Mr & Mrs C H Gaffney and Mr & Mrs G Watson

Abbotsfield Hall Nursing Home

Inspection report

Abbotsfield
Tavistock
Devon
PL19 8EZ
Tel: 01822 613973

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

We carried out an unannounced comprehensive inspection on 10 and 13 August 2015.

We last inspected the home in November 2013 and found no breaches in the regulations we looked at.

Abbotsfield Hall Nursing Home provides accommodation and nursing care to a maximum of 28 people, who are frail elderly. There were 25 people using the service at the time of this inspection.

The service had a registered manager. 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.

Summary of findings

People received their medicines as and when required to promote their health and well-being but where safety could be improved this was not always followed through consistently. A GP praised the staff's effectiveness in pain management.

People were protected from abuse by a staff team very alert to people's needs and who would readily inform the registered manager of any concerns.

Staff were recruited, trained and supported in their role. There were enough staff to meet people's needs in a timely manner.

People's needs were assessed and planned with their involvement. The standard of personal, nursing and end of life care was high. A GP said, "Very good care; very focused, very careful in the detail – nothing is taken for granted."

People enjoyed a balanced and nutritious diet and any dietary concerns were quickly followed up.

People were fully involved in decisions about their care and the staff understood legal requirements to make sure people's rights were protected, such as ensuring they were able to consent to care and treatment.

Staff were kind, respectful, caring and friendly. One person said, "The staff are very kind. They're lovely staff." When staff engaged with people they took their time, gave people information, choice and encouragement. People privacy and dignity were upheld.

People were encouraged and supported to find things of interest for them to do and there were also arrangements for organised activities which people told us they enjoyed.

The home environment was well maintained and risks were assessed and managed for people's safety.

People's views were sought and the registered manager was available and eager to talk to people about the home. The home was well resourced, standards were monitored and improvements made where possible.

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

Most aspects of the service were safe.

Medicine management was not always robust but people received their prescribed medicines when they were needed.

Staff had a good understanding of how to protect people from abuse.

The premises were maintained in a safe way with risks monitored and reduced where possible.

Staffing numbers ensured people received the care they needed in a timely manner.

Staff recruitment was robust because staff suitability was checked before they were employed.

Is the service effective?

Good

The service was effective.

Staff were competent, skilled and effective in their work because they received training, supervision and support.

People were fully involved in decisions about their care and the staff understood legal requirements to make sure people's rights were protected.

People enjoyed the food which was varied and nutritious. People's dietary needs were understood and any concerns were followed up promptly.

Arrangements were in place to meet people's health care needs.

Is the service caring?

Good

The service was caring.

Staff had the well-being of people using the service as their priority. People's views were sought and acted upon. They were treated with kindness, dignity and respect. Their privacy was upheld.

People received kind and compassionate care at the end of their life from a skilled and experienced staff.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and their care planned with their involvement.

Staff responded quickly and effectively to people's changing needs.

Personal, health and social needs were well met.

Summary of findings

People said they had no reason to complain. A complaints policy was available.

Is the service well-led?

Good

The service was well-led.

Standards were kept under regular review with continuous improvement an important element of the ethos.

People were very satisfied with the way the home was managed.

Staff were very satisfied with the home's management and enjoyed working at Abbotsfield Hall.

The registered manager and providers were meeting their responsibilities.

Abbotsfield Hall Nursing Home

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 10 and 13 August 2015 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, the provider completed 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. Before our inspection, we reviewed the information in the PIR along with information we held about the home, which included incident notifications they had sent us. A notification is information about important events which the service is required to tell us about by law.

A number of people living at the service were unable to communicate their experience of living at the home in detail as they were living with dementia. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people, who not could not comment directly on their experience.

We spoke to five people who lived in Abbotsfield Hall Nursing Home, four people's family, nine staff members, the registered manager and three of the providers. We looked in detail at the care provided to three people, which included looking at their care records. We looked at four staff recruitment records and at staff training records. We also looked at servicing records, a range of quality monitoring information such as survey results and spoke with two health care professionals about the service.

Requires improvement

Is the service safe?

