

Edge View Homes Limited

Abbeycroft

Inspection report

16 Crabbs Cross Lane
Crabbs Cross
Redditch
Worcestershire
B97 5LD

Tel: 01527540403

Date of inspection visit:
19 January 2016

Date of publication:
01 March 2016

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

The inspection took place on 19 January 2016 and was unannounced. Abbeycroft offers accommodation for up to seven people with learning disabilities, mental health and physical disability support needs. There were seven people living at the home at the time of our inspection. People had their own rooms and bathrooms. People had the use of a number of comfortable communal areas, including kitchens and dining areas, lounges, a craft room and garden areas.

We had the opportunity to talk with three people who lived at the home on the day of the inspection. We have therefore not used quotes within this report and the examples we have given are brief because we respect people's right to confidentiality.

A registered manager was in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We saw people got on well with the registered manager and staff supporting them. Staff supported people to do the things they enjoyed and to keep in touch with their families. Staff offered encouragement and reassurance to people when they wanted it. Staff knew how to support people so they were able to make choices about how their care was given.

People's health needs were understood by staff, and staff arranged for people to see health professionals when they needed to. Staff supported people to take their medicines so they remained well.

People received care and support from staff who knew their individual needs, and recognised when these changed. Staff knew about the things which were important to people and what things they liked to do. Staff were supported through regular supervision and training. Staff told us if they had any concern for people's well-being they were able to get advice from senior staff or the registered manager and external professionals. Staff worked with other organisations to make sure they were protecting people's freedom and rights to make decisions themselves.

Some people enjoyed preparing their food with support from staff and people were encouraged to make healthy food choices. Staff supported people to see a range of health professionals so their health needs were met.

People got on well with the staff who cared for them. People's privacy and dignity were respected and people were supported to increase their independence. People had opportunities to do the things they enjoyed with support from staff. The registered manager and senior staff team supported care staff to provide safe and compassionate care.

People were involved in deciding what care they received and people's suggestions were acted upon. Staff encouraged people to be involved in their care reviews so they received the care which was right for them. People knew how to raise any complaints they had and were confident staff would take action if complaints were raised.

Staff knew what was expected of them as there was clear and open communication between the registered manager and staff team. The registered manager and provider made sure there was a focus on continuous development of the home. Checks were undertaken on the quality of the care provided by the registered manager and provider and actions were taken where developments had been highlighted.

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.

People were cared for by staff that had the knowledge and skills to protect people from harm. There was enough staff to keep people safe and meet their care and safety needs. There were checks in place to ensure people received the correct medicines.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who knew their individual risks and how to look after them. People received care they had agreed to and staff encouraged people to make their own choices. People were supported to have enough to eat and drink. Staff made sure people had access to health services so their well-being was maintained.

Is the service caring?

Good ●

The service was caring.

People had built caring relationships with staff. People's preferences about how care was given were listened to and followed. Staff took time to talk with people in ways they understood. People's privacy was respected, their dignity maintained and people were treated with respect.

Is the service responsive?

Good ●

The service was responsive.

People were encourage and supported to maintain links with their families. People were encouraged to develop and review their care plans so they received care which met their individual needs. People's suggestions and concerns were listened to and the provider took action when any concerns had been identified or suggestions made.

Is the service well-led?

Good ●

The service was well-led.

People had benefited from living in a home where checks were made on the quality of care by the registered manager and provider. Action was taken to develop the home further so people benefited from living in a well-led service.

Abbeycroft

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 19 January 2016 and was carried out by one inspector. The inspection was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

We looked at the other information we held about the provider and the services at the home. This included notifications which are reportable events which happened at the home which the provider is required to tell us about. We also checked information which had been sent to us by other agencies. We requested information about the home from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

During our inspection we spent time with people in the communal areas of the home. We spoke with three people who lived at the home. No relatives were visiting the home on the day of our inspection so we spoke with two relatives by telephone. We talked with the provider's area manager, the registered manager, two senior staff and four care staff. We looked at a range of documents and written records including three people's care records. We also looked at records about the administration of medicines, accident recording forms and three staff recruitment files. We looked at information about how the management team monitored the quality of the service provided and the actions they took.

