Weston-super-Mare Free Church Housing Association Limited

Abbeygate

Inspection report

71 Beach Road
Weston Super Mare
Somerset
BS23 4BG

Tel: 01934621166

Date of inspection visit:
24 October 2016
25 October 2016

Date of publication:
06 December 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

The unannounced inspection took place on 24 and 25 October 2016. A previous inspection on 2 January 2014 found that the standards we looked at were met.

Abbeygate is part of Weston-super-Mare Free Church Housing Association. The service is registered to provide accommodation for 20 people who require personal care. Health care needs are met through community health care services. There were 15 people resident at the time of the inspection.

The service had a registered manager. 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.

There were areas where safety was not not fully assessed and managed. Not all risks to people's health and welfare were assessed, such as the risk of skin damage. There were risks from window openings, free-standing wardrobes and the way prescribed creams and lotions were managed and stored. The environmental audit of people's rooms recorded that they were safe but these did not reflect the situation. The process for the monitoring of safe water temperatures was not clear for the staff who checked it. Other safety measures in the premises, and medicines management were handled in a safe way. There was a programme of audit and monitoring of the service by the registered manager and registered person.

Some care plans contained detail about people's needs and wishes but some were not comprehensive. We have recommended that care plans are reviewed so that they provide comprehensive information about each person's needs and wishes and how they are to be met.

Health care professionals spoke highly of the staff. One said, "The staff are always very helpful. The contacts they make are appropriate and they follow our advice." There were no negative comments from people using the service, their family, staff or health care professionals about the service provided.

Staff were caring, kind, patient and fully understood people's needs. People were treated with dignity and respect at all times. Staff were responsive to people's needs and wishes. They were observant of changes in people's health and they provided care based in individual needs, to promote each person's well-being. The aims and objectives of the home, to be a caring, friendly and comfortable environment, were fully upheld.

People were protected through the service recruitment practices in that people employed were checked for their suitability before they started work.

People were protected from abuse. There was a safe ratio of staff to people using the service. Staff received training, supervision and support to be effective in their role. One staff member said, "I love working here."

The Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions, and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. The service was meeting people's legal rights in relation to MCA and DoLS.

People liked the food and drinks that were available to them. There was always a choice, any preferences were met and staff made sure they optimised people's diet where possible, such as using finger foods.

Activities which people had requested were available. These included trips to the shops, armchair exercises and a weekly church service.

A complaints procedure was available for people but there had been no complaints. People's views were sought through surveys, meetings, care plan reviews and a request for suggestions of how to improve.

We found two breaches of Regulations in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The action we have asked the provider to take can be found at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Environmental risks were not always identified or followed up in a timely manner but servicing within the premises was carried out routinely.

Prescribed creams and lotions were not handled in a safe way but other medicines management was safe.

Staffing levels meant people's needs were met in a timely and safe way and recruitment arrangements protected people from staff who might be unsuitable.

People were protected from abuse.

Is the service effective?

Good

The service was effective.

People enjoyed the variety of foods and drinks available to them. They received a nutritiously balanced diet.

People's legal rights were upheld.

Staff received training, supervision and support in their role.

People's health care needs were fully promoted through effective working with external health care professionals

Is the service caring?

Good

The service was caring.

Staff had made good relationships with people. Staff were kind, caring and treated people with dignity and respect.

Staff knew people well and always took their views into account.

Is the service responsive?

Good

The service was responsive.

People's needs and wishes were fully understood and met by a competent staff team.

Care was planned with the person and kept under regular review.

Activities were available, based on what people wanted.

A complaints procedure was available but had not been used. People said they had no complaints.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Some of the regular audits and checks to ensure people's safety and well-being were not completed correctly and some risk management was not consistent.

Communication was considered by all involved in the home to be very good.

People's views were sought and responded to.

There was a strong culture of putting the person using the service first.

Regulatory requirements were met.

Abbeygate

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 24 and 25 October 2016 and was unannounced. One adult social care inspector undertook the inspection.

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.

As part of the inspection planning process, information was gathered and reviewed from the PIR, from the previous inspection report and by checking the provider website.

We reviewed any notifications we had received. A notification is information about important events which the service is required to tell us about by law.

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 talked with six people living at the service who were able to tell us their views of the service; one person's family representative and a regular volunteer. We looked at the care plans and records of care of four people and sampled medicine records.

