Colten Care (1993) Limited

Abbey View

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 View is a purpose-built home and is situated close to the centre of Sherborne. The home provides residential and nursing care for up to 52 people. At the time of our inspection there were 51 people living at the service.

People's experience of using this service:
People and relatives said the service was safe. Staff demonstrated a good awareness of each person's safety and how to minimise risks for them. The environment was safe, and people had access to appropriate mobility and moving and handling equipment needed.

The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to make sure people were protected from harm or abuse.

People had been supported to develop and maintain positive relationships, including the use of technology to keep connect with family and friends. Equality, Diversity and Human Rights (EDHR) were promoted and understood by staff. Staff were aware of the legislation to protect people's rights in making decisions.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The service was creative in finding ways to ensure people were engaged and stimulated. There were good community links and people accessed the community regularly.

Medicines were managed safely. There were systems for ordering, administering and monitoring medicines. Staff were trained and assessed as competent before they administered medicines. Medicines were kept securely, and records were completed correctly.

People had access to other health professionals in a timely manner. People told us they were able to see and contact the GP when they wished.

People, relatives, staff and professionals gave us positive feedback about the quality of people's care. Quality monitoring systems included audits, observation of staff practice and regular checks of the environment with examples of continuous improvements made in response to findings. There was a new management structure in place. The new manager had the support of a wider management structure to ensure they were highly supported through this period of change.

Rating at last inspection: Good [report published on 5 November 2016].

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor all intelligence received about the service to ensure the next planned

inspection is scheduled accordingly.

For more details, please see the full report which is on the CQC website at 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 findings 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 View

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 team consisted of one adult social care inspector, one adult social care assistant inspector, and a specialist advisor on the first day. The specialist advisor had a nursing background and knowledge and experience in quality assurance and general clinical skills. On the second day the inspection was completed by one adult social care inspector and one adult social care assistant.

Service and service type:
The service is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on this inspection.

The service had a manager who was waiting to be 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 was an unannounced inspection.

What we did:
We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the 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 this information to plan our inspection.

We spoke with seven people who used the service We spoke with four relatives and one health care professional. We spent time in communal areas and observed staff interactions with people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us

We spoke with the manager, clinical lead, nurse learning and development manager, quality manager , three nurses and five staff. We reviewed seven people's care files, four Medicine Administration Records (MAR), policies, risk assessments, health and safety records, incident reporting, consent to care and treatment and quality audits. We looked at four staff files, the recruitment process, complaints, and training and supervision records.

We observed care practice and interactions between staff and people. We looked at the safety of the environment and checked the windows of all the upstairs bedrooms for safety.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of safeguarding procedures and knew who to inform if they had concerns about potential abuse. The manager was aware of their responsibility to report any safeguarding concerns and to liaise with the local authority.
- People were protected from discrimination in relation to the Equality Act and staff were able to discuss and demonstrate how they had worked with people to protect them from discrimination.

Recruitment systems continued to be effective and ensured suitable staff worked at the service.

Assessing risk, safety monitoring and management

- Risks associated with people's care needs had been assessed and informed plans of care to ensure their safety.
- Staff understood the support people required to reduce the risk of avoidable harm. Where people were at risk of falls, hourly comfort checks were in place. However, we observed staff did not always follow the provider's guidance in completing the comfort checks. For example, one person who was a high risk of falls had been assessed as needing hourly checks. We reviewed seven days records and noted gaps in the recording of hourly visits. On the day of the inspection the record had gaps in the recordings of three hours. When the staff member completed the comfort check, they did not speak with the person to ensure they were safe or needed any support as the providers guidelines inform staff to do. We shared our concerns with the manager. The manager informed us they would put in place checks to ensure individuals comfort was recorded in line with their care plan
- Personalised risk assessments included measures to reduce risks as much as possible. For example, a person at risk of developing pressure sores had a specialised mattress in place to mitigate this risk.
- Accidents forms were reviewed by the manager and action taken to identify any trends and to analyse and reduce the risk. The forms showed the action taken by the manager to reduce the risk.
- The environment and equipment were well maintained. Individual emergency plans were in place to ensure people were supported in the event of a fire.