Is the service safe?

Our findings

People who used the service told us they felt safe. One person told us they felt safe because support from staff helped them to be less anxious around other people. Relatives we spoke with told us they had no concerns for their family members' safety and well-being. We saw people were relaxed when around staff and the atmosphere in the home was calm. All the staff we spoke with knew what action to take if they had concerns for people's safety or well-being. This included raising concerns with senior staff, the registered manager, or where appropriate external organisations. Staff we spoke with were confident concerns they raised would be taken seriously by senior staff, and plans put in place to keep people safe. We saw staff worked with other organisations so people would be kept safe. For example, people and staff worked with mental health specialists, so people would be less anxious. Staff shared information about people's safety where necessary. This included sharing information with Abbeycroft staff, social workers and health professionals, so people were protected from avoidable harm.

Staff told us how they worked with people living at the home so individuals' safety was promoted. One staff member explained how important it was to know what individual people's risks were, and to follow the plans put in place to support people to remain safe. Another staff member told us how they had worked with one person as the person's independence grew. The staff member told us how they had agreed ways of working with the person so they would be safe when they were away from the home. This included the person keeping in touch with staff by telephone so staff knew they were safe and well.

Staff knew how to support people to manage risks to their physical and psychological health, so people's individual safety and well-being needs were met. This included knowing the type of situations which made people feel anxious or concerned. Staff told us how they planned people's care taking this into account, so people could still take part in doing things they enjoyed and remain safe. This included staff ensuring people had enough physical space when out of the home doing the things they enjoyed, and considering how they could support people to enjoy the company of other people living at the home without becoming anxious. We saw plans to support people to remain safe from a wide range of risks were in place, and these were regularly updated.

We saw checks were undertaken by the registered manager before new staff started working at the home. The checks included obtaining two references and DBS clearance, (Disclosure and Barring Service), so the registered manager knew staff were suitable to work with people.

There was enough staff to meet people's care and support needs. People and the relatives we spoke to told us staff were available when people wanted support. All the staff we spoke with told us there was enough staff to meet people's care and support needs. The registered manager explained staffing levels were based on the individual needs of the people who lived at the home. One member of staff we spoke with gave us an example of where staff shift patterns had been changed, so one person would be fully supported by the same member of staff over a longer period of time. This had been arranged so the person would be able to keep in touch with people who were important to them in a safe way.

One person we spoke with told us they were supported by staff to have their medicines when they needed them. People told us staff explained their medicines to them. One relative we spoke with told us staff always made sure their family member had access to their medicines when they were away from the home, so their family member would remain safe and well. Staff told us they were not allowed to support people to take their medicines until they had been trained. Staff completed competency checks so the registered manager could be sure staff had the right skills to support people to take their medicines in a safe way. We saw two members of staff worked together to support people to take their medicines. Senior staff explained that two staff administered medicines so the risk of errors affecting people's well-being and safety was reduced.

One person had requested "as needed" pain relief during our inspection. This was given to the person without delay. Staff told us they obtained agreement from people's GPs about what "as needed" medicines could be administered to people. We saw these agreement were in place, and there were separate records of "as needed" medicines administered. In this way, staff would be able to see at a glance what medicines people had received and take this into account before administering more, so people remained safe. We saw the registered manager and provider undertook regular checks to make sure medicines were safely administered, and recordings clear so the registered manager and provider were reassured people were receiving their medicines in a safe way. We saw medicines were kept safely in a locked cupboard in the registered manager's office.

Is the service effective?

Our findings

People told us staff had the skills to support them in the way they wanted. Staff we spoke with told us they had opportunities to undertake training which helped them to deliver the care and support people needed. Staff we spoke with gave us examples of specific training they had undertaken to help them to care for individual people living at the home. This included training so staff would have the right skills to support people to manage their physical and emotional well-being, such as awareness of the impact of people's specific health backgrounds and training to help people to manage their anxieties. Two members of staff we spoke with gave us examples of where staff skills and training was reviewed as people's needs changed. In this way, people continued to have the right support from staff and their care and support needs were met. Staff told us they were encouraged to identify any training needs they had and they were supported to gain new skills. We saw the registered manager kept records of the training staff undertook, and training was monitored by the registered manager and provider. The training staff had access to reflected the type of support people living at the home needed.

