

Abbeyfield Loughborough Society Limited(The) Abbeyfield Loughborough Society

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Abbeyfield Loughborough Society is a residential care home providing accommodation and personal care for up to 31 people. At the time of the inspection 22 people were using the service, all of whom were living with dementia.

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

The premises were clean and well maintained. Staff followed safe infection prevention and control procedures, which included robust testing, vaccinations and personal protective equipment.

People and relatives told us the service was safe. Safe staffing levels had been maintained and the provider was recruiting new staff. People's needs were assessed, and their care plans and risk assessments were detailed. This helped to make sure care was person-centred. People were supported to take their medicines as prescribed.

Staff worked with health and social care professionals to ensure the support provided met people's needs. Staff were supported to provide good care through effective training and induction to the service.

People had access to the foods they liked, and staff encouraged them to choose healthy options. The environment had been adapted to meet the needs of the people using the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service was inclusive of people, relatives, and staff. Opportunities to have a say on the service provided were available. Staff enjoyed working in the service and morale was good. The registered manager was open and honest. Systems were in place to support learning and development of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (Published 5 February 2020).

Why we inspected

The inspection was prompted in part due to concerns received around a COVID-19 outbreak and mental capacity processes. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service

has remained good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Abbeyfield Loughborough Society on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Abbeyfield Loughborough Society

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one 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.

Service and service type

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

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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority responsible for commissioning some of the care for people using the service. We reviewed the information the provider has submitted in their provider information return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and eight relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, care and housekeeping staff. We observed care and support provided in communal areas.

We reviewed a range of records. This included five people's care plans and care records including medicine records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including complaints, monitoring records and quality assurance were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm as the provider had effective safeguarding systems in place.
- People's care records showed staff had taken action to report incidents under safeguarding to other agencies. This helped to ensure timely action was taken to keep people as safe as possible.
- People told us they felt safe and liked living at Abbeyfield Loughborough Society. One person told us, "I feel safe here because the staff are good and do what they are supposed to do."
- Staff had completed safeguarding training. They told us they felt confident to raise concerns and issues with managers; these were listened to and action taken to resolve concerns.

Assessing risk, safety monitoring and management

- People were supported to keep safe but without imposing unnecessary restrictions on them. We saw people were free to move around their home with staff intervention and support when needed.
- People who experienced distressed behaviours were supported by staff through risk assessments and care plans. Risk assessments required further development to provide more detailed information, and support staff understanding of responses and interventions when a person became distressed. The registered manager told us they would review and develop these risk assessments following our visit.
- Risks from the environment had been assessed and actions taken in response. For example, measures were in place to maintain areas of the environment whilst building work was in progress.

Using medicines safely

- Medicines were, in the main, stored correctly. Thermometers were in place to monitor the temperature of the clinic room and refrigerated medicines. However, temperatures had not been recorded for several weeks. We checked temperatures and these were in safe range. The registered manager assured us temperatures would be recorded consistently following our inspection visit.
- Where people had medicines prescribed to be taken as required there were protocols for staff to follow which were person centred, and ensured they were given in a consistent way and as prescribed.
- People's medicines were reviewed regularly which helped to make sure they remained effective.
- Staff who supported people with their medicines had completed training. Competency assessments and regular medicine audits were carried out to check staff were following the correct procedures.

Staffing and recruitment

- There were enough staff to meet people's needs. Staffing levels were adapted according to the needs of the people using the service at the time.
- The management team ensured the staff supporting people were familiar and consistent.

- Staff were recruited safely. The provider completed pre employment checks such as references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- The provider had implemented procedures to ensure existing and potential staff were double vaccinated against COVID-19 as a condition of employment.

Preventing and controlling infection

- The environment was clean and tidy. A cleaning schedule was in place; this was being further developed to ensure it provided a clear audit trail of cleaning undertaken.
- We observed staff following correct infection control procedures, including the wearing of PPE (Personal Protective Equipment) and cleaning processes.
- People were able to receive visitors by arrangement and go out with friends and family. We observed staff supporting visitors to wear PPE and follow safe infection control during their visit.
- Regular testing was in place for people, staff and visitors and people were supported to access vaccinations for COVID-19.

Learning lessons when things go wrong

- A system was in place to learn from incidents or accidents that occurred in the service. Incidents were reported to the registered manager who would analyse these for any trends or issues. Information was also presented to the board of trustees to enable them to have oversight of the service.
- The staff team at the service worked together to discuss the support provided to people and what worked well. This was shared amongst staff and incorporated in to people's care plans.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, 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.

