

Shaw Healthcare (de Montfort) Limited

Abbott House - Oundle

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 |  |

Overall summary

The inspection took place on 14 and 16 October 2015 and was unannounced.

Abbott House is situated on the outskirts of the market town of Oundle in East Northamptonshire and provides care for up to 40 older people, including people living with dementia.

At the time of the inspection 35 people were using the service.

The service had a registered manager in post. 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.

The staff had a good understanding of what constituted abuse and of the safeguarding procedures to follow should they need to report any abuse.

Risks were appropriately managed to ensure that people were supported to make choices and take risks.

Summary of findings

Staff had been recruited following safe and robust procedures and there were sufficient numbers of suitable staff available to keep people safe and meet their needs.

Systems were in place to monitor accidents and incidents so that preventative action could be taken to reduce the number of occurrences.

Robust arrangements were in place for the safe administration and management of medicines.

Staff had the skills and knowledge needed to support people appropriately and had regular training updates to maintain their skills. A programme of staff supervision and annual appraisals enabled the staff to reflect on their work practice and plan their learning and development needs.

People's consent was sought before providing their care and treatment. People who lacked capacity to make decisions were supported following the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People benefitted from having a balanced and varied diet. Their dietary needs were monitored and advice was sought from appropriate health professionals when needed.

People had regular access to healthcare professionals and were supported to attend health appointments.

Staff treated people with kindness and compassion, dignity and respect.

People had individualised and detailed care plans in place, which reflected their needs and choices on how they wanted their care and support to be provided.

Social, leisure and purposeful activities were provided for people to meet their individual needs and aspirations.

People and their representatives were encouraged to provide feedback on the service; complaints were taken seriously and responded to immediately.

The service was led by a registered manager who continually strived to provide a good quality service. The vision and values were person-centred. People and their representatives were supported to be involved and in control of their care.

Effective management systems were in place to continually monitor the quality of the service.

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?

The service was safe.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to provide people's care and support.

Staff had been recruited using a robust recruitment process.

Good



Is the service effective?

The service was effective.

Staff were appropriately trained and supported with regular supervision and appraisal.

People had access to health care professionals and received appropriate care and treatment.

Good



Is the service caring?

The service was caring.

People were able to make decisions about their care and support.

People were treated with dignity and respect.

People were given the privacy they required.

Good



Is the service responsive?

The service was responsive.

Care plans were personalised and reflected people's individuality.

People were involved in decisions regarding their care and treatment needs.

Complaints were listened to and responded to appropriately.

Good



Is the service well-led?

The service was well led.

There was a positive open culture at the home where staff and people living at the home felt included and consulted.

People were asked for, and gave, feedback on the service provision.

Robust management quality monitoring systems were in place.

Good



Abbott House - Oundle

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 over two days on 14 and 16 October 2015. It was unannounced and carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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. We also looked at information from previous inspection reports and statutory notifications (notifications inform us about important events that providers are legally required to notify us by law). We also sought feedback from commissioners involved in reviewing the care of people using the service.

During our inspection we spoke with 10 people using the service, four relatives, two health professionals, the registered manager, the area manager, one administrator, nine care staff and one volunteer.

We looked at the care records for four people using the service, four staff recruitment records and other records in relation to the quality management of the service. We also carried out general observations of interactions between people using the service and the staff.

Is the service safe?

Our findings

All the people we spoke with said they felt safe living at the home. One person said, “I am a bit of a nervous person, but they [staff] are very good, they come and check on me regularly when I am in bed”. One person said, “I am very happy and I feel very safe”. Another person said, “I feel very safe here, good lord yes, I do”. One person commented that they had never been spoken to or ever witnessed anyone being spoken to disrespectfully.

Relatives and visiting professional, all said they had no concerns about people’s safety at the home. One relative said, “I have no concerns at all about [name] safety, the staff are fantastic, [name] is very happy here and I know she feels safe”. A visiting healthcare professional told us that people said to them that they felt very safe and secure living at the home.

The staff told us they had received safeguarding training on recognising and reporting abuse, the training was also documented within the staff training records. One member of staff said, “I would never tolerate any form of abuse, if I ever suspected or witnessed any, I would not hesitate to report it”. Another member of staff said, “The residents are very safe here, it’s like a home from home”. Through our discussions with the staff we established they understood their duty of care towards keeping people safe from abuse and fully aware of their responsibility to report abuse.