In addition to training, staff told us they also had the opportunity to keep up to date with current practice through discussion with the provider's mental health specialists. Staff also used regular staff meetings and one-to-one meetings with their line managers as opportunities to reflect on their care practices, so people would continue to receive the right care and support.

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.

We checked whether the service was working within the principles of the MCA. 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. The provider was following the requirements in the DoLS. Prior to our inspection the provider had submitted applications to a 'Supervisory Body'. The applications had been authorised and staff explained how these had been complied with. As people's needs had changed, the authorisation for DoLS had been removed. In one instance, this had been replaced by an order from the Court of Protection. The provider had complied with the changes made by the Supervisory Body. Staff were knowledgeable about the requirements of DoLS and the Mental Capacity Act and staff had received training to support them in understanding their responsibilities. Staff described to us how authorisations by the supervisory body were discussed at regular meetings, so people would receive appropriate care and have their rights respected.

People told us they were able to choose what they wanted to eat and drink, and were encouraged to help prepare some of their drinks and meals. We saw staff encouraged people to make their own decisions about what they wanted to eat and drink. Staff took into account people's individual nutritional needs and preferences when promoting choice, so their health and well-being was maintained. We saw people either helped themselves to drinks or were supported by staff to enjoy drinks throughout our inspection.

People and the relatives we spoke with told us staff helped people to maintain their health. People told us staff supported them to see their GPs quickly if they were unwell. We saw one person living at the home had been supported to see their GP on the day of our visit. Staff also supported people to attend regular appointments with health specialists, so people were less anxious and their physical health needs were met. Staff recognised some people liked staff to support them when they saw their GPs. Where people preferred to see their GP on their own this was respected by staff. Staff told us about some of the work they did with other agencies in order to support people to remain physically healthy and well. One staff member we spoke with gave us an example of how one person's physical health had improved as a result of care provided. We saw people's care records contained guidance for staff on people's health backgrounds and detailed how to support people. People had health action plans and communication plans. These were also available in easy read versions to promote people's understanding of what the plans contained. The plans were regularly reviewed, so people would remain healthy and well.

Is the service caring?

Our findings

All the people we spoke with told us staff were caring and they got on well with them. One person we spoke with explained how staff support meant they enjoyed being with other people at the home. Relatives we spoke with told us their family members were shown kindness by staff. One relative we spoke with told us how well their family member had settled at the home, and said this was because their family member got on so well with the staff supporting them. We saw staff singing and laughing with people during our inspection. People were comfortable and relaxed around staff. Staff took time to chat to people about things which were important to them. This included chatting to people about personal items which gave people comfort and relationships which were important to people. Staff listened carefully to people and took time to respond to people in a way which made people feel valued. Staff spoke warmly about the people at the home, and took pleasure in people's growing independence and increased confidence.

Staff told us how they were able to build caring relationships with people living at the home. One member of staff we spoke with told us where possible staff started to build relationships with people before they moved into the home. The staff member said they had the opportunity to meet with people and their relatives prior to them moving into the home, so they could get to know them. This had made people's move to the home more relaxed and settled. Another member of staff we spoke to said staff continuity was good, and this helped people to build trust in the staff team. One staff member we spoke with told us how their relationship with one person living at the home had developed over time. The staff member told us the person now sought out the company of staff, as trust had been built up between the person and the staff team. The staff member told us this had increased the person's well-being. Staff knew how people liked their care to be delivered and shared information across the staff team so people would receive their care in the way they wanted. Staff provided reassurance to people when they needed it, in the ways which individuals living in the home preferred.

