Robert Pattinson

Abigail House Care Home - Westerhope

Inspection report

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Ratings

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

Overall summary

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?
Not all aspects of the service were safe.

People told us they felt safe living at the service and family members also confirmed that their relative was safe.

There were enough staff to meet people's needs in a timely manner and systems were in place to ensure that new staff were suitable to work with vulnerable adults.

People's medicines were not always managed appropriately.

Regular checks were carried out to ensure the building was safe and fit for purpose.

Requires improvement

Is the service effective?
The service was effective.

Staff were supported to carry out their role and they received the training they needed.

People's rights were protected. Best interest decisions were made on behalf of people, when they were unable to give consent to their care and treatment.

People told us that the food was good. People's nutritional needs were met and specialist diets were catered for.

Good

Is the service caring?
The service was caring.

People and their relatives said the staff team were caring and their needs were met.

Good relationships existed and the staff were aware of people's needs and met these in a sensitive and patient way.

People were encouraged and supported to be involved in daily decision making.

Outstanding

Is the service responsive?
The service was responsive.

Staff were knowledgeable about people's needs and wishes. People received support in the way they needed because staff had detailed guidance about how to deliver their care.

Good

Summary of findings

There were activities and entertainment available for people. Staff supported people to access activities of their choice. The staff said they were able to spend time with people individually if they did not wish to participate in activities.

People had information to help them complain. Complaints and any action taken were recorded.

Is the service well-led?

Good

The service was well-led.

A registered manager was in post.

People and their relatives said the atmosphere in the home was pleasant, warm and welcoming. The staff said the registered manager was approachable and supportive and they felt able to discuss any problems with them.

The home had a quality assurance programme to check on the quality of care provided.

People were regularly asked their views to check on the services provided.

Abigail House Care Home - Westerhope

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 7 May 2015 and was unannounced. The inspection team consisted of an 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 for older people.

We received a Provider Information Return (PIR) before we carried out this inspection. A PIR is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 11 people who lived at Abigail House, four relatives, the registered manager, seven support workers, activities organiser, domestic and two catering staff. We observed how staff interacted with people and reviewed a range of records about people's care and how the home was managed. We looked at care plans for four people, the recruitment, training and induction records for four staff, three people's medicines records, staffing rosters, staff meeting minutes, meeting minutes for people who used the service and their relatives, the maintenance book, maintenance contracts and the quality assurance audits that the registered manager completed.

We reviewed other information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We also contacted commissioners from the local authorities who contracted people's care. We spoke with the local safeguarding teams. We did not receive any information of concern from these agencies.

Requires improvement

Is the service safe?

Our findings

Due to some people's complex needs we were not able to gather their views. Other people said they felt safe and they could speak to staff. Comments included, "I feel safe here, the staff are so good," and "The staff are very kind and patient." Relatives commented, "This place is first class," and "There are always staff around."

We observed a medicines round and saw the staff member checked people's medicines on the medicine administration records (MAR) and medicine labels to ensure people were receiving the correct medicine. They explained to people what medicine they were taking and why, saying, for example, "Here's your Paracetamol tablets, do you want a drink with them?" They then remained with each person to ensure they had swallowed their medicines. Medicines records were accurate and supported the safe administration of medicines. There were no gaps in signatures and all medicines were signed for after administration. All medicines were appropriately stored and secured. Staff were trained in handling medicines and a process had been put in place to make sure each worker's competency was assessed. Staff told us they were provided with the necessary training and felt they were sufficiently skilled to help people safely with their medicines.

We had some concerns with regard to the management of medicines however. We checked the medicine trolley and saw that all "when required" medicines did not record when they had been opened. The MAR for one of the "when required" medicines was not recorded on the chart and instructions were not available for staff of when it should be administered. We checked the controlled drug stock, (controlled drugs are medicines which may be at risk of misuse) and saw two bottles of the same controlled drug were available for a person. Both bottles were opened so it was difficult to account for its administration. We saw that some medicines that were no longer used had not been returned to the pharmacist to be disposed of when they were no longer required.

The staff member told us a person received covert medicines. Covert medicine refers to medicine which is hidden in food or drink. Documentation showed the GP had authorised the decisions for the use of covert medicines, where people did not have mental capacity. However, the decision making did not adhere to the National Institute for Health and Care Excellence (NICE) guidelines as a best interest meeting had not taken place with the relevant people. A best interest meeting involves care home staff, the health professional prescribing the medicine(s), pharmacist and family member or advocate to agree whether administering medicines without the person knowing (covertly) is in the person's best interests.

This was a breach of Regulation 12 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

The provider had a system in place to log and investigate safeguarding concerns. We viewed the log and found three concerns had been logged appropriately. Two had been investigated and resolved to ensure people were protected from further harm and one was still being investigated.