Staffing and recruitment

- Staffing levels were flexible to meet people's needs. The manager used a dependency tool to work out the required number of staff. People told us there were sufficient staff. Where staff addressed concerns around staffing the manager and clinical lead were proactive in reviewing their system. The manager told us recent spot checks had been completed, which had assured them the staffing levels were correct both day and night. They told us, "Staffing numbers are being adjusted to ensure we work more effectively throughout the day and night."
- Recruitment systems continued to be effective and ensured suitable staff worked at the service.

Using medicines safely

● Medicines were managed in a safe and effective manner. A robust audit system was in place to review administration of medicines. The policies and procedures informed staff of all aspects of medicines administration including ordering, storage and disposal.

● People's medicines records included important information such as allergies and an up to date photograph of each person.

● There were clear instructions for 'when required' medicines. The instructions gave staff details, which included the name and strength of the medicine and the dose to be given.

Preventing and controlling infection

● The premises were clean and free from malodours. Staff had access to aprons and gloves to use when supporting people with personal care. This helped prevent the spread of infections.

Learning lessons when things go wrong

● The manager was keen to develop and learn from events. There were systems in place to monitor and learn from incidents and accidents. Records were kept and overseen by the manager who monitored them for any themes or patterns to take preventative actions.

● Where there had been errors made with medicines, measures had been put in place to reduce any recurrence

Good

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

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

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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, 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

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

- Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in supporting people's rights to make their own decisions. However, one person was receiving their medicines covertly (This is the administration of any medical treatment in disguised form). Although the appropriate process had been discussed with the person's GP, there was no recording of how the provider's best interest process had been followed. We discussed this with the manager who completed the process immediately.
- Where a person lacked capacity, and were subject to some restrictions for their safety, DoLS applications had been submitted to the local authority, and were awaiting assessment.
- Assessments of people's individual and diverse needs were in place prior to them moving into the service to ensure their needs could be met safely.
- The manager worked with external healthcare professionals to deliver care in line with best practice.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs.
- There was a system in place to monitor training to help ensure this was regularly refreshed and updated so staff were kept up to date with best practice. Training methods included online and face to face training and competency assessments.
- Staff told us they felt well supported. They were provided with regular supervision and an annual appraisal to discuss their further development. The manager told us plans were in place to promote and support

transgender issues which may emerge.

Supporting people to eat and drink enough to maintain a balanced diet
● Each person had a nutritional assessment and we saw that where necessary people had access to specialists such as dieticians or speech and language therapists (SALT).
● People's food choices were recorded in the plans of care as were any special diets or pureed food. For people who were at risk of malnutrition, smoothies and fortified drinks were offered, and full fat milk and cream used to provide more calories. Weekly and monthly weights were recorded, to monitor weight gain or loss.
● People were provided with healthy and enjoyable meals. Comments included, "They look after me well, food's ok. If I was not happy I would tell someone", "We get nice food" and "Not enough vegetables." A comment book was available by reception. People were able to make comments which were seen by the catering team. All comments were noted to be positive.

Adapting service, design, decoration to meet people's needs
●The service supported people's independence using technology and equipment. Risks in relation to premises and equipment were identified, assessed and well managed.
● The premises provided people with choices about where they spent their time. Access to the building was suitable for people with reduced mobility and for wheelchair users. A passenger lift was available if people needed it to access the upper floors. Corridors were wide and free from clutter.

Supporting people to live healthier lives, access healthcare services and support ●People were supported to live healthier lives, have access to healthcare services and receive on going healthcare support.
● People told us, and records showed people had access to professionals, such as psychiatrists and other hospital consultants, community nurse specialists and district nurses.
●Each person had his or her own GP. This meant people's treatment was regularly followed up and any new treatment could be commenced. For example, one person's records showed that they had been recently reviewed by the GP and had been seen by the Optician, Tissue Viability Nurse, Occupational Therapist, vascular nurse, as well as specialist input from Dorset Healthcare. This means people had access to specialist services from other healthcare professionals to manage their physical conditions when required.