People told us they were encouraged to make decisions about their daily care. This included decisions about what they wanted to wear, what they wanted to buy and how the home was decorated. One person told us staff encouraged them to choose what time they wanted to get up and what support they wanted from staff so they could do the things they enjoyed doing. We saw staff were patient when supporting people to do things which were important to them. Another person we spoke with told us staff had supported them to change the layout of their room, so it felt more homely. Staff supported some people with craft activities, enjoying music and making decisions about how they wanted to spend their day. One member of staff told us they made sure people were given choices in ways they would understand. The staff member gave us an example of how one person's anxiety had reduced as the person was now making more decisions about their life. We saw staff gave people time to make their own decisions, with support where necessary and people's decisions were acted upon.

People were treated with respect and dignity. One relative we spoke with explained this was because staff always made time to listen to their family member's point of view and respected their need for confidentiality and independence. We saw where people had made decisions about things which were important to them these were respected by staff. These included people's decisions about who should be

invited to their care planning meetings and where photographs of people living at the home should be used. People and their relatives explained how staff supported people to visit and keep in touch with their families, so people's well-being would be enhanced. Relatives we spoke with told us they were made to feel welcome by the staff and there were no restrictions on the times they could visit their family members. One relative we spoke with told us they often enjoyed sharing a meal at Abbeycroft with their family member. The relative told us this made their family member feel settled and at home. One staff member we spoke with told us how one person living at the home was now able to return home more frequently as their health and independence had improved. The staff member said how much the person enjoyed spending more time with their family, now they were less anxious. People's care records gave clear instructions to staff on how to promote people's dignity and independence so people's rights would be respected.

Is the service responsive?

Our findings

People we spoke with told us they received the support they needed from staff to do the things which were important to them. One person we spoke with told us how much they were looking forward to starting a new college course with support from staff. Another person we spoke with told us how staff were working with them so they were becoming more independent. The person told us they were working on plans with staff so they would be able to move out of Abbeycroft to a home of their own in the future. The person said they had the chance to talk to staff about this during their care review meetings. Staff understood some people had preferences for which staff members they liked to receive care and support from. For example, one person enjoyed receiving support from a specific member of staff to do some things which were important to them. This was because the member of staff was from a similar cultural background. The person told us this preference was acted upon.

Staff encouraged people to be involved in planning their care by offering different ways for people to take part in care planning and reviews. One staff member we spoke with gave us an example of how whiteboards had initially been used to aid communication with one person. By using this, the person had been able to be involved in decisions about their care, and received care in the best way for them. Another staff member we spoke with told us where people did not want to be directly involved in reviews of their care people's wishes were still taken into account. This was done through staff informally chatting to people about what they had done recently, and what they would like to do in the future. One staff member told us how they responded to some people's requests to support them during their care plans reviews, so people were reassured and found the review process more enjoyable. Key documents were in 'easy read' versions, so people had the best chance to be involved in decisions about their care.

Staff we spoke with recognised people's needs changed, and this could happen quickly. One staff member we spoke with told us how they worked flexibly so people would get the right care at the right time. The staff member told us they used people's care plan as a guide, but would vary what support was given and how and when it was provided, depending on people's levels of anxiety, so people were reassured. We saw advice given from external agencies was taken into account when plans were regularly updated. This included recommendations from people's psychologists, so people continued to receive the care and support they needed. Information about people's changing needs was shared at staff handover meetings. In this way, staff had the most up to date information on people's care needs, so people continued to receive the right care for them as their needs changed.

People told us they were supported by staff to do things they enjoyed. One person told us how they enjoyed going shopping or for a meal with staff, or sometimes just watching television in the company of their keyworker. Another person we spoke with smiled when they talked about gardening they had done, and their plans to create a wildflower garden. People were being supported by staff to do things they enjoyed throughout our inspection. Staff understood and responded to people's individual needs so people received the care they needed. For example, one person told us elements of their care were delivered in ways which supported their cultural needs. Staff told us how they celebrated special occasions with people, such as birthdays. One member of staff we spoke with told us how they considered and took action to

reassure other people living at the home so they could enjoy these occasions, too. Support was given by staff so the needs of other people in the home were taken into account. We saw staff gave people support so they could make their own decisions about things which were important to them, such as decisions about attending health appointments.