The staff on duty told us they had received training with regard to safeguarding vulnerable people. They had a good understanding of safeguarding and knew how to report any concerns. They were able to describe various types of abuse and were able to tell us how they would respond to any allegations or incidents of abuse and knew the lines of reporting within the organisation. A staff member commented, "I've just done some safeguarding training." Another staff member said, "If I had any concerns I'd report it." Staff were aware of the provider's whistle blowing procedure and knew how to report any worries they had.

At the time of our inspection there were 16 people living at the home. The registered manager, four care workers, the housekeeper, the cook and the administrator were on duty. During our visit we did not observe people waiting for care to be provided and staff spent time talking to people and asked if they required any help.

Records showed that risk assessments for areas such as nutrition, falls and swallowing were in place to reduce the risk to people's safety. They were regularly reviewed and evaluated to ensure people received safe care and treatment that met their current needs.

Accidents and incidents were recorded and monitored by the registered manager to ensure actions were taken to prevent further incidents.

Staff had been recruited correctly as the necessary checks had been carried out before people began work in the home. We spoke with members of staff and looked at four personnel files to make sure staff had been appropriately recruited. We saw relevant references, one of which was

Requires improvement

Is the service safe?

from the person's last employer. Confirmation from the Disclosure and Barring Service (DBS), which checks if people have any criminal convictions, had been obtained before they were offered their job. Application forms included full employment histories. Applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with vulnerable people.

Risk assessments were in place that were regularly reviewed and evaluated in order to ensure they remained relevant, reduced risk and kept people safe. They included risks specific to the person such as for falls, moving and assisting, nutrition and pressure area care.

Regular analysis of incidents and accidents took place. The registered manager told us learning took place from these and when any trends and patterns were identified, action was taken to reduce the likelihood of them recurring. For example, with regard to falls.

The registered provider had arrangements in place for the on-going maintenance of the building. Records we looked at included; maintenance contracts, the servicing of equipment contracts, fire checks, gas and electrical installation certificates and other safety checks. Regular checks were carried out and contracts were in place to make sure the building was safe. Risk assessments were in place for fire and evacuation of the building.

Good

Is the service effective?

Our findings

Staff had opportunities for training to understand people's care and support needs. Comments from staff included, "There's plenty of opportunities for training," and "I'm particularly interested in dementia care," and "we've lots of opportunities for training."

The staff training record showed staff received training with regard to safe working practices. The registered manager told us there was an on-going training programme in place to make sure all staff had the skills and knowledge to support people. Staff completed training that gave them some knowledge and insight into people's needs and this included a range of courses such as; dementia care, palliative care, risk management, distressed behaviour and equality and diversity. They had also received Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training.

Staff said they could approach the management team at any time to discuss any issues. We saw supervisions took place. They were a combination of individual and group supervisions for staff and these were an opportunity to discuss their performance and training needs. Staff said they received an annual appraisal to review their work performance.

CQC monitors the operation of DoLS. DoLS are part of the MCA. These are safeguards put in place by the MCA to protect people from having their liberty restricted without lawful reason. We checked with the registered manager that DoLS were only used when it was considered to be in the person's best interests. They were aware of a supreme court judgement that extended the scope of these safeguards. We found that as a result, 11 applications were being considered and one person was currently lawfully subject to such restrictions.

Records showed assessments had been carried out, where necessary for people's capacity to make particular decisions. For example, with regard to their health care or finances. The registered manager told us some people had a 'lasting power of attorney', which had been awarded on their behalf by the Office of the Public Guardian.

Staff asked people for permission before delivering any support. They said they would respect the person's right to refuse care. Staff said that if a person refused they would offer alternatives or leave the person and try again later. One person said, "The staff look after me. They are so nice. I am happy." Other people confirmed they were asked for permission before receiving any care.

People's healthcare needs were met as records showed staff received advice and guidance when needed from specialists such as, speech and language therapists, dieticians and occupational therapists. People had regular access to their GP or district nurse when appropriate. One person said, "They look after my (Name) when they're unwell." Records were kept of visits and any changes and advice was reflected in people's care plans. For example, advice was available in one person's care plan from the speech and language team and dietician. One health care professional commented, "They're quick to let me know and will follow any guidance for the person."

People's needs were discussed and communicated at staff handover sessions when staff changed duty, at the beginning and end of each shift. This was so staff were aware of risks and the current state of health and well-being of people. There was also a handover record that provided information about people, as well as the daily care entries in people's individual records. Staff commented, "Communication is good," and "Communication is effective."