Our findings

Medicine management was not always robust. Medicines were delivered weekly and checked into the home as part of the audit of their use. Records were kept of when the medicines were administered to people. However, although a system was in place to record when creams and ointments were applied there were some gaps in records. Codes were used when some medicines were not taken, for example, if not needed on that occasion. However, the use of codes was not consistent. Some hand written entries were checked and signed by two staff to ensure accuracy, but one had not been checked by two staff to ensure its accuracy. It was not always recorded when an 'as necessary' medicine should be given. One example was very clearly recorded in the person's care plan but another example had no care plan so that staff could ensure consistency in their use of the medicine.

The service had policies and procedure in place relating to the management of people's medicines. These included covert medicines, over the counter medicines and medicine errors. These were last updated June 2013. The last medicines (audit) checklist was May 2015. It had identified where some improvement was needed, including updating the medicines policies by October 2015 and purchasing a thermometer to check medicines were being stored at the correct temperature.

Medicines were kept securely, administered so that each person received their medicine individually, at the time required and in accordance with their needs. Nursing staff were praised by a GP with regard to their experience in managing pain and preventing distress. The registered manager said nursing staff were trained and experienced in the use of the specialist equipment needed to do this effectively.

Medicines requiring specialist storage and recording were handled appropriately. Medicines were disposed of in accordance with legislation so their disposal was safe.

The provider information received prior to the inspection stated that there had not been any medication errors in the previous 12 months.

People told us they felt safe at Abbotsfield Hall Nursing Home. Staff demonstrated a good understanding of what might constitute abuse and knew where they should go to report any concerns they might have. For example, staff knew to report concerns to the registered manager and externally such as the local authority, police and the Care Quality Commission (CQC). Staff said they had received safeguarding training and records confirmed this.

The registered manager understood their safeguarding responsibilities and provided detail about how to protect people from abuse. For example, ensuring staff awareness, recognising people's vulnerability to abuse as part of their assessment and acting to protect people where a concern had been identified. One person had lost their only family support and so arrangements had been made through social services to protect their well-being. The registered manager was less clear about contacting the local authority and relevant health and social care professionals in the event of an allegation of abuse. However, he told us "it was the end of a very long day and a long month (at the time of the inspection)" and spoke of when he had previously contacted CQC of safeguarding concerns.

The whistle blowing policy provided information for staff on how to alert concerns which might be abuse but did not include the contact details for the local authority safeguarding team to assist them to do this if required. The registered manager corrected this immediately. Staff confirmed that they knew about the safeguarding adults' policy and procedure and where to locate it if needed.

People using the service, their family members and staff felt there was enough staff to meet the needs of people using the service in a timely manner. One staff member said, "I'm very happy with the staffing." One person's family said, "There's plenty of staff when I'm here. There's always staff around and chatting to residents."

The registered manager said normal staffing numbers were five care workers in the morning, four care workers in the afternoon and one during the night time period. A registered nurse was on duty throughout the 24 hour period. Also, staff were supported by an administrator, three to four domestic workers including the housekeeper and laundry worker, a maintenance man and the registered manager and providers. Two of the registered providers, who are registered nurses, said they would cover any staffing shortfalls because they knew people well and it prevented the need for temporary staff. During our visit a newly recruited care worker was additional to the staff numbers as part of their induction. The registered manager

Requires improvement

Is the service safe?

said, and staff confirmed, that staff were encouraged to say if they felt staffing numbers, or staff deployment, needed a review in light of people's changing needs, such as end of life care.

There were robust recruitment and selection processes in place. Recruitment files of recently recruited staff included completed application forms and interview records. In addition, pre-employment checks were completed, which included references from previous employers, health screening and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. This demonstrated that appropriate checks were undertaken before staff began work with people using the service. Two recently recruited staff members confirmed they had not been allowed to work with people until their recruitment checks were completed.

Servicing records showed that equipment and services were maintained in a safe state. For example, fire safety, electrical safety, gas safety, equipment for moving people and managing the risk from Legionella. Staff said they had the equipment they needed to care for people safely and protect people and themselves from the risk of infection.

One staff member was delegated as health and safety lead, which included the completion of audits, for example, of accidents and maintenance. They regularly updated risk assessments and checked safety in the home, such as extension cables in bedrooms, the grounds and garden safety. They said, "I always follow things through" such as checking any required maintenance was completed.