People living at the home told us about the residents' meetings they attended, and told us staff encouraged them to make suggestions about how their care was delivered. One person told us about some suggestions they made. The person said these had been acted on by staff, and some of their furniture was replaced so their room felt more comfortable and homely.

The people and relatives we spoke with had not raised any complaints about the care provided. All the people and relatives we spoke with told us they would raise any concerns or complaints they with staff or the registered manager. One person we spoke with told us they enjoyed living at the home, and did not want to change anything about the care they received. People and relatives told us they were confident action would be taken if they raised any complaints. Staff knew how to support people to make a complaint. One staff member we spoke with told us they would support people to make a complaint, including completing a complaints form, if people needed assistance. The staff member explained they would support the person through each stage of the complaints process. This staff member told us there had not been any complaints raised recently, but that a concern had been raised. The staff member explained this had been addressed and changed had been introduced so lessons would be learnt. We saw easy read versions of the complaints forms were available for people to use. The registered manager kept records of concerns and complaints and actions promptly taken to address these.

Is the service well-led?

Our findings

People we spoke with said they got on well with the senior staff and the registered manager, who had taken time to find out about what was important to them. One person we spoke with told us they were comfortable asking the registered manager to support them to contact external organisations, so they could make arrangements to do the things they enjoyed doing. All of the relatives we spoke with were positive about the way the home was managed and the care their family member received. Relatives told us the senior staff and registered manager were approachable, and they had no hesitation in making suggestions about their family members' care.

We saw the registered manager had checked on people and relatives' experience of the care provided. Relatives had been positive about the care provided to their family members and had highlighted how good communication between senior staff and relatives was. One relative we spoke with told us about some suggestions they had made about improving the décor at the home, and said this had been actioned.

We saw senior staff and the registered manager chatting to people in a relaxed way throughout our inspection. Staff told us the senior staff and registered manager provided clear guidance to them, so they knew what was expected of them and people received the right care. Staff told us they enjoyed working at the home. One staff member said this was because all of the staff were encouraged to work together to make sure the people living at Abbeycroft received good care.

Staff told us they felt supported by the registered manager and were able to discuss any concerns they had about people's care needs during one-to-one meetings, staff handover and staff meetings. Staff told us they were also able to seek immediate advice from senior staff, so people's needs would be met. Staff we spoke with told us they were confident if they raised any concerns these would be addressed by the registered manager. Staff said they felt the registered manager listened to suggestions they made. Staff gave us examples of where they had made suggestions about improving the garden area so people could enjoy playing basketball and football, and this had been addressed.

Two staff members told us the registered manager had made arrangement for them to discuss people's care needs during regular meetings with health professionals, including occupational therapists and psychologists. The staff members told us the registered manager had made sure they had the opportunity to discuss people's psychological needs without senior staff being present. Staff told us this meant they were able to raise any areas of concerns in an open way, and gave us examples of how they had followed up on the advice given, so people were less anxious. We saw staff had the opportunity to reflect on their practice during regular staff meetings, where staff training needs, keeping people safe, checks on medicines and the needs of people living at the home were discussed.

The registered manager told us they felt supported by the provider and were encouraged to share best practice with other registered managers, so people continued to benefit from a service which improved. This included support given to further develop the home and to investigate any concerns. Staff told us the provider regularly visited the home and chatted to people and staff about people's care.

We saw both the registered manager and the provider's operational team had systems in place to check the quality of the service. These included regular internal audits on the quality of the service such as checks people's care plans and diaries were up to date, so they would receive the right care. Checks were also made regularly on the administration of medicines, staff training and supervision and staffing levels. We also saw checks were regularly undertaken on incidents, complaints and keeping people safe. The registered manager had put processes in place so staff were involved in de-briefing sessions after any incidents. One staff member we spoke with told us this was so staff could reflect on their practice, and see if they could do anything differently in the future so people would receive support in the right way for them. We saw action plans were developed after checks were undertaken, so any lessons would be learnt and the service further improved.