and kept them informed. One relative told us, "My [Name] had a fall in the middle of the night, they checked them over and called the ambulance. I was rung straight away, the home and myself kept in contact so everyone knew when my [Name] was coming home."

People's independence was promoted. Care plans contained information about what people could do for themselves. People were encouraged to make their own choices and decide how they wished to spend their time. One person told us, "I have my own mobility scooter in the garage and I pop into town myself when I want to." We observed another person using the stair lift independently; staff told us they supported people if needed but not if they could use this independently.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People told us, "This home is very good, nothing but good here. We have meetings all of the time, you can give your point of view, you can suggest things and they try to make it happen. I wanted to go to the ice rink, we are going to go next week." One relative told us, "I would describe this place as a home from home that puts the needs of older people above anything else." Care plans contained personalised information about what support people needed as well as what they could do for themselves. Information about people's life history and family was available to staff.

Staff responded to people's changed needs quickly. For example one person had always managed their own medicines and care. Following a fall they needed additional support which had been provided. Staff had supported the person to attend hospital appointments and to do physio exercises.

One member of community staff involved in working with the service told us, "Each resident is treated as an individual, all the care staff seem to know each resident very well. In my opinion they provide excellent patient centred care."

People told us they had plenty to do at the service. Comments included, "I go out into town, we have trips out in the bus, last night I went to see the Christmas lights. I play games and we make things, I really enjoy the Thursday morning coffee morning. They are always doing something we laugh a lot," and, "I like to keep quiet in my room, reading my paper, but I can take part in the things going on if I want to, I am never bored here." Recently the service took part in 'Pimp my zimmer' with a local nursery. The children visited and helped people decorate their Zimmer frames, during the event BBC Bristol radio attended, they did a short film of the event for their social media page. The Mayor of Weston Super Mare and a local councillor both joined in helping the children and people. This was also featured in the local newspaper.

Staff produced a monthly newsletter which was delivered to everybody. One person who chose to spend a lot of time in their room told us they appreciated receiving this. The newsletter contained information about upcoming events and birthdays. In addition, there was a 'get to know' article about someone each month. This was a short profile of either a staff member or person living at the service. The profile was written by the person and was about their life, family and interests.

People told us they knew how to complain but could not imagine needing to. One person said, "What is there to complain about here? Nothing, I should know I worked in care. If I did complain I would speak to the manager straight away," another told us, "If I ever wanted to complain I would speak up you can be sure of that, but look around what could I ever complain about?" A relative told us, "I cannot fault this home, if I ever felt the need to complain I would seek out the manager straight away."

The service had received two complaints within the last year and 10 written compliments. The registered manager had kept a log of complaints and a record of investigations and responses. The complaints had been resolved and actions put in place as a result of the findings. Compliments included, "To all staff at

Abbeygate. A big thank you for looking after my [Name], our family has really appreciated your kindness," and, "Thank you for looking after me so well."

The registered manager told us that they would support people to live at the service as long as possible but it was rare for them to deliver end of life care. They explained that as people became more frail it was usual for them to move to a nursing home.

Is the service well-led?

Our findings

People were complimentary about the running of the service and the registered manager. We were told, "This home is one of the best I would not want to go anywhere else. It's really friendly here, we have meetings, the manager leads them, very nice and approachable lady," and, "I would describe this home as open and honest, the manager is very good, you can speak to her at anytime." Relatives said, "The manager is called [Name] she is very open and approachable."

The registered manager told us that the values of the home were, "To keep the Christian ethos and to make it a homely home." Staff morale was good. Staff were happy working at the service and were positive about their jobs. Comments included, "I love working here. I have been working in care for several years and I really like it here. You can feel how nice it is as soon as you walk in," and, "It's the nicest home I've been in and I've been to a lot of homes visiting people. The atmosphere is lovely. Our main thing is to make people's lives nicer and we have a laugh with them and it makes all the difference."

Staff were able to have input into the running of the service, they said, "If I have issues I can raise them, we're all like that. We're good at keeping records and doing things the right way. We're always up for new ideas." Staff and seniors meetings were held regularly. We attended the seniors meeting which took place on the day of our inspection. The staff attending were able to contribute their ideas and opinions, for example about the best way to update care plans. Staff meetings took place every four months. Topics discussed included areas where the day to day running of the service needed to improve. In one set of minutes staff had the opportunity to give feedback and took part in an exercise to improve team communication.

There was an effective governance system in operation. The registered manager carried out a system of audits to check health and safety, infection control, fire, training and other areas of operation of the service. We found that the audits had been effective in identifying any shortfalls, for example, the registered manager had identified worn carpets and areas of the service which needed decorating.

People living at the service had the opportunity to give feedback and be involved in some decisions about the running of the service. People told us, "We have regular meetings here and you can give your point of view about anything." Records of residents' meetings showed that people were consulted about any trips or activities they would like. People's opinions were sought on the food.

Relatives were able to give feedback and comment on the service. One relative said, "I have been invited to the relatives meetings." Another relative told us, "I attend relatives meetings and I have completed surveys in the past, never a bad word to say about here." Relatives told us they were kept informed of any issues affecting their loved ones, "They ring me up, send emails or texts and of course when I visit we have a chat".

The registered manager had made statutory notifications to the Commission of all incidents that affected the health, safety and welfare of people who use the service. Statutory notifications are information about specific important events the service is legally required to send to us. We use this information to monitor the service and to check how events have been handled.

Providers are required to display the ratings from inspections so that people, relatives and visitors are aware of these. The rating from the previous inspection was displayed prominently at the home.