Good

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

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

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

● People told us they were happy living at Abbey View, comments included. "It took me a while to settle, but I am quite happy now. The staff are very caring." "The staff are very helpful, some are better than other. They go the extra mile." We observed people being treated with respect and dignity. They were offered drinks, and snacks throughout our visit.

● Training records showed that all staff had received training in equality and diversity, and people were observed to be treated withkindness and compassion. Where one person was supported in regards their right to transgender staff told us they were proud of the support they had given. One member of staff told us, "It was really a great challenge for a lot of people who work here to accept it and the question was not about having my own opinion but being respectful to the person who made that choice. I'm proud about my colleagues for how they dealt with this it really showed me how good we care about people".

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

● Care plans contained information about people's diverse needs and included their preferences in relation to culture, religion and diet and their preference in how they should be addressed. One person had expressed their wish to be known by a different name. Although staff respected this choice we noted the person's records varied in the name used when staff were recording the person's daily records. The manager told us they were addressing this issue with additional training for staff.

● People were supported to maintain relationships with those who were important to them. ●People could visit at any time and were welcomed by the staff team. Friendships between people living at Abbey View were encouraged. One relative told us, "Staff are so cheerful I look forward to coming here and I am always made welcome."

Respecting and promoting people's privacy, dignity and independence

● Staff knew people well, and that included the person's care needs and personal history. During the inspection there were many examples of staff being aware of what people needed and didn't need. However, people and their relatives told us sometimes they did not feel that staff respected their privacy. Comments included. "Some staff don't knock at doors, so I have put a reminder on the door" "This is [relatives] home now, so important they are granted the privilege of knowing someone is coming in the room. [title] values their privacy". "The staff don't always knock I wish they would." We observed staff walking into people's room without knocking. We informed the manager of comments and our observation. They told us they would address this issue immediately. We observed another person had put a note on their door reminding staff of the times they wished to be left alone. Staff told us they respected this person's choice.

● Staff had the right skills to make sure that people received compassionate care and had enough time to

make informed choices. One member of staff told us, "I love working here I am really proud of this home."

● People's dignity and respect was maintained. Personal care was carried out behind closed doors. People who were nursed in bed by choice had call bells and drinks in close proximity.

Good

Is the service responsive?

Our findings

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

Good: 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

● People had individual care plans in place that had utilised information obtained through initial and on-going assessments. However, some people who had specific health conditions such as Parkinson's disease or diabetes did not have detailed care plans. This meant there was a risk that staff did not have enough guidance to be able to be responsive to the person specific needs.
Where people required support with catheter care there were no management plans in place in the care plans. We brought this to the attention of the clinical lead who took note. The manager told us, "Care plans are not as person centred as we would like, we are currently updating and reviewing all our care plans." They informed us they were ensuring the plans were updated following consultation with people and their families. One relative told us, "We used to be involved in reviews, that has not happened for a while now."

● People were able to follow a variety of interests and activities and could suggest ideas for future events. However, some people told us they did not get involved in the activities. This meant there was a risk of social isolation. One person told us, "Sometimes I have felt lonely", another said, "Lots going on but not really for me, it can make me feel low." The manager discussed an initiative that the organisation was undertaking to tackle social isolation in care homes, with Abbey View being the pilot home for the project.

● The service employed companions, who planned activities in consultation with people. There was a weekly timetable of activities given to each person and displayed in communal areas. Activities for the week of the inspection included music, art, musical entertainers and day trips out. People told us they used a minibus and enjoyed the trips organised by the service.

● The service was part of the community in Sherborne and had built local links. There were good community links and people accessed the community regularly.

● There was a connection with local schools. On the day of the inspection local children came to the home to watch the butterfly's being released. The manager told us, plans were in place to link with other local homes to set up a library group.

● There was information in place to enable the provider to meet the requirements of the Accessible Information Standard. This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. Each person's care plans included a section about their individual communication needs. For example, it was recorded if people used hearing aids or any support with general communication.