People were positive about the food saying they received good sized portions and nice food. One person commented, "I do enjoy the food," and "There's plenty to eat." We saw lunch which was well presented and hot. People said they enjoyed the meal which was gammon steak, pease pudding with vegetables or chilli minced beef and rice, followed by chocolate cake and custard or rice pudding. Most of the people ate well and second helpings were served to some. Drinks were available during the day with biscuits and fruit provided. The cook showed us copies of the menus which showed there was a good variety of nutritious food available. They described how people were able to request alternatives at mealtimes if they did not want the food on the menu. The cook also told us they had information about people's dietary needs and were aware of people who needed soft diets and people who were at risk of weight loss. Where it had been identified there was a problem with loss of weight, weekly weights had been recorded and there was evidence specialist advice had been obtained.

Good

Is the service effective?

The environment was designed to help people who lived with dementia to maintain some independence. People were able to identify different areas of the home. There was appropriate signage and doors such as lavatories and bathrooms had signs for people to identify the room to help maintain their independence. Memory boxes had been completed for some people that contained items and information about people's previous interests and they were available outside some people's rooms to help them identify their room. They also gave staff some insight into the person's previous interests and life when the person could no longer communicate this information themselves

Outstanding ☆

Is the service caring?

Our findings

People told us they were well looked after. Comments from people included, "I get what I want here, all the time," and "The staff are first class," "The staff are very helpful," "I am very happy here. The staff are so friendly and helpful, you only have to ask them and they get you something." Another person said, "I have no problems here, I love it. The place is spotlessly clean," and "The staff look after me. I go out with my family now and again but I like it here."

Relatives were also confident that the staff team cared for their family members well. They told us, "My relative is well looked after here. They are always well-dressed every time I come in." And, "The staff are first–class," and, "This is a marvellous place. (Name) is very comfortable here. We looked at several places before we chose here. We get a good feeling about the place every time we visit."

Comments from a recent survey sent from the home to health and social care professionals that visited the service included, "All residents are given exceptional care." And, "Abigail House is the best (by far) residential unit that I visit." And when asked what they could do better, "Continue along the same lines." And, "Nothing, it's such a caring home, thanks to the staff."

People who used the service were pleased with the care they received. They thought staff seemed knowledgeable about their care needs and family circumstances and knew how to look after them. Staff we spoke with understood their role in providing people with effective, caring and compassionate care and support. They were able to give us information about people's needs and preferences which showed they knew people well.

Staff described how they supported people who did not express their views verbally. They gave examples of asking families for information, showing people options to help them make a choice such as two plates of food, two items of clothing. This encouraged the person to maintain some involvement and control in their care. Staff also observed facial expressions and looked for signs of discomfort when people were unable to say for example, if they were in pain.

During the inspection there was a relaxed and calm atmosphere in the home. Staff engaged with people in a quiet and compassionate way. Staff modified their tone and volume to meet the needs of individuals. When staff spoke with a person they lowered themselves to be at eye level and if necessary offered reassurance with a gentle touch on the arm. They explained what they were doing as they assisted people and they met their needs in a sensitive and patient manner. For example, when they offered assistance to people as they moved to the dining area for lunch or when a staff member offered a person a choice of drink at coffee time.

We saw that care was provided in a flexible way to meet people's individual preferences. For instance, we saw two people having breakfast mid-morning and they were supported to eat this at their own pace. They had been having a long-lie in bed.

We observed the lunch time meal. People sat at tables set for three or four people and staff remained in the dining area to provide help and support to people. Staff provided full assistance or prompts to people to encourage them to eat, and they did this in a quiet, unhurried way. Staff talked to people as they helped them and there was friendly chit chat amongst people and staff as lunch was served.

Staff treated people with dignity and respect. We saw staff knocked on people's doors before entering their rooms and staff ensured any personal care was discussed discretely with people and carried out in private. We observed that people looked clean and well presented with coiffured hair. People also told us staff responded promptly to their requests for assistance and help.

Relatives told us they were kept informed by the staff about their family member's health and the care they received. One relative said, "I'm kept fully informed of (Name)'s needs," and "The staff are quick to call a doctor if needed."

We sought the views of health professionals who had visited people at the service, who also told us they had always found the staff team to be very caring. A health care professional we spoke to after the inspection told us the staff made prompt referrals for assistance to ensure people's health needs were met appropriately. Comments from recent surveys also said, "I've an excellent rapport with all staff at Abigail House," and "Full information is given to me about any health problems of the person referred when I visit."

Important information about people's future care was stored prominently within their care records, for instance

Outstanding ☆

Is the service caring?

where people had made Advance Decisions about their future care. Records for five people showed the relevant people were involved in these decisions about a person's end of life care choices.

There was information displayed in the home and in the home's brochure about advocacy services and how to contact them. Advocates can represent the views for people who are not able to express their wishes. The registered manager told us one person had the involvement of an advocate.

Good

Is the service responsive?