Staff were very aware of risk to people's welfare. For example, where people wanted to leave the home, such as for shopping, risk was discussed with them and strategies to protect them were agreed.

People had individual, current risk assessments in place for their protection. For example, with regard to potential falls, adequate diet, hydration and prevention of pressure damage. The Care Quality Commission had not been notified of concerns relating to pressure damage for people, serious accidents or other issues relating to people's safety. During the inspection, our discussions with people and from looking at records confirmed there were no safety issues to notify us about.

Information provided by the provider described how the staff use real events as examples to ensure staff understand how to promote the safety of people using the service.

The service had arrangements in place in the event of an emergency. The provider described having contacted a number of local homes to work with in the event of an emergency so that temporarily re-homing of people would be possible. They had also contacted local private ambulances to transfer people to a "safe refuge" in the event of a worst case scenario.

Good

Is the service effective?

Our findings

People felt the staff were competent and knew how to support them. A GP was very complimentary about the knowledge, skills and professionalism of the nursing and care staff.

Staff received an induction when new to the home. This meant that staff had started the process of understanding the necessary skills to perform their role appropriately and to meet the needs of the people living in the home. During our first visit one care worker was shadowing experienced staff. Staff said the length of time spent shadowing depended on the staff's previous knowledge and how much time they needed. A nurse said when she undertook her first lone night duty she was astonished when one of the providers arrived at 6am to support her through her first early morning medicine round.

The home operated a formal induction process based on national guidelines and had introduced the new Care Certificate for staff newly employed who were not experienced in care work.

Staff were very satisfied with the training they received, which they said was regular, informative and kept them up to date.Training included, moving people safely, infection control, first aid, safe handling of chemicals and fire safety. Nursing staff were encouraged to attend study days to maintain their professional registration. Additional training was advertised and many staff had signed to say they wished to attend. These training sessions included conditions affecting people using the service, such as diabetes, Parkinson's disease and breathing difficulties. The registered provider held short staff update sessions. These had included experiencing being fed by another person. This meant staff understood what it was like to receive the care they were providing.

The provider informed us of training received from professionals associated with the home. This included a physiotherapist, occupational therapist, an end of life specialist nurse, an audiologist and a continence specialist nurse. Staff had also visited a funeral director.

Staff were happy with the arrangements for their supervision. They felt very well supported in their role and frequently commented about the availability of the management and providers. One said, "We work so well as a team."

Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. Staff asked people what they wanted, gave them information and involved them in decision making. For example, one person wished to spend time in the community, the risks were discussed with them and support was provided so they could do as they wished in as safe a way as possible.

Staff demonstrated an understanding of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and how these applied to their practice. For example, what actions they would take if they felt people were being deprived of their freedom to keep them safe. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests.

The home was not a locked environment. No one was subject to DoLS at the time of our visit but the registered manager had liaised with the local authority DoLS team for advice, which they were following. People's capacity to make specific, time related decisions was recorded as part of their care plan and reviewed. Where discussion had been held with people about any restriction considered to be in their best interest, there were records of the discussions available for the person and staff reference.

People were mostly positive about the food at the home. Their comments ranged from "I enjoyed lunch, which was very nice, warm and plenty of it" to "I sometimes grumble about the food but it is adequate". Food was home baked. The cook told us, "They tell us what they like". People chose their main meal from a menu. Choices included porridge, prunes, toast or cooked meal for breakfast, bacon and egg pie or ham salad for lunch, fairy cakes for afternoon tea and finger buffet for supper. The four week menu was varied and included, meat, fish, vegetarian and salad dishes. Fresh fruit was provided between meals. The menu was designed to take into account information about the nutritional value of the foods used.

Good

Is the service effective?

Specialist dietary needs were catered for. The cook had a list of people's specialist needs, including people whose dietary intake was a concern. For example, some people needed thickened drinks to reduce the risk of choking and other people had fortified meals, to increase their calorie intake. She had information about specialist diets, including diabetic and gluten free diets.

