

Special Needs Care Limited

# Abbey Respite Centre

## Inspection report

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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: Abbey Respite Centre is a residential care home providing short term, respite care and support for up to six people. The service supports young people from the age of 16 and adults. At the time of this inspection five people were using the service.

The service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with a learning disability were supported to live as ordinary a life as any citizen.

People's experience of using this service:

We have made three recommendations in relation to a review of training, reviewing procedures in place for supporting people with their personal effects on arrival at the service and quality monitoring systems in place within the service.

People's needs and wishes were assessed and planned for. Care plans identified the intended outcomes for people and how their needs were to be met. People received care and support from staff who had received training for their role. People were offered and encouraged to have a nutritious and balanced diet and their healthcare needs were understood and met.

Systems for assessing and monitoring the quality and safety of the service were effective in identifying areas of improvement within the service. People and their family members described the manager as approachable and supportive. Systems were in place to gather people's views on the service.

People were protected from abuse and the risk of abuse and staff understood their role in relation to this. People and their family members told us that the service was safe. Risks to people and others were identified and measures put in place to minimise harm. Good infection control practices were followed to minimise the risk of the spread of infection. Regular safety checks were carried out on the environment and equipment.

Staff knew people well and were knowledgeable about individual's needs and how they were to be met. People and their family members knew how to raise a concern or make a complaint about the service. People were treated with kindness by staff. Staff provided care and support with positive outcomes for people.

Rating at last inspection: This was the first inspection of the service.

Why we inspected: This was the first scheduled inspection of the service since its initial registration.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 section 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.

# Abbey Respite Centre

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one adult social care inspector.

#### Service and service type:

Abbey Respite Centre 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. This was the first inspection of the service.

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 visit because it is small service and we needed to be sure that people and staff would be in.

Inspection site visit activity started on 29 April 2019 and ended on 1 May 2019.

#### What we did:

Our inspection plan took into account information that the provider had sent to us. We also considered information about incidents the provider must notify us about and we looked at issues raised in complaints and how the service responded to them. We used all of this information to plan our inspection. We obtained information from the local authority and safeguarding team.

During the inspection process, we spoke with four people using the service and three family members. We

spoke with the registered manager, deputy manager and seven members of staff. In addition, we spoke with the registered provider.

We looked at four people's care records and a selection of medication administration records (MARs). We looked at other records relating to the monitoring of the service, including records of checks carried out around the premises, the training records of staff and the recruitment records for five staff employed by the service.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Systems and processes to safeguard people from the risk of abuse
- Safeguarding procedures were in place. Staff had completed safeguarding training and had access to information about how to protect people from harm. However, staff had not received training in safeguarding young people below the age of 18. We discussed this with the registered manager who made immediate arrangements for staff to receive this training.
- Staff knew how to refer any concerns they had about people's safety.
- People told us they felt safe living at the service. Comments included "The staff are kind and I feel safe" and "This is a place of safety for me and I feel secure here."
- Family members told us they were confident that their relative was safe from harm. Their comments included "A very safe service" and "Trusting staff."

Assessing risk, safety monitoring and management

- Regular safety checks were carried out on the environment and equipment used. Two internal designated fire doors were seen to be wedged open which would have made them ineffective in the event of a fire. We brought this issue to the attention of a senior member of staff who took immediate action to remove the wedges. Following the inspection, the registered manager confirmed that equipment had been purchased to enable open door to close automatically in the event of a fire. .
- Emergency procedures were in place. This information was easily accessible in the event of people needing to evacuate the building in the event of an emergency.
- Staff had access to policies and procedures in relation to health and safety and had received training in this area.
- A system was in place for staff to report any maintenance required around the building.
- Risks to people's physical and psychological wellbeing were identified and plans were in place to minimise those risks.
- The service operated a positive risk taking culture to enable people to live as independent a life as possible.
- The service operated a policy of no restraint which staff fully understood. People's care plans contained detailed information as to how staff were to respond in the event of a person challenging the service. Staff were knowledgeable of how they needed to support people at the times people may challenge themselves and others.

Staffing and recruitment

- The recruitment of staff was safe. Appropriate checks were carried out on applicant's suitability for the role before they were offered a job.

- Sufficient numbers of suitably trained and experienced staff were on duty to safely meet people's needs. The number of staff required to support people was based on the individual needs of each person. People told us that they were happy with the staff that supported them. Comments included "Staff know me well and deliver a good service" and "I always have a member of staff on a one-to-one basis. They understand me."
- People told us their needs were always met by the staff working with them.