We saw that a safeguarding policy was in place that highlighted the different forms of abuse and the reporting procedures; in addition we saw, ‘One Bad Apple’ posters were placed on notice boards within the staff areas, reminding them of their responsibility to protect people from abuse and they listed the contact details for reporting abuse. Records held at the service showed that the registered manager had made relevant safeguarding referrals to the local authority and had also informed CQC as required by law.

On entering the home all visitors were required to sign the visitors’ book at the reception, which was manned. This was so that staff knew who was within the building and reduced the potential risk of strangers entering the building and further safeguarded people living at the home.

The staff told us they were aware of the accident and incident recording procedures. We saw within people’s care records that staff had completed accident reports and that

people’s individual risk assessments were reviewed and updated as required following accidents and incidents occurring. The registered manager told us they closely monitored all accident and incidents to identify any trends and where changes were needed to identify ways in which the risks of harm to people who lived at the home could be reduced.

Potential risks to people’s safety were minimised through comprehensive risk assessments being carried out, that identified the risks unique to each individual person. For example, some people were at high risk of leaving the building unescorted, whilst others were able to be supported to go out alone through having safety measures put in place to manage the risk. The registered manager said it was important that people were positively supported to take risks and maintain their independence. They said, “People and businesses within the local community know the people that go out alone, we have an excellent support network”. This enabled people to actively remain involved in the local community and be safe when outside the home.

We saw that environmental risk assessments had also taken place within the service. Staff had guidance on what to do in emergency situations and people had individual evacuation plans in place in case of the need to evacuate the service in an emergency. The service also had a continuity plan in place, in case of an emergency, which included information about the arrangements that had been made for major incidents, such as the loss of all power or the water supply. The registered manager told us that fire safety equipment was regularly checked and that regular staff fire drills took place and we saw this was documented within the quality management audits carried out.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care home. One staff member said, “The recruitment of staff is very good, I was asked to complete a criminal records check form and I had to give the names of two people to contact for references, I was not able to start work until everything had been cleared”. We saw within the staff recruitment files that gaps in employment histories were explored, written references were obtained from previous employers and checks had been carried out through the government body Disclosure and Barring Service (DBS).

Is the service safe?

The staff considered there was enough staff to support people appropriately. The registered manager told us they were advertising for a range of staff positions and in the interim they were offering overtime and using regular staff from two care agencies. They confirmed that they always requested the same agency staff to ensure people had continuity of care. The staff were positive about the use of agency staff, one member of staff said, “We all work well as a team, permanent staff and agency staff together, the agency staff work here regularly so they really get to know the residents well”. During the inspection we observed positive interactions between the permanent staff employed at the home and agency staff and the staff responded to people’s requests for assistance and worked with people at a relaxed pace.

People’s medicines were safely managed. Medicines were only administered by staff that had received medicines training, which were followed up by having competency assessments carried out that involved observing and assessing that they followed the correct procedures for administering medicines. The registered manager and staff told us that a new computerised system for recording the

receipt, administration and disposal of medicines had been introduced; the staff said they had received full training on using the system. One member of staff said, “It took a little while for me to familiarise myself with it as I had not use a computer much, but I have got used to it very quickly it’s actually very easy to use”. Another member of staff said, “It’s very efficient, much better than paper records and leaves no room for errors”.

The registered manager and staff told us that all staff who administered medicines were issued with individual passwords to access the system. They also said there was online help available from the company in the event they encountered any glitches in the system; the registered manager said the system relied on a good Wi Fi connection. They said they could access the system at any time to monitor that people had received their medicines as prescribed.

We observed staff administering medicines to people and noted they took the time to give people their medicines carefully, supporting them in a calm and relaxed manner and people were receptive towards the staff approach.

Is the service effective?

Our findings

People said they thought the staff providing their care were trained to meet their needs. One person said, “They [staff] appear to be trained, yes I am sure they are well trained”. Another person said, “A couple of days ago a member of staff told me they were going to do some training”.

The staff we spoke with all confirmed they had completed moving and handling training during their induction training. One member of staff said, “The training is excellent”, they confirmed they had received health and safety training, that included fire safety, first aid, moving and handling, infection control and food hygiene. They also said they had completed training on dementia awareness, safeguarding, the mental capacity act, nutrition and medicines management. The agency staff we spoke with said they had received health and safety training from their relevant employment agencies.