- Prior to our inspection, we received concerns around the lack of robust MCA assessments and best interest decision for people who lacked capacity to make decisions around COVID-19. This included vaccinations, testing and self-isolation.
- During our inspection, we found care plans referenced people's abilities to make decisions regarding certain areas and included MCA assessments and best interest decisions. Where people lacked capacity to consent to self-isolation, vaccinations and COVID-19 testing, MCA assessments had been undertaken. These supported risk assessments for individual people around the management of COVID-19.
- There were systems in place to identify when a DoLS application might be required and appropriate applications had been made.
- We saw staff consulted with people and sought consent before providing care and support and this was confirmed by relatives we spoke with. One relative told us, "The DNR is all in the care plan. [Name of person] has a choice about when to get up. For instance if not well, staff leave [Name] if they didn't want to get up. I asked about consent and whether staff talk to [Name] about what they are doing. They would not be able to get [Name] to have a bath if [Name] refused. They have found a way to do it so [Name] is happy."

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

- People's needs were assessed before they started using the service to help ensure their needs and expectations could be met.
- People's care was planned and delivered in line with their individual assessments, which were reviewed regularly. One relative told us, "I have regular meetings or telephone calls with a named staff member to review or update the care plan."

Staff support: induction, training, skills and experience

- Staff received the training and support they needed to carry out their roles. Staff told us managers supported and listened to them.
- Staff received training in safe working practices and subjects related to people's needs. Attendance at training was monitored and followed up with staff if they did not attend the required training and updates.
- New staff received comprehensive induction training and shadowed more experience colleagues until they were assessed as competent.

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

- People were supported to eat and drink sufficient amounts and encouraged to maintain a balanced diet.
- We observed staff supported people to eat and drink where required during the lunchtime meal. This included staff sitting with people to prompt or provide physical support to help people to eat and enjoy their meals.
- People told us they enjoyed the food. One relative told us, "The food is very nice, there's always a choice and staff listen to people's needs. [Name] likes a sandwich so they do a lunch box for [Name]. It's home cooked; I'd eat it. I know staff monitor the food and drink. They let me know if [Name] has lost any weight.

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

- Staff worked with other health and social care professionals to understand and meet the needs of people using the service.
- Care plans showed staff were responsive to any changes in people's needs and referred people to healthcare services in a timely manner. This included GPs, mental health teams, physiotherapy and speech and language services.
- Relatives told us the service was good at supporting people to access healthcare services.

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

- The registered manager and provider had thought carefully about the design and decoration of the building to ensure it met the needs of the people using it. The environment was homely and comfortable, with areas recently having been decorated.
- People's rooms were personalised and included memory boxes to stimulate recognition and reminiscence. People had freedom to move around the service whilst staff ensured they were safe.
- Areas of the building was under development due to building works adjacent to the service that would link both services. The registered manager ensured these works had minimum impact for people using the service.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was well run. The registered manager and staff had clear systems in place to support the running of the service.
- There were systems in place to monitor and assess the quality and safety of the services provided. The registered manager carried out a range of checks including spot checks, formal audits and observations. Any areas identified for improvement were raised with the relevant people and followed up in staff meetings. This helped to ensure improvements were understood by staff and embedded into working practices.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service promoted an open, inclusive and person-centred approach.
- The management team were visible in the home, directing care and providing positive role models for staff.
- People who used the service, their relatives and representatives were involved in developing and reviewing care and support plans.
- The registered manager spoke openly and honestly throughout the inspection process. They talked about the challenges the service faced, such as staff recruitment and retention, and their plans for implementing and sustaining improvements.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was open and honest with us throughout the inspection. There was good communication in place with people, relatives, and professionals.
- We looked at the provider's systems to deal with complaints and incidents. These were robust and evidenced the provider was aware of their responsibilities under duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The feedback we received about the management team was positive. Relatives comments included, "The registered manager is very approachable. The culture is quite open, it's not secretive," and "The culture of the home is cosy; not hierarchical. There is respect between staff no matter what their role is. It is friendly and inclusive."

- Staff were clear in their roles and responsibilities, felt listened to and described positive teamwork.
- People who used the service, their relatives and staff were given the opportunity to share their views in individual meetings and through surveys. Most people who completed surveys earlier this year said they were happy with the care and support provided.
- People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported.

Continuous learning and improving care; Working in partnership with others

- The provider had systems in place to support continuous learning and development.
- Staff worked with a range of people to ensure they reviewed and developed the service to meet the needs of people using it.