People's weight and dietary intake was monitored and where concerns were identified staff had taken action to protect the person, although in one case this was not reflected in their care plan. This had the potential to adversely affect decisions made about their care.

During our visit, a GP was visiting and discussing each person's health needs with the nurse on duty. They said people could choose which GP attended them but generally one GP covered the needs of people at the home for continuity. The GP, people and their families said they were very satisfied that there was good access to health care services. Examples were provided of foot, eye, dental, and hearing services. People told us how they had improved people's lives.

Good

Is the service caring?

Our findings

The provider information we received included the comment, "As a family run home, our priority is providing a homely, cosy atmosphere that is not too clinical or institutional and we hope this is felt by the residents, staff and visitors." This was what we found.

People received a caring service. A health care professional said the registered manager led a "very caring and helpful team who always have their clients' interests at heart."

People said, "The staff are very kind. They're lovely staff" and "I feel completely at home here. It's lovely". People's families were very complimentary about the staff and management. They said, "Very friendly and welcoming"; "They all make a terrific effort", "He is not another body he is (named)" and "They know very effectively how father is." The registered manager described the importance of recruiting the right staff. They stated, "During interviews and taster sessions we observe (potential staff members) body language and look for smiley open people/not bossy aggressive ones. This has helped put together a really great team who get on well together and with the residents."

Staff engagement was a positive experience for people at Abbotsfield Hall. Staff engaged with people in a caring manner, for example, helping them in an unhurried way, with a smile and friendly gestures. People were helped to feel important and valued; they smiled when staff gave them assistance and shared a joke with them.

Staff readily provided information for people, telling them what was happening and why when assisting them to move. Where people were more able to be involved in decision making their involvement was promoted. For example, choosing their meal and where they wanted to spend their time.

Staff were able to describe people's interests and things that mattered to them and helped to provide them. One person spending time in bed was listening to their choice of music. The importance of family was understood and promoted; we were given examples of how staff tried to support long term relationships, such as helping a spouse visit.

People said they were treated with respect and their dignity was upheld. There were four shared rooms. Where people shared rooms their privacy was protected. Personal care was provided discreetly and people were addressed in appropriately respectful terms. Staff were aware of the non-verbal communication of people and were able to assist with personal care in a timely way.

Records clearly showed how people were encouraged to express their views and discuss how their care would be provided. People and their families said they were always involved in decisions and kept up to date. One called it "proactive communication" because staff came to them, not the other way round.

People received end of life care at Abbotsfield Hall Nursing Home, including ex staff members and the family of medical practitioners. A GP said the care was "very individual, very focused, respectful, calm and compassionate". She said nursing staff were very aware, knew when to provide pain relief and were expert in doing so. The registered manager told us, "I like to emphasise that part of our service is taking the worry off family members and that they should relax and let us do the worrying from now on."

Staff talked of how worthwhile their job was, and the "great satisfaction" that came from providing good end of life care for people. One said, "It's about getting it right as there is no second chance." They described how they learned from each other's experiences. Staff liaised with hospice services for advice or for review visits. One nurse at the home had considerable experience of working in the hospice movement, as was evidenced by her empathy, compassion and knowledge of how to support people at the end of their life and their families.

Good

Is the service responsive?

Our findings

People and their family members were very complimentary about the nursing and personal care provided. Comments included, “High levels of personal care”; “We get good medical attention”, “The treatment and everything is very good”; “I don’t think they could do anything better for me” and “They look after her absolutely beautifully.” A GP said, “They are very good; very focused; very careful with the detail – nothing is taken for granted. They are not fazed by things.” They gave examples of people whose health had improved significantly since admission to the home.

Each person received a detailed assessment of their needs prior to admission. From the initial assessment a care plan was written. Care plans are a tool used to inform and direct staff about people's health and social care needs. The plans were well organised so information was easy to find and regularly reviewed. However, one had not been updated, although the necessary care was being provided. The registered manager discussed their plan to change from a paper based system of care planning and recording to a computerised system, which he felt would be more efficient for staff use.

People’s needs were being met, for example, assistance with moving safely, eating, maintaining personal care for hygiene and comfort and activities of people’s choice. One person’s family said how well staff understood the speech of their family member saying, “They have a very good way of understanding what he is trying to say.”