Staff also told us that they received regular training and support from the registered manager and senior staff after their induction. Staff were positive about the training that they received and explained that they could book onto additional courses in areas of their specific interest.

People’s relatives spoke positively about the care their relatives living at the home received. They comments that thought the staff were competent in their roles. One relative said, “The staff know what they are doing, I visit often and watch them a lot”. During our inspection we observed staff providing people with care, their actions demonstrated they had the right skills and knowledge required for their roles.

Staff told us that, on commencing employment with the service, they received induction training and were supported by the whole staff team. One staff member told us, “If we have new staff we all try to support them when they are on induction”. This enabled new staff to get to know the role they would be performing, as well as the people and staff they would be working alongside. Staff inductions were a mixture of mandatory training, such as moving and handling, as well as shadowing more experienced members of staff on shift. Staff told us that they felt this gradual approach was useful and helped them grow in confidence before working more independently.

They also told us they received a mixture of formal and informal supervision from the registered manager and

senior care staff. This meant they had regular opportunities to seek support and provide feedback about any issues or concerns they may have. One staff member said, “We have good training here, we have to keep up-to-date”. Another member of staff said, “I have supervision each month”. Records confirmed that staff received regular training and that future training courses were booked in. Supervision records showed that management met with staff to discuss areas of development or concern.

People told us that staff always sought their consent and offered them choices before supporting them with their care. One person told us, “Staff are good, they talk to me and ask me what I would like to do, a shower or a wash, I like having a choice”. People’s relatives also felt their family members were given choices and asked for consent. One relative said, “They always ask and explain to Mum what they are going to do, she often forgets”. Staff confirmed that they asked people for consent before providing care, even if they were providing a routine care element, to ensure their actions were reflective of people’s current opinion. Throughout our inspection we observed staff providing people with choices and asking for their consent.

Staff explained to us that they followed the guidance of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards within their role. They explained these were used to help them work with people and their families to make decisions for people who were unable to do so themselves. The registered manager told us that eight people had DoLS applications in place which had been approved by the local authority, and three others had pending applications waiting to be approved. They also told us that other applications may be made for people, and that these would be prioritised according to the levels of risk to each person. We saw evidence that the service had carried out suitable mental capacity assessments for people and that applications had been made to deprive people of their liberty if necessary.

People were positive about the food and drink they received at the service. One person said, “The food is good, the cook comes and asks us what we like”. Another person said, “I look at the menu the day before, so I can choose what meal I want for the next day, I usually have something off the menu, but can choose something different if I want”.

Is the service effective?

People's relatives also felt that the food was good. One family member said, "Mum enjoys the food, she eats well and has put on weight". Another relative told us, "From what I have seen when I visit the food looks good".

The registered manager told us the quality team from within the company had carried out a review of the dining experience for people using the service. One outcome from the review included the introduction of monthly themed evenings; the registered manager said they were planning with staff to hold a Nigerian evening. Another area identified for improvement was the presentation of pureed foods and as a result catering moulds were provided to form the puree into the shape of the vegetable for example, peas and carrots.

Staff explained to us that people were given choices of meals each day and we saw this in practice. One member of staff said, "If people don't like the options available, the kitchen staff will always prepare an alternative". We were also told that the catering staff prepared meals and snacks for the night staff to give people who were up through the night.

We observed a calm and relaxed atmosphere during the lunchtime meal and saw that people were served their meals quickly so the food did not go cold. People were given plenty of time to eat and drink, and staff sensitively supported people that additional required help to eat and drink. We saw that some people used adapted plates and cutlery to maintain their independence with eating and

drinking. Any concerns about people's food and drink intake was followed up with health professionals, such as the person's GP and where necessary referrals had been made to the dietician and speech and language services for additional support. .

Each of the dining areas had a small kitchenette facility available, we saw that throughout the day hot and cold drinks were prepared for people on request on request and that visitors were encouraged to make their own hot and cold drinks when visiting their relatives.

People told us that they were supported to see healthcare professionals whenever they needed them, both within the service and the local community. One person told us, "The nurse comes in to check my leg regularly; she talks to the carers about the dressings". Another person said, "If I have to go to the hospital, a carer comes with me". Staff confirmed that they helped people to book and attend appointments with their healthcare professionals. In addition, the service had close relationships with a number of local services, such as a GP's practice, which allowed people to get the care they needed in a timely fashion.