We spoke with three staff members, the registered manager and registered person. We looked at records connected with how the home was run, including recruitment records, records of resident and staff meetings, audits and survey feedback forms. We received feedback about the service from four health care professionals.

Requires Improvement

Is the service safe?

Our findings

Safety within some aspects of the building was not as safe as it could be. Some people living with dementia at Abbeygate were mobile and were observed walking on each level of the home. Our tour of the building found that there were first floor windows which opened to the point where a person could fall or climb out. These had been risk assessed but the records actually showed that the windows had safety restrictors in place. This was not the case. There were also freestanding wardrobes, which rocked by pulling on the door opening, and could fall if pulled further. The registered manager had records of risk assessments of the building and people's rooms. They confirmed that their risk assessments did not include the wardrobe hazards but they agreed that they would start doing this. Following the inspection visits we were informed the wardrobes and windows were now safe.

Aspects of medicine management were not safe. Topical, prescribed medicines (ointments and lotions), were kept in people's rooms. Each medicine, once opened, should have a date by which it must be used to ensure it is still effective. In one person's room we found five tubes of the same ointment all of which had been opened. The labels of some had become illegible and, with no record of opening date, staff could not be sure it was prescribed to the correct person, or within the use-by date. A different ointment, used for soreness, was left alongside the person's toothpaste, increasing the risk of it being used by mistake. Staff said topical, prescribed medicines, kept in people's rooms were not signed for when applied. The lack of clarity of information, multiple tubes of ointment and non-recording of when they had been administered, meant there could be no effective monitoring of the ointment's use for the person. The registered manager said they would deal with this immediately.

We talked with one staff member about risks to one person, which related to their recent fall and skin damage. This person was at a known risk of injury and a heightened risk of pressure damage but those risks had not been formally assessed. There was no evidence that those risks to the person were not being effectively managed. However, assessing the risks formally may have indicated actions which could further improve their safety.

These findings are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Other aspects of medicine management were safe. Medicines were stored securely. Records were detailed and clear for staff to follow. We observed staff members taking medicines to individual people and taking time to help them take the medicine. There were arrangements in place, such as recording codes when a medicine was not taken and two staff checking any hand-written entries, to be assured of their accuracy.

People had individual risks to their well-being assessed. These included the use of alcohol, using the stairs, leaving the building and in one case, the use of a free standing heater.

Other aspects of safety within the premises were effectively managed. For example, utilities (gas and electrics) were serviced within the stated timescales. Equipment, such as bath hoists and stair lifts, were

serviced and maintained to a safe level. Aspects of water safety were in place. For example, staff checked the bath temperature before a person bathed and samples of water were taken and checked for bacteria by an outside contractor. Staff said the home was currently without a maintenance worker but one was due to start very soon.

People said they felt safe at Abbeygate. People were protected from abuse. Staff knew how to report concerns which might indicate abuse within the organisation and externally, such as to the local authority and to the Care Quality Commission. All staff had undergone safeguarding training which was regularly updated. There were policies in place which provided staff with information on how to recognise abuse and how to respond to such concerns. Informatin included the contact details to take any concerns to the local authority. There were also posters prominently placed to remind staff of their responsibilities and how to respond to concerns.

The registered manager was knowledgeable about protecting people and had worked closely with professionals and reported any concerns. Some people using the service had behaviours which challenged them and had the potential to be a risk to others. This had led to some altercations at the home. Where incidents had occurred the registered manager had reported the incidents, as required, sought professional advice and introduced measures to increase safety. Staff understood how they were to protect people from harm.

Recruitment was well organised and there were recruitment and selection processes in place. Staff files included completed application forms and records from interviews. In addition, pre-employment checks were completed, which included references from previous employers, health screening and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed that they had not been allowed to work with people until all the required checks had been completed.

People's care needs were met by the number and deployment of staff. Each person said staff were available when they needed assistance. One person said, "They answer the call bell as soon as they can." One person's family said, "There always seem to be plenty of staff about." Staff were seen throughout the home supporting people. This was unrushed and the home had a calm and relaxed atmosphere.

Care staff were supported by kitchen and domestic staff. A staff member said they considered the staffing numbers to be safe. Staff said that a staffing shortfall was likely to be covered quickly. This would be by another staff member or one from a sister home. The registered manager also provided care to meet any staffing shortfall where needed.

