Care Quality Commission

Abbeyfield Society (The)

Abbeyfield Parkdale

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?	Requires Improvement

Summary of findings

Overall summary

About the service
Abbeyfield Parkdale is a residential home which provides accommodation and personal care for up to 30 older people. At the time of the inspection there were 16 people living at the service, many of whom were living with dementia.

People's experience of using this service and what we found
Quality assurance tools had not consistently identified where people's care files did not contain complete and up to date information.

People were supported by safely recruited and trained staff. There were enough staff to meet people's needs and offer people time and reassurance. People were supported in a kind and compassionate way by staff who promoted their independence. People's confidentiality was understood and respected by staff.

People received their medicines safely as prescribed and people were supported to access health professionals as they required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to eat and drink in line with their needs and choices. People had access to a range of activities both inside and outside of the home. The home had good links with the local community.

People's needs and preferences were recorded in personalised care plans which were reviewed with people and their relatives as they wished.

People were encouraged to give feedback about their care and felt able to speak to the registered manager. People and their relatives were involved in developments about the service.

The registered manager was aware of their responsibility to maintain quality at the service and was working with other professionals to continue to implement and sustain improvements where these were required.

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

Rating at last inspection
The last rating for this service was Good (published 21 June 2017).

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

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Abbeyfield Parkdale

Detailed findings

Background to this inspection

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

Inspection team
The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with three people who used the service and five relatives about their experience of the care

provided. We spoke with five members of staff including the registered manager, project lead, senior care worker and care workers. We also spoke to a volunteer who regularly visits the service. 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 reviewed a range of records. This included three people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Good

Is the service safe?

Our findings

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

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

Using medicines safely
● Medicines were managed safely. People were supported to receive their medicines, as prescribed by trained staff.
● Staff recorded any support given to people with medicines in line with the home's medicine's policy and medicines were stored safely.
● Where people had "as required" medicines prescribed; protocols were in place and staff were knowledgeable about when people may need these.

Assessing risk, safety monitoring and management
● People had personalised risk assessments in place which included guidance for staff to manage and reduce the level of risk.
● Where people had distressed behaviours, staff worked with people, their families and professionals to effectively support people to reduce their distress. For example, one person was supported to hold a doll when upset as this helped them to relax.

Systems and processes to safeguard people from the risk of abuse
● People felt safe and able to raise concerns with staff. One relative told us, "I would go to the manager if I had any worries, but I haven't had any reason to."
● There was a safeguarding policy in place and staff received safeguarding training. Staff were knowledgeable about the types of abuse and how to report concerns. One staff member told us, "I would speak to the manager or the senior and document it all. The management team would definitely act on any concerns."

Staffing and recruitment
● There were enough staff to meet people's needs. One relative told us, "I've never felt that [my relative] has to wait for anything."
● Systems were in place to ensure suitable staff were employed and the relevant checks were completed. Staff files included proof of the person's identity, references and Disclosure and Barring Service (DBS) checks.
The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people.

Preventing and controlling infection
● People were supported in a clean environment by staff who were knowledgeable about protecting people

from the risk of infection.
● Staff had access to disposable gloves and aprons and used these as required.

Learning lessons when things go wrong
● We saw incident reports were detailed and staff had clear guidance on reporting accidents and incidents.
● The registered manager reviewed all incident reports to identify where lessons could be learned and how they could improve people's care. For example, following a person falling staff now support the person when walking to monitor their safety.

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.

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

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

● People did not always have decision specific capacity assessments recorded. For example, people did not have capacity assessments where they had bedsides in place to reduce their risk of falling out of bed. Despite this, we found people were supported in the least restrictive way and the registered manager had involved people, their families and professionals in decisions around their care. This meant our concerns were in relation to records and not people's care.
● We saw people had capacity assessments completed for other aspects of their care which were decision specific and reviewed when their needs changed. Staff understood the importance of helping people to make their own choices regarding their care and support and staff asked for consent prior to offering support.
● Where best interests decisions had been made staff involved people's families and professionals.
● The management team understood their responsibilities in relation to DoLS and knew when and how to submit the relevant applications to the local authority.

Supporting people to eat and drink enough to maintain a balanced diet
● People's weights were monitored and people had access to professionals to support them with their dietary needs.
● People were supported to make decisions regarding what they wanted to eat and drink. For example, people were shown examples of drinks to enable them to make an informed decision. One person told us, "The meals are good. No complaints there. I can choose what I want."
● Staff engaged with people during meal times, this allowed people to build relationships with staff and receive additional support should this be required. Menus were displayed and tables were laid in a restaurant style.

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

● People's needs were holistically assessed and support was offered in line with evidence based guidance. This meant people achieved effective outcomes in their care.
● People's sexuality, gender, culture and religion were considered as part of the assessment process and was recorded within their care plans.

Staff support: induction, training, skills and experience
● Staff completed an induction and training which was led by people's needs. One staff member told us, "I had a tour of the building, met the residents to get to know them and shadowed other carers. This was very good and I enjoyed it. It was really helpful to get to know people."
● Staff received supervision, spot checks and appraisals. One staff member told us, "We can talk about anything and everything. We discuss any worries about the residents. [The registered manager] is really helpful."

Staff working with other agencies to provide consistent, effective, timely care
● Staff worked with other services to ensure people received care which met their changing needs. For example, staff sought guidance from the mental health team when people became distressed.
● Staff shared information during handover, as appropriate with other staff to ensure people received consistent care which met their needs.