One family member gave the example of the home arranging physiotherapy at their request. Another family member said the home had identified their relative’s poor hearing and arranged a hearing test which had made a lot of difference to the quality of the person’s life. A GP and people’s family members were very satisfied with the standard of personal care delivered, adding that the care arrangements always included attention to nail and mouth care.

The majority of people using the service were very frail and their ability to engage in activities was limited. However, staff had the time to engage with people in a way which suited their abilities. A strawberry and cream tea had recently been held in the gardens with visitors. Some people read their newspaper, or knitted. The home provided two lounge areas, one with a television and one without. There were large windows providing a view of the attractive gardens and people coming and going from the building. Some people chose to stay in their rooms, which were very personalised and individual. One person said how pleased they were they could bring their own furniture with them as it felt like home.

Regular organised events included music performance, singing, quizzes, games and activities outside of the home. One person confirmed that their family member’s faith needs were met and commented “He always likes Songs of Praise”. Communion was available at the home and where people were able they were assisted to attend their church. Other people were supported to visit the town, with arrangements for how to return safely.

People told us they had not made any complaints because they had nothing to complain about. One said, “No complaints, but a couple of suggestions.” They said if they had complaints they would talk to the nurse in charge or the manager. A copy of the complaints procedure was displayed in the home.

There had been no complaints recorded for many years. The registered manager said, “I make a point of saying to people when new that there will be problems in the first couple of weeks while we all get to know each other and we must speak freely to sort out any issues. I feel confident in our staff and say that people can pass on their worries to any of our carers or nurses who endeavour to address any problems.” He said that people did bring any concerns to his or the staff’s attention immediately and so complaints were avoided. This was confirmed by people, their families, health care professionals and was observed during the visits.

Good

Is the service well-led?

Our findings

The registered manager and registered providers were well known to people using the service and their families. People, their family members, staff and two health care professionals who knew the service well felt the home was well led. Comments included, “Staff do listen”; “There is always somebody in the office and they would deal with anything – very helpful”; “We’re a small, close knit team; very frank with one another. I can speak very honestly to the registered manager and him with me” and “It’s family run; they’re very caring and very approachable and get things sorted. The manager is very willing to go the extra mile to get it right.” Many people mentioned the friendly, open attitude of the staff and management and that all who visited were made to feel welcome.

The registered manager successfully delegated responsibilities to different staff. For example, one nurse was responsible for health and safety monitoring. Another nurse was responsible for auditing of accidents and incidents and near misses. Another was responsible for the allocation of key workers, auditing forms and the quality monitoring surveys. There were other on-going checks within the home. For example, weekly checks of standards in the sluice, bathrooms and toilets, which were found to be clean, tidy, safe and hygienic.

Staff told us the home was well resourced. For example, care workers had the equipment they needed to move people safely and the clothing needed to protect themselves and people using the service from the transmission of infection. The cook said they had what was needed to provide people with a varied and wholesome diet. Cleaning staff said they had the time and resources to do their work to a high standard and the housekeeper said she had all the stock she felt was necessary.

People’s views were sought and acted upon. Records of 2014 and 2015 quality monitoring surveys were completed by people using the service, visitors, staff and specialists. The results showed that most people were very satisfied with the service provided. Where negative comments were received, action had been taken to make improvements. For example, choices at tea time and the availability of a bell for people using communal areas. A nurse said, “(The registered manager) knows everything that is going on and he asks us about things, our opinion. We’re all in the loop.” Another nurse said she expressed her views on the importance of good communication and now face to face handovers between shifts took as long as was necessary -“It can often be an hour.”

The registered manager and registered providers of Abbotsfield Hall Nursing Home recognised that maintaining and improving standards was an on-going task. To that end the recording system in the home was under review and formal supervision of nursing staff was being implemented. A health care professional said they had a good working relationship with the registered manager and was confident that he would refer to other professionals appropriately if he required support. We found that advice and information was sought as necessary. For example, advice had been sought from the local authority regarding applications for people who may be deprived of their liberty due to their need for constant supervision so as to mitigate risks.

The registered manager and providers met their registration requirements and maintained good communication with the Care Quality Commission.