During our inspection we saw healthcare professionals visiting people at the service and records within people's care plans confirmed that people had regular contact with them to meet their specific requirements. We also received positive feedback from health and social care professionals involved in monitoring people's care at the service.

Is the service caring?

Our findings

We noted there was a welcoming atmosphere at the home. One person said, “The staff are very patient”. Another person said, “There is a lovely relaxed atmosphere, it is not regimented living here, I can come and go, do whatever I like whenever I like”.

We observed the interactions between people living at the home, there was a light-hearted ambiance and lots of laughter, people and staff joked together and it was evident they enjoyed each other’s company. One person said, “I’m so happy and content here, it’s nice to crack a joke with the staff”.

The staff told us they took the time to get to know people and build up strong relationships. They said they each took on the role of being a keyworker, which involved developing good working relationships with people and taking a special interest in them. We spoke with the relative of a person who had passed away, they said, “[name] was very well looked after here, right to the end the staff are so kind and caring”.

We heard the staff addressed people by their preferred names and responded to requests for assistance quickly. One person said, “I am very independent, I don’t need much help, but I have witnessed others having their care needs met well by the staff”. Another person said, “There is nothing I would change at all there is always someone is always there to help”.

During the inspection we observed staff were professional in their approach towards meeting people’s care needs, for example, staff assisting people to move and transfer from

their armchairs into wheelchairs using moving and handling equipment and hoists. We noted they explained to people what they were doing, and what needed to be done to ensure they moved safely, they gently encouraged people to co-operate and assist with the manoeuvres.

People and their representatives were involved in making decisions and planning their care. We saw that each person was asked whether they wanted to share information about themselves such as, things that mattered to them and important events in their lives. The information went towards building an individual profile so that their care and support could be tailored to meet their specific needs and preferences. We saw that confidential information about people’s care was only shared with professionals involved in their care.

People’s care plans contained information about their choices and preferences, for example, their hobbies and interests, likes and dislikes. There was evidence that people had been involved in setting up and reviewing the care plans, people had signed them to show they were in agreement with the information they contained.

People were supported to maintain relationships with people that mattered to them and relatives were encouraged to visit as often as they were able to. One visitor said, “There are no restrictions on when I can visit, I feel totally at ease coming into the home to see [name] it is really very relaxed here”. The registered manager told us that advocacy services were available and posters were displayed on notice boards around the home with the contact details, although no people currently using the service required the use of the service.

Is the service responsive?

Our findings

People's needs were assessed and their care and treatment was planned and delivered in line with their individual care plan. People told us they had been involved in putting together their care plan and with the on-going care reviews. One visitor said, "The staff keep me informed about [name] care and I have attended some of the care review meetings".

Each of the care plans we reviewed contained sufficient information about the social, emotional and physical needs of the person. The staff said the care plans were reviewed on a monthly basis and we saw evidence of this within the care review documentation. We also saw that the staff kept daily notes for each person and important changes to a person's needs prompted an immediate review of their care plan to ensure the information was current.

People were supported to engage in hobbies and interests according to their individual preferences. The registered manager told us the home had close links with the local community, businesses, churches and the boarding school. They told us that the senior students from the boarding school visit the home regularly in the evenings to assist at meal times and befriend people, spending time socialising. They also said that some of the students from the art department were in the process of painting a mountain scene mural on one of the communal bathroom walls, which had been chosen by the people using the service.

On the day of our inspection some of the students were busy working on the mural. We had the opportunity to speak with some of the students, one said, "I really do enjoy being involved in the home, I have got to know the people really well and they have got to know me". A member of staff said, "It's really nice having the students come visit, they have a lovely way with people, they are so natural, they may just sit and chat with people, have a game of cards, or chess, people really look forward to their visits". We observed the students and people living at the home where very relaxed in each other's company.

We also observed positive interactions between staff and people using the service. The staff promoted people to be as independent as possible, people was offered choices on

what they wanted to do with their time and their decisions were respected. The support from the local community enabled one person living with dementia to continue going out alone, the registered manager said the local businesses, for example, restaurants and coffee shops, all knew the person very well and the close links allowed the person to remain independent to go out alone for as long as possible.

People living at the home and their relatives told us that regular meetings took place during which information was shared about the service and people's views were sought. We looked at minutes of the meetings and saw discussions had included areas such as, decoration of the home, choosing colour schemes, soft furnishings and carpets and the idea of people contributing their ideas for a recipe booklet, and ideas for places to go on trips and outings.