Adapting service, design, decoration to meet people's needs
● The home was spacious and had multiple communal areas. People were supported to orientate themselves around the home with dementia friendly signage.
● People were able to personalise their bedrooms if they wished to. There were gardens which were accessible and lifts for people unable to use the stairs. One person told us, "I've got my own furniture and TV. If I go out, I always think when I get back that I'm glad to be home."

Supporting people to live healthier lives, access healthcare services and support
● People had access to a variety of health professionals to support them to live healthier lives. For example, people were assessed by district nurses.
● The provider made contact with dentists should people require this and people were provided with toothbrushes and other oral healthcare products.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence
● Whilst staff were able to give us examples of how they respected people's privacy; we saw people were not consistently supported in a way which preserved their dignity whilst they were being hoisted. We raised this with the registered manager who acted immediately to improve people's experience.
● People were encouraged to remain as independent as possible. For example, one person had not been walking following an illness. We saw, staff were working with them to support them to walk short distances again safely.
● People's right to confidentiality was understood and respected by staff.

Ensuring people are well treated and supported; respecting equality and diversity
● People told us staff were caring. One person told us, "The staff are very, very kind. They always make sure I am alright. They've all got a sense of humour as well."
● Staff were knowledgeable about people's backgrounds and life histories. This enabled people to be offered personalised support by staff who understood them well.
● Staff offered empathetic care when people were anxious or distressed. For example, we saw staff offered people time and reassurance when they became worried.
● People were supported to maintain relationships which were important to them. For example, we saw relatives were encouraged to engage in activities with people.
● Staff had received equality and diversity training and people were supported with their religious needs. For example, the local church visited weekly to offer people communion.

Supporting people to express their views and be involved in making decisions about their care
● People were encouraged to make choices about their day including what they would like to eat and drink and what they would like to wear.
● People's care plans considered their choices and preferences throughout and staff provided support accordingly. For example, one person's care plan advised they did not like noisy environments and we saw this person was supported in line with their wishes.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;
● Whilst people's care plans were personalised and explored their needs and preferences we saw people's care plans did not consistently contain up to date information about people's needs. Despite this, staff were knowledgeable about people's needs and were providing care in line with these.
● People and where they wished, their relatives were involved in reviews of their care. One relative told us, "We can see the care plan and we have care plan reviews."
● People were offered time and choices by staff. One person told us, "They talk to me all the time. They help me to make choices and they look after me."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● People had access to a varied range of activities such as musicians, days out and exercise classes. One person told us, "There are activities all the time. A lady comes in to do singing and they have keep fit on Mondays and 'Come Dancing' on Thursday. We go out on trips too."
● People were encouraged to engage in activities to reduce social isolation alongside improving their confidence and quality of life. One person told us, "If we want to go out it's ok. I go out staff. I love shopping and the lady that comes with me knows where all the shops are. She's very good."
● The registered manager had good links with the local community. For example, we saw a local school and nursery had visited the home and spent time with people planting vegetables in the garden. People told us they had really enjoyed spending time with younger people.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● The provider met the Accessible Information Standard. For example, people could access information in a variety of formats dependent on their needs.

Improving care quality in response to complaints or concerns
● People knew how to give feedback about their care and support.
● Complaints were responded to in line with the provider's policy and procedure. We saw investigations were completed in full and involved people and their families.

End of life care and support

● People had end of life care plans in place which explored their funeral arrangements and who they would to be contacted in the event of their death.

Requires Improvement

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant quality assurance tools were inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care
● Quality assurance tools had not consistently identified where people's care plans did not contain up to date information. For example, we saw one person's care plan did not contain clear guidance around how staff could support a person with their continence needs. We raised this with the registered manager who advised they would update people's care plans following our inspection.
● Audits on care files had not identified where people did not always have decision specific capacity assessments completed for bedsides and motion sensors. Whilst these had been recorded within people's DOLS we did not see records of decision specific capacity assessments and best interests decisions in relation to these.
● Quality assurance tools were used effectively across other areas of the service for example, the environment and infection control.
● The management team and staff were clear about their roles and responsibilities and were open with us around improvements they were making at the service.
● Since the last inspection the registered manager had sent notifications to the Care Quality Commission (CQC) and relevant authorities as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● People and their relatives offered positive feedback about the registered manager. One relative told us, "The manager is brilliant. It's all so much better since they came. Everything is so much better."
● The registered manager was experienced and passionate about the people they supported and the quality of the care they provided.
●The service had a clear vision and strategy to develop the service to ensure they delivered quality care and support and achieved positive outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● Duty of candour requirements were understood by the registered manager if anything went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The provider sought regular feedback from people and families during resident meetings.
● People were also encouraged to give feedback through questionnaires. We saw feedback was overall

positive and shared with people and their relatives. Where changes were required, the registered manager used questionnaires to make improvements to people's experience of care. For example, people requested a roast dinner on a weekday. This had been put in place by the management team.
● Staff were given the opportunity to offer feedback during staff meetings.

Working in partnership with others
● Feedback from professionals we spoke with was positive. One professional told us, "They are good and very friendly. They let us know when we need to visit and are good at understanding where they need to go for professional support."
● The registered manager worked closely with the local authority and commissioners and was the 'Dementia Link' for Wolverhampton.