There were arrangements in place for unexpected emergencies. Each staff member received training in first aid and each person had a personal evacuation plan. There was an 'Emergency Plan Pack' which included a risk assessment relating to oxygen use, information about emergency cut off places for utilities (such as gas) and an evacuation plan. This included other homes which would accept people if Abbeygate was not habitable.

Accidents were recorded, checked by the registered manager and any required actions taken. They said the accidents record was "Used for falls so we can monitor what has happened". The service also used a 'safety cross'. This showed a representation of the number of falls any person was having. It was used as a reference from which decisions were made about what to do next to reduce the risk of further falls.

Good

Is the service effective?

Our findings

Staff were competent and skilled in their delivery of care. People's comments included, "The care is very good" and "Very good. Nice girls and they are kind." A health care professional said the staff appeared competent and skilled.

Staff said they were happy with the training they received. One said, "(Other staff) helped me every step of the way." All staff confirmed they did mandatory training, such as health and safety, infection control, moving and handling and safe handling of chemicals. Also included was training which was relevant to the client group, such as nutrition and hydration, food safety and equality and diversity. One staff member, not involved in delivering care, said how much they had enjoyed learning about dementia and how it had improved their understanding. They added, "I just love working here."

Health care professionals confirmed that any training arranged through community nurses was taken up by the staff. There was a wide range of training available in addition to that arranged by the home. A care worker said that, although they could choose whether to take the additional training up, they did and they found it very useful.

Each new staff member received an induction. This meant that new staff had started the process of understanding the necessary skills to perform their role appropriately and to meet the needs of the people living in the home. Staff said they were very satisfied with their induction. Newly appointed care staff were encouraged to undertake qualifications in care and this also included training for the Care Certificate. The Care Certificate is a set of 15 national standards for new staff which was introduced in April 2015. New care workers were introduced to people and shadowed an experienced care worker until it was agreed that they were able to work unsupervised. One staff member said, "I shadowed until I felt comfortable being on my own, for two to three weeks".

The registered manager recognised the importance of staff receiving regular support to carry out their roles safely. Staff received on-going supervision quarterly and a yearly appraisal of their work. One staff member said they had asked for more responsibility in their role and they had been supported to achieve this.

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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 MCA 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. The registered manager had a good understanding of how to protect people's legal rights.

People at Abbeygate had consented to their care where they were able to make an informed decision. Where people could not make an informed decision, based on a lack of capacity to do so, an assessment of their capacity had been undertaken. The registered manager understood that where people's representative had Lasting Power of Attorney authorised the detail of those authorisations must be available. This is so that staff and health care professionals are able to reference those details. This meant that the care provided was

as the person had wanted.

Staff were able to describe their responsibilities to ensure people's consent was sought as far as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberties Safeguards (DoLS).

We found 11 people were free to leave Abbeygate and some had chosen to have a 'fob' so they could leave and enter the home without asking for staff assistance. Four people were not free to leave without staff support because of the risk this would pose to their safety. Those people were also under constant supervision as part of the care they required. We discussed DoLS with the registered manager. We found the provider was following legal requirements in the DoLS. At the time of the inspection, applications had been made to the local authority in relation to the four people living at the service who were not free to leave but no authorisations had yet been approved. Staff understood how to protect people in the least restrictive way possible, for example, ensuring they went out into the community if they wanted to.

People said they enjoyed the food at Abbeygate and there was always an alternative available. Their comments included: "Very good", "I like the food", "I enjoy some but other meals not", "Very good. No complaints. They know what I like" and "Sometimes you like it. There is a choice. I like the sandwiches."

The cook said there was a four week menu rota and they said they prided themselves on knowing people's likes and dislikes and made sure they had what they wanted. For example, who liked their meat cut thin and who liked it cut thick and who liked gravy and who did not.

There was two choices of main meal, but other options if preferred. The cook said they would introduce a food which they knew a person enjoyed if their appetite had been poor, so that choice was also available to them. Some people required supplements because their appetite was poor. We saw one staff member encouraging a person to have their supplement, as described in the person's care plan.

The menu was sufficiently varied to provide nutritious options, for example, cauliflower cheese, and quiche and roast chicken. There was always a hot supper option and people were asked each day what choice of sandwich they preferred for tea. People at lunch said they had enjoyed their meal, confirming it was sufficient and tasty.