#### Using medicines safely

- People were encouraged, when appropriate to manage their own medicines safely.
- Staff responsible for managing people's medicines had completed training and their ability to manage medicines safely had been checked to ensure their competence.
- Information and guidance was available to staff about how and when to administer medicines prescribed for people.
- People told us that they received their medicines when they needed them.
- Medication administration records (MARs) were completed to ensure that appropriate records were maintained of people's medicines.
- One area of the service where people's medicines were stored had been identified as being too warm on occasions to safely store certain medicines. Following discussion, this issue was addressed immediately by the registered manager.

#### Preventing and controlling infection

- Systems were in place to prevent the spread of infection. Staff had received training and procedures were in place to maintain a safe and clean environment for people.

#### Learning lessons when things go wrong

- Lessons were learnt and improvement made following accidents and incidents.
- Accident and incidents which occurred at the service were recorded and analysed to look for any patterns and trends and ways of minimising further occurrences.
- Staff understood their responsibilities to report any incidents that occurred. Situations were discussed and where possible, changes were made to how people's support was delivered to further minimise negative outcomes for people.



# 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

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

Staff support: induction, training, skills and experience

- Staff competency was regularly assessed for specific tasks within their roles. However, not all staff responsible for checking staff competency had received up to date training and assessment for their role. We discussed this with the registered manager and arrangements were immediately made to rectify this situation. The service was currently re-developing the systems in place for the training and education of staff.

We recommend that the registered provider regularly reviews the systems in place for checking staff knowledge and competency.

- Staff supporting people had the right knowledge, skills and experience to meet their needs effectively.
- Staff told us that training was available to ensure that they had up to date knowledge for their role.
- Staff received an appropriate level of support and supervision for their role.

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

- Systems were in place to assess and review people's needs and wishes in line with legislation and best practice.
- People's individual needs were assessed to ensure they could be met at the service.
- People, their family members and health and social care professionals were fully involved in the assessment and planning of people's care. Family members told us that they had felt included in their relative's assessment process and that they continued to be involved in the planning of their relatives care and support.
- The initial assessment process, whenever possible took place over a period of time to enable people to become familiar with the service, staff and the environment. Family members told us "[Relative] was slowly introduced to the service" and "[The service] took a lot of time and effort to get to know [Name] and to establish what they liked."
- People's care plans contained professional guidance and information about how people's needs were to be met.
- Staff delivered effective care to people in line with their care plan. People told us that staff always consulted with them prior to delivering care and support. Care plans clearly stated what support people required with decision making.

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

- People were protected from poor nutrition and dehydration. People had access to sufficient food and had access to food and drinks throughout the day and night.
- People had a choice of where they ate their meals within the service or to eat out locally.

- People were encouraged to assist with food preparation and cooking of meals.
- People spoke positively about the food provided. Their comments included, "The food is good" and "You can have a choice of meals."

Staff working with other agencies to provide consistent, effective, timely care

- Effective systems were in place to deliver consistent and effective care and support to young people who were in transition between services.
- The service worked with people and healthcare professionals involved in their lives to plan any moves between services. This enabled people to make changes with least disruption.

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

- The layout of the building enabled people freedom of movement around the two floors that the service was provided from.
- The environment had been decorated using colours that promoted a calm and relaxing setting for people.
- A quiet room was available for people to spend time and people also had access to a sensory room with the support of staff.
- People had access to a safe outside garden area with seating.

Supporting people to live healthier lives, access healthcare services and support

- Where people required support from healthcare professionals this was arranged, whilst staying at the service people had access to local healthcare facilities.
- Staff had access to professional guidance relating to people's individual needs.
- Any support people needed with their health, social and behavioural needs was recorded in their care plan.
- Systems were in place to ensure that important information about people's needs was shared when they were admitted to hospital.
- People and their family members told us that staff would always arrange for people's healthcare needs to be met when required.

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and found that they were. The registered manager and staff had a clear understanding of the MCA and knew what actions to take to ensure that people's rights were upheld under the Act.

# 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

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

Respecting and promoting people's privacy, dignity and independence

- We found that the wardrobes in two people's bedrooms were locked and their clothing and personal effects had not been unpacked. We discussed this with the registered manager and arrangements were made to support people to unpack their belonging and hang their clothes. During all other times staff treated people with dignity and respect.
- We recommend that the registered provider reviews its procedures for when a person arrives at the service to stay to ensure that people's dignity is promoted at all times.
- Staff provided people with personal care in private to maintain people's privacy and dignity.
- People told us they always felt comfortable when staff supported them with personal care. One person told us that being comfortable with staff "Relieved their anxieties."
- Staff ensured that people's confidentiality was maintained. People's personal information was stored securely and only accessible to authorised staff.
- People told us they were given choice and control over their day to day lives. People had freedom of movement around the service and had a choice of what time they got up in a morning and went to bed at night. In addition, people chose how they wanted to spend their time.
- Family members spoke positively about the impact the service had on their relative's life. Comments included "Everybody seems very happy and relaxed", "No restrictions, staff allow their independence" and, staff "Bring the best out in [Name]."