We also saw that satisfaction surveys were sent out to people and relatives asking for feedback about the service. The registered manager said that a survey was currently underway and we looked at some of the completed surveys that had been returned. We saw that an area identified for improvement was around the provision of activities. The registered manager told us they had already met with the activity person to review the activities provided at the home to look at ways of how people could be more involved. One suggestion put forward was for a newsletter to be provided and we saw that the first draft was in progress.

A provider complaints procedure was in place and people were provided with information on how they could complain if they were unhappy with any aspect of their care at the home. One person said, "If I ever had to make a complaint, I would tell a member of staff, they are all really very good, I'm sure they would deal with it properly". Another person said, "I know they would definitely respond". All the people we spoke with commented that the registered manager was very approachable and they felt they could speak to them at any time. They confirmed that they knew how to make a complaint if needed, although all of the people and visitors we spoke with said they had never had any reason to complain about the service. The registered manager told us that over the past 12 months no complaints had been received at the service and there was no complaints currently being dealt with.

Is the service well-led?

Our findings

There was a registered manager in post and most of the people and all of the visitors we spoke with called the registered manager by their first name and spoke positively about the management of the home. One relative said, “I often visit at different times of the day, I am always made welcome, the manager and staff are super”. We observed that people using the service, visitors and staff were at ease speaking with the registered manager.

People using the service and their representatives said they were involved in making decisions about their care and relatives commented that they were kept informed about people’s changing needs.

A visiting health professional said they could not find any fault with the care people received at the home, they said the communication between them and the staff worked very resulting in people’s changing health conditions being attended to promptly. A member of staff said, “This really is a lovely home, nothing is too much trouble for the manager, she makes sure the residents always come first”. All the staff confirmed they enjoyed working at the home and their comments indicated that they felt involved in decision making and listened to.

Staff told us that they received support from the registered manager and the senior staff team. One member of staff said, “We work well as a team, I feel listened to and that my ideas are appreciated”. One member of staff said, “The manager has an open door she is very approachable”. They also said that the staff worked together and provided each other with support where necessary. One staff member said, “We work well as a team, permanent staff and agency staff together, the agency staff work here regularly so they get to know the residents well”.

During the inspection we observed positive interactions between members of staff.

The day to day management of the home fostered a culture of openness and transparency. Information held by CQC showed that we had received all required notifications. Notifications are sent by the provider informing us about important events which the service is required to send us by law.

There was established links with the local community and the service was well known within the community. The registered manager said that when she took up post she had introduced herself personally to every business within Oundle to promote the work of the home.

The staff were aware of their responsibilities to safeguard people. There was a whistleblowing procedure in place and the staff were able to describe how to raise any concerns about people’s safety or welfare directly outside of the organisation.

Established systems were in place to seek feedback from people using the service; the registered manager listened to the feedback to further do further develop the service.

People and relatives told us that the service arranged regular meetings to provide them with updates about the service and to provide a platform to discuss ideas for improvement or to raise any concerns they may have. We saw evidence that these meetings took place on a regular basis, and that feedback was given to people when points were raised.

The staff told us they had regular meetings with the registered manager, they said they were used

to share information and ideas. One member of staff said, “I always try to attend the meetings to keep in touch, if I can’t make them for any reason I make sure I read the minutes, we have to sign to say we have read them, it makes sure we don’t miss out on any important information”. This was supported by documentation within the staff meetings file.

There was an established quality assurance management system in place. The registered manager told us that they carried out a number of quality assurance checks and audits to ensure the service was delivered to a high standard. We saw evidence of a number of care quality audits conducted by the registered manager and the area manager that visited the service each month. The audits had covered areas such as, care plans, medicines management and nutrition. They were used to identify good practice, as well as areas for further development where developments were identified action plans were put into place, with timescales for completion.

Health and safety audits formed part of the monthly management quality audit criteria and we saw documentation that the audits took place regularly and

Is the service well-led?

any areas identified for improvement were addressed promptly. For example, people at high risk of falls were referred to the falls specialist team for help and advice on how to minimise the falls incidents.

We homes maintenance worker told us they also carried out a range of weekly and monthly health and safety

checks. For example, to the fire, water, heating, electrical and gas systems. We saw records that confirmed the checks were carried out as planned and appropriate actions were taken to remedy any defects identified during the checks.