The service worked in partnership with community health care professionals to protect people's health and well-being. Comments from health care professionals included,"It is a nice home. The staff contact the (professional) appropriately and follow advice", "The staff are always very helpful. The contacts they make are appropriate and they follow our advice" and "(There was) a very strong team whose ethos was based on high standards of care."

People and their family members gave examples of how people's health was promoted, through contacts with health care practitioners such as dentists, optician, podiatrists and hearing specialists.

Good

Is the service caring?

Our findings

People received a service which was kind, showing people patience and respect. Each staff member received 'dignity training' and one was appointed a dignity champion, making sure staff followed the 10 steps to assure people's dignity, which were posted around the home. One staff member said, "Nothing is too rigid. We make people feel they are wanted."

People said of the staff: "They are very nice and kind", "Nice girls and kind" and "Very caring, good staff and they have fun and a joke with you." A volunteer said, "There is a caring, homely atmosphere." A health care professional said, "I found the staff to be extremely caring to their clients, nothing was ever too much trouble and their manager was delightful."

People were asked as part of a yearly survey of opinion whether the staff were kind and caring. One person had written, "Abbeygate is a friendly, caring home."

We observed happy banter between staff and people using the service throughout the inspection. Many people at Abbeygate were mobile, taking themselves to where they wanted to be. However, many were very frail. Staff were ready and willing to offer them information, or an arm or a hand, to help them along.

People were treated with respect. Each person was consulted and involved in decisions about their care and able to make choices about how they spent their day. Regular reviews and resident meetings gave people a voice so they could influence how the service was provided. People said they made decisions about what they ate, what they attended and how they spent their day. For example, one person chose to remain in bed and care workers did not disturb them, but were ready to offer assistance when they awoke.

People received their care in private. Each person had their own room and staff understood that people needed their privacy.

A staff member said that confidentiality helped to maintain respect for people. We saw displayed a 'confidentiality tree' on which staff had written the important aspects of maintaining people's confidences. Although information about people was displayed in the office, the door was never left open so that people, who did not have authority to know information, could not see information about other people.

Abbeygate provided end of life care with support from community health care services. One person's family had written: "Thank you for making (person's) final years happy, content and safe. You are all faultless in the care, consideration and patience." Health care professionals said they had no concerns about the end of life care people received at Abbeygate.

Good

Is the service responsive?

Our findings

Each person was assessed prior to being offered a place at Abbeygate so the service could understand their particular needs. From that assessment a plan of care was written, with the person's input and the input of their family, where appropriate. Each plan included actions and outcomes and was regularly reviewed. Care plans were well organised but were limited to describing the essentials of that person's basic care needs and did not include the detailed knowledge staff had about them. Staff knowledge far exceeded the information written in people's care plan. Staff confirmed they received a hand over of information between shifts and that they used the care plans if they needed more detail. However, that detail might not always be available in the care plan.

We recommend that care plans are reviewed so that they provide comprehensive information about each person's needs and wishes and how they are to be met.

People's needs were fully responded to by attentive and observant staff. Health care professionals said, "They provide very individualised care. They put the patients at the heart of what they do. They are very observant of changes in the people", "They know their residents well, which is very good" and "I supported the staff with medical management of one of their clients and they would phone me weekly for a review and would discuss any little detail ensuring everything that could be done was done."

Examples of responsiveness to care needs included ensuring there were finger foods available for one person. These meant they were able to eat whilst they spent time walking around the home, which they did a lot.

One person had received an injury which required a nurse to attend to a wound. The nurse said that the actions the staff had taken had helped the wound heal "beautifully". They described the staff member who had dealt with the injury as "amazing".

One person had been issued, through an external hearing service, with a medical aid which was uncomfortable for them. The registered manager immediately made arrangements to deal with this.

Staff had asked a district nurse to do a joint assessment visit where the person being assessed had complex needs. This was to be sure the service understood the complexity of that person's needs, from which vital decisions about their care could be made. A nurse said, "They always have what we ask for, such as details about each person."

People said they were satisfied with the activities available to them. Abbeygate is a service provided by a Free Church Housing Association. People were not required to follow any faith to live at Abbeygate or attend services. People told us, and we observed a strong emphasis on supporting people's faith needs. A chaplain visited every Tuesday and stayed for several hours, including lunch with people.