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

- People were treated with kindness, dignity and respect. People's comments included, "Staff are kind to me" and "Staff encourage and support me to explore the city."
- Staff had got to know people well and it was evident from their interactions with people that positive relationships had been formed.
- Staff understood and supported people's communication needs. Staff spoke with people clearly whilst maintaining eye contact where appropriate. When required staff used non verbal and alternative methods to communicate with people. One family member told us "They [Staff] communicate very well with [Name]."
- People, along with family members, had been given the opportunity to share information about their life history, likes, dislikes and preferences. Staff used this information to engage people in meaningful conversations and activities.

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

- People and their family members were encouraged to share their views about the care provided. People told us that staff regularly asked them how they were feeling.

- Regular care reviews gave people and relevant others the opportunity to express their views about the care provided and make any changes if they wished to.
- Family members confirmed they had been involved in supporting their relatives to make decisions about their care and support. In addition, family members spoke positively about the communication they had with staff at the service. Their comments included "They always send a record of what [Relative] has eaten during their stay" and "Staff always keep in touch and you can call at any time".

# Is the service responsive?

## Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff understood and applied the principles of person-centred care and support.
- People's needs were identified, including those needs that related to protected equality characteristics. For example, reasonable adjustments were made where appropriate; the service identified, recorded, shared and met the communication needs of people living with a disability, as required by the Accessible Information Standard. Staff knew people well and how best to communicate to support their understanding.
- People had a detailed care plan that clearly demonstrated their needs and wishes.
- Family members told us that they received regular updates about their relative's care needs and were involved in planning of their relatives care when it was appropriate.
- Staff were person-centred in their approach when speaking to and about the people supported.
- Staff engaged people in meaningful activities and people were supported by staff to make informed choices as to how they spent their time, with a focus on hobbies and interests. This included activities within the service and within the local community. People's comments included "I get to do what I want and staff also support me with my decisions" and, "I enjoy going out and about with staff."
- People had access to a sensory room, In addition, a small lounge was available to carry out activities and where people had access to a computer.
- People were supported to access public transport in and around the city which included buses and trains when accessing the community and attending appointments.
- People were happy with the service they received. Comments included "I enjoy it here" and, "I am in control of what I do and when I want to do it". Family members comments included, they "Look after him so well and he can be independent."

Improving care quality in response to complaints or concerns

- A complaints procedure and was in place and made accessible to all. A record was maintained detailing complaints, how they were investigated, the outcome and any lessons learnt.
- People told us they know who to speak to if they were not happy or feeling sad whilst using the service. Family members were also aware of how to raise any concerns they may have about the service and felt that appropriate action would be taken by the service.

End of life care and support

- Abbey Respite centre is a short stay facility that does not provide end of life care and support to people.

# 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

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

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

- A system was in place for the monitoring of quality and safety. Areas for improvement were identified through audits and appropriate action was taken to make any required improvements. However, the monitoring process had not identified that fire doors were being wedged open, an area of improvement of training and that people were not always supported to manage their personal effects or clothing when they arrived to stay at the service.

We recommend that the registered provider reviews their current monitoring processes in place to ensure that all aspects of people care, support and safety are considered.

- There was a clear line of accountability within the service. Staff had a clear understanding of their role and responsibilities.
- The registered manager was clear about their responsibilities and had a good understanding of regulatory requirements. They had notified CQC when it was required of events and incidents which occurred at the service.
- Policies and procedures to promote safe, effective, person centred care for people were available to staff. These documents were updated when necessary to ensure that staff had access to up to date best practice and guidance for them to carry out their role.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.

- The registered manager engaged and involved people using the service.
- Staff were engaged and involved through regular team meetings.
- The registered manager and staff sought advice and worked in partnership with others such as commissioners to ensure the best possible support for people.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager demonstrated a clear ethos of person centred care and support for people using the service.
- Staff told us the registered manager was always accessible and had a presence around the service.
- The management team held regular meetings where they reviewed the effectiveness of the service for people.
- The registered manager promoted a compassionate, inclusive and effective service. They demonstrated a good knowledge and experience of delivering safe, effective care to people. People using the service were

familiar with the registered manager. Family members also spoke positively about the registered manager. Comments included "A very accessible manager" and "Really impressed with the service and registered manager."

#### Continuous learning and improving care

- The registered manager and staff received regular training and support for their role to ensure their practice was up to date and safe.
- The registered manager worked with the registered provider to make and sustain improvements.
- Learning took place from accidents and incidents to minimise the risk of re-occurrence.