● Technology was used to provide further opportunities for people to communicate, such as touch screen tablets. Electronic notice boards in the reception area informed people and their visitors of the day's events at Abbey View. One member of staff told us, "We tailor and adapt to people's needs. For example, for people who have poor eyesight we enlarge bingo sheets and crosswords. I print off photos of cities to start conversations."

Improving care quality in response to complaints or concerns

● There was a complaints policy in place which outlined how complaints would be responded to and the time scale.
Any complaints were logged, and the actions taken recorded. The manager proactively encouraged people and relatives to attend meetings to discuss any concerns they might have.
People told us they would be confident to speak to the management team or other staff if they were unhappy

End of life care and support
● When people were at the end stages of their life, procedures were in place to ensure that people were cared for in a culturally sensitive and dignified way as recorded in care plans. People at end of life were encouraged to remain at Abbey View. A nurse told us, if required we have the support of palliative care specialists. The service uses the gold standards framework in caring for people at end of life care
● People's advance decision care plans were detailed and reflected people's wishes, for example, religious beliefs, funeral directors and whether for cremation or burial and who they wanted to be contacted. People told us they had been involved in the decisions and had signed their plans.
● Staff told us it was important to them and the people living at Abbey View to remember people who had passed away. One member of staff told us, "Today is butterfly release day. People have watched the butterflies develop and will release them. We are having a gathering with cream tea in memory of those past". People were observed taking a great deal of interest in the activity and looking forward to the afternoon tea.

Good

Is the service well-led?

Our findings

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

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

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

● At the time of our inspection, Abbey View was going through a period of change with a new manager and new clinical lead in position, however they continued to promote a person-centred approach. The new manager told us, "I am still at the observation stage and getting to know the people who live here, and their families. I have held a meeting to introduce myself and my clinical lead. I plan to ensure the meetings are held on a regular basis to ensure feedback from people and their families." The new manager and clinical lead were both experienced registered nurses and had the support of a wider management structure to ensure they were highly supported through this period of change.

● Staff told us consultation was good, and that they were still adapting to the new management team. Comments included, " I think it is well led. I think the relatives are happy. I've not had a lot of complaints from the families the residents are happy the staff are happy that's all I can say really. Not noticed any friction" "Always difficult when a new manager is in position, we had our other manager for so long. It's different but I think it is going to be fine working with our new manager and clinical lead." "The working environment is nice, and the managers are supportive. The manager was approachable, and the clinical lead was visible throughout the inspection.

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

● Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

● Audits were completed on a wide range of areas of service provision. Information gathered from audits and from the review of incidents and accidents was used to develop the service. There was a strong focus on continuous improvement.

● A development plan was in place to ensure that the management team were working towards the same goals. The quality manager completed regular visits to the service.

● There were clear lines of responsibility across the staff team. Effective systems were in place to monitor the standard of care provided at the service. A clear staffing structure was in place and staff were aware of their roles and responsibilities.

● Statutory Notifications had been made as required. Statutory notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled.

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

characteristics

● The provider and manager demonstrated a commitment to ensuring the service was safe and of high quality. The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. Health professionals visited the service on a regular basis.

● Staff received supervision of their performance and regular team meetings were held which provided an opportunity for staff to feedback their views and suggestions for improvement which were considered and acted upon by the management team.

Continuous learning and improving care

● The manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.

● People had completed a survey of their views; the feedback had been used to continuously improve the service. The manager told us following the survey information was shared as 'You said, we're doing' forms. The last survey was completed in June 2018.

Working in partnership with others

● The service was transparent and open to all relevant stakeholders and agencies.

● The quality manager told us learning was shared at a provider level through the electronic quality assurance systems. They shared any learning from safeguarding and accidents with registered managers during monthly meetings. The manager told us this supported peer support between the provider's other managers following any safeguarding incident or accidents.

● The service had built up good working relationships with three local GP surgeries and other health professionals. The manager said, "We have good links with other health professionals, and share information as required". A social care professional said, "I believe the service is good at keeping us informed of any changes in care."

● The provider worked in partnership to develop different service provision and to develop person centred care for people living at Abbey View.