People told us about how they spent their time at the home. One said there was singing and painting and

they liked the fact that they were encouraged to "make the effort" to join in. Other comments included, "I have no interest but things are provided", "I'm quite happy to sit" and "I watch TV, like the quizzes we have, enjoy going to the park and we have a coffee morning. I'm quite content really." People were observed in the lounge chatting with friends and engaging in a relaxed way with staff.

A minibus, which could accommodate at least five people at time, was shared between this home and two other homes owned by the provider. There were frequent and regular trips out. Staff said people particularly liked going shopping. When people's views had been sought about activities one person had asked for some arm chair exercises and this was now a regular activity at the home.

The registered manager said they had never had any complaint from a person about the service. A complaints procedure was provided should any person wish to make a complaint. People told us they would have no qualms about reporting any complaint and felt it would be responded to. One person's family member said, "Staff are always ready to listen."

Requires Improvement

Is the service well-led?

Our findings

Audits which should be used to ensure a safe and effective service were not always completed accurately. For example, a risk assessment form used to identify hazards in people's bedrooms gave an inaccurate account of safety. The audit questions were: Are window restrictors set to 1000 mm (4 inches) and are window restrictors in good condition? Each answer recorded was 'yes' but we found there were no window restrictors in first floor rooms and we measured the window opening at 11 inches. The registered manager said they would ensure future risk assessments were accurate and take any necessary steps to protect people. We were informed by the registered manager following the inspection that each window was now correctly risk assessed and some windows had been locked and made safe to reduce identified risk.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The arrangements for the monitoring of safe water temperatures were not clearly defined for staff to follow. This made the regular water checks appear to show the water temperatures were too low and therefore unsafe. Because of those results the registered manager had appropriately contacted an engineer. The engineer confirmed that the water temperatures were safe. They made a recommendation to the service that the guidelines by which the water was tested should be updated. However, the current records had showed those guideline recommendations had not been followed. We were informed following the inspection that the recommendation was now being followed. Other legionella checks were satisfactory.

There were other audits and checks in place and these protected people. Examples included a monthly check on the emergency pack, fire equipment, first aid boxes, petty cash and complaints folder. There was no evidence of risk associated with the data about serious accidents, deaths or concerns which had occurred at the service, which were low.

The registered provider did regular audit checks, looking at different aspects of the service each time. The 31 August 2016 check included looking at care plans, medicine records and the medicines. A check on 17 August 2016 looked at nutrition, freezer temperature and food stocks. A 'House report' by the registered provider dated 21 September included feedback from talking to people using the service and staff, cleanliness of the building and the monthly newsletter.

In June 2014 there had been an external Dementia Care Qualitative Observation audit. Recommendations had been followed up by the service. These included using pictorial signage on toilet doors, to help people maintain their independence.

People's views were taken into account. At the entrance to the home a notice asked for 'Any suggestions to help us improve our service'. Regular residents' meetings were used to discuss the menu, entertainment and any other issue a person wished to raise. People's needs and wishes were discussed at a monthly care plan review. A yearly resident survey sought people's opinion, asking, for example, about menus, dining room service, staff attitude and cleanliness.

People said they were very happy with the way the home was managed. A health care professional said, "It's one of the best." Two health care professionals said how good the communication arrangements were. Staff said the home was well-led. One said, Yes, it is very well organised here." Another said, "Yes. There is very good communication both verbal and written."

Staff said the home was well resourced and there was upgrading in progress. This included a new call bell system. We were shown plans for structural changes which should further improve the service for people, an example being a second toilet facility near the sitting and dining rooms. The registered person said those changes were about to begin.

The aims and objectives of Abbeygate were displayed and included, 'To be a caring, friendly and comfortable environment'. These objectives were well met because staff were supported to provide that caring and friendly service in a relaxed and happy atmosphere. One person said, "I am very happy with the service here. I am quite content, comfortable and quite relaxed here." The registered manager said of staff "The staff care for the home and they care for the residents".

The service was meeting its regulatory responsibilities such as notifying us of events in a timely manner.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 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 People were not fully protected because not all risks were assessed and where risk existed it was not always followed up effectively. Topical medicines were not handled in line with safe practice. Regulation 12 (1) (2) (a) (b) (d) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Audit arrangements did not provide an accurate record of where risk was present and systems to manage a safe premises were not coherent. Regulation 17 (1) (2) (b)