Our findings

Not all people could tell us about their experiences living at the home but those that could commented, “I get what I want here, all the time. I especially enjoy the garden,” and “I like the garden. I really enjoy being out there.” Relatives were pleased with the activities and entertainment that were provided. One said, “The activities here are good.” Another relative told us they were so impressed with the activities offered at Easter they were arranging a concert at a club to raise funds for the social and outings fund of the home.

Detailed information was available to help staff provide care and support when a person was no longer able to tell staff themselves how they wanted to be cared for. Social assessments were completed with people and their families to give staff information about the hobbies and interests of people and their likes and dislikes. For example, staff gave a person who had previously been an electrician a tool box with some tools.

There was an active resident and relative’s committee. Meeting minutes showed resident and relative meetings took place monthly and topics discussed included activities and outings. The social committee was run with the involvement of relatives to decide how funds were to be spent and to discuss ideas for entertainment for people who lived in the home. Seasonal entertainment and outings were discussed and we saw details for example, of the trip to Fenwick’s window at Christmas and meal out afterwards for people.

Staff supported people to take part in social activities. People confirmed they had a choice about getting involved in activities. These included, gardening, baking, pamper sessions, arts and crafts and reminiscence. Some people were helped to remain active with light domestic work such as table setting. One person said, “I play dominoes.” There was a variety of entertainment for people which they said they enjoyed and this included, entertainers visiting the home, pet therapy, seasonal fayres, trips to the theatre, meals out, a wine and cheese afternoon and a strawberries and cream afternoon. A church service also took place monthly and school children visited.

People were encouraged to make choices about their day to day lives. They told us they were able to decide for example; when to get up and go to bed, what to eat, what to wear and what they might like to do. Comments included, “I like to have a long lie-in.” Another person said, “You are allowed to do your own thing and I like that.”

People’s needs were assessed before they moved into the home to ensure that staff could meet their needs and that the home had the necessary equipment to ensure their safety and comfort. Records confirmed these were carried out. Care plans were developed that outlined how these needs were to be met. Up-to-date written information was available for staff to respond to people’s changing needs as care plans were in place that reflected people’s needs because they had been regularly evaluated.

Staff responded to people’s changing needs and arranged care in line with people’s current needs and choices. The service consulted with healthcare professionals about any changes in behaviour and medicines. For example, a person with distressed behaviour was referred to the behavioural team so staff could receive advice with regard to how to support the person and to recognise triggers of what may cause them distress.

Regular reviews or meetings took place for people to ensure their care and support needs were still being met. Relatives we spoke with said they were involved in these meetings to discuss their relative’s care. All relatives were very complimentary about the staff and the care provided at the home.

People said they knew how to complain. They told us they had no concerns about their care. Some of the relatives we spoke with commented, “We have no complaints,” “I have no concerns,” and “We’ve not had any problems, but I’d speak to the manager if I did.” The complaints procedure was on display in the entrance to the home. People also had a copy of the complaints procedure in the information pack they received when they moved into the home. A record of complaints was maintained. Three complaints had been received since the last inspection which had been investigated and the necessary action had been taken.

Good

Is the service well-led?

Our findings

A manager was in place who was registered with the Care Quality Commission (CQC).The registered provider had been pro-active in submitting statutory notifications for serious injuries and safeguarding incidents.

People told us the atmosphere in the home was warm and friendly and relatives said they were always made welcome and they could visit at any time. Comments included, “We are very happy here, everyone is friendly” and “The staff are very helpful.”

Staff told us the registered manager was supportive and they would not hesitate to approach them if they had any problems or issues. They said they were supported to carry out their caring role. One staff member said; “The manager is very approachable, I feel well supported.” Another said, “We work as a team.”

Staff told us regular staff meetings took place and these included head of kitchen meetings and general staff meetings. They were held to keep staff updated with any changes in the home and to discuss any issues. Minutes showed recent meetings had discussed levels of occupancy in the home, staff performance, people’s care, communication and record keeping.

Records showed audits were carried out regularly and updated as required. Monthly audits included checks on, documentation, staff training, medicines management, accidents and incidents, finances, nutrition, falls and mobility. Daily and monthly audits were carried out for health and safety, medicines management, laundry and maintenance of the environment. Six monthly audits were carried out for fire risk and health and safety. The registered manager told us monthly visits were carried out by a representative from head office to speak to people and the staff regarding the standards in the home. They also audited a sample of records, such as care plans and staff files. These were carried out to ensure the care and safety of people who used the service and to check appropriate action was taken as required.

The registered provider monitored the quality of service provision through information collected from comments, compliments/complaints and a range of survey questionnaires that were sent out annually to staff, people who used the service and visiting professionals. Findings from the most recent survey sent out to people in January 2015 were positive.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person had not ensured the proper and safe management of medicines. Regulation 12(2)(g).