

Holistic Care Provision Limited

Abbey Lea Care Home

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

This inspection took place on 2 October 2015 and was unannounced.

The last inspection took place on 4 July 2013, the service was meeting all of regulations we looked at.

Abbey Lea Care Home provides residential care for up to 23 older people living with dementia. The building is an old farmhouse with an extension. People had ensuite rooms and there was plenty of communal space. Two rooms were shared rooms. The service had patio doors onto an enclosed courtyard with a variety of well-kept plants for people to enjoy.

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.

Staff knew how to protect people from avoidable harm. Staff had attended safeguarding training and the service had an up to date safeguarding policy which provided staff with clear instruction about the action they would need to take. The service had a whistleblowing policy which meant staff knew how to raise any concerns and who to contact. Staff told us they were confident the registered manager would deal with any concerns appropriately and quickly.

Summary of findings

People had risk assessments and risk management plans which staff followed to keep people safe. These were well developed and people, their families and the relevant health and social care professionals had been consulted. They provided staff with step by step guidance about how to keep people safe. They balanced the need to keep safe with the right to freedom which meant people were not unnecessarily restricted.

The service had sufficient staff to meet people's needs. People who used the service, their relatives and staff members confirmed this.

Medicines were managed safely. Staff had received the appropriate training and we saw staff offered people explanation and reassurance when their medication was being administered. People who needed medication to be administered as required, due to agitation or distress, had detailed plans staff should follow and medication was administered as a last resort.

The service had emergency evacuation plans and the fire alarm was tested in line with the fire safety policy.

Staff were supported and trained to help them deliver effective care. They had access to mandatory training, and staff told us they were supported to attend other courses which would be of benefit to their personal development and people who used the service.

The principles of the Mental Capacity Act (2005) were consistently followed by staff. Consent to care and treatment was sought. When people were unable to make informed decisions we saw a record of best interest decisions. There was a record of the person's views and other relevant people in their life. The registered manager had a clear understanding of the Deprivation of Liberty Safeguards.

People told us the food was good. We saw people had access to regular drinks, snacks and a varied and

nutritional diet. If people were at risk of losing weight we saw plans were in place to manage this and the appropriate healthcare professionals had been consulted.

Staff were kind, caring and spoke with warmth and compassion about the people they supported. People's dignity and privacy was respected. Life stories had been completed with people and their families and these enabled staff to get a real sense of the person and what was important to them.

A visiting health professional told us staff were caring and knew people well. People and their families confirmed this.

Staff we spoke with told us they would be happy for their relative to live at the service, if they needed this kind of care.

Care was planned and delivered in a person centred way. People and their families were involved and we saw regular reviews took place. Care plans provided staff with information about how the person wanted to be supported.

People and their relatives told us they knew how to make a complaint but had never needed to. The service had received a variety of compliments. Feedback was sought from people as part of the review of their care.

People had access to a range of activities. They were supported to maintain their relationships with families. People had their religious needs met.

The service was well-led. Everyone we spoke with was full of praise for the registered manager. Staff morale was high and there was a strong sense of staff being committed to providing person centred care.

The registered manager was committed to ongoing professional development and spoke passionately about the service. They had a strong understanding of the importance of supporting the person and their family to live well.

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 knew how to protect people from avoidable harm. The service had detailed risk assessments and risk management plans in place to ensure people were supported safely. These plans balanced safety and people's rights and freedom.

There were enough staff to keep people safe. Staff had been recruited safely and were assessed during their induction period to ensure they were suitable for the role.

Medicines were managed safely. Staff had received the appropriate training and we saw staff offered people explanation and reassurance when their medication was being administered.

Good



Is the service effective?

The service was effective.

Staff received effective training and support which enabled them to provide effective care to people.

Staff sought consent from people before care or support was provided. Where people were unable to give consent staff followed care plans and we could see records of best interest decisions. This meant the service was following the principles of the Mental Capacity Act.

People received a nutritious, balanced and varied diet. They told us the food was good. When people had been identified as being at risk of losing weight the appropriate health professionals were consulted and their advice was followed.

Good



Is the service caring?

The service was caring.

People told us staff were caring. We saw genuine positive interaction between staff and people throughout the inspection. People were treated with dignity and respect.

The service captured people's preferences and completed thorough life story work, which meant staff had a real sense of the person and what was important to them. This also enabled staff to reminisce with people.

Staff had a good rapport with people who used the service and their families. The registered manager described holistic support and explained it was important to support people's families to understand their situation.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and reviewed. The person and other relevant people were involved with this. Responsive care was planned and delivered. There was a strong focus on people's emotional well-being as well as their physical care needs.

People were supported to maintain relationships with their families and links with local churches meant people could continue to practice their religious beliefs.

Good



Summary of findings

A range of activity was available and we saw people were engaged with staff and visitors throughout our inspection. Although people knew how to make complaints they told us they had not needed to. The service had received a lot of compliments.

Is the service well-led?

The service was well-led.

The registered manager was well respected by people, their relatives and the staff team. They were clear about the responsibilities of their role. They provided staff with guidance and support which helped them to provide a good standard of care.

The service was described as, 'homely'. There was a strong focus on supporting people to live well, and we saw people's emotional well-being was valued by all of the staff within the service.

Staff morale was high. The registered manager demonstrated a commitment to ongoing professional development and had recently attended a 'Dementia Care Matters' course. They described how they had implemented this learning to improve people's quality of life when living with dementia.

Good



Abbey Lea Care Home

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 2 October 2015 and was unannounced.

The inspection team consisted of one inspector, a specialist advisor with a background in mental health nursing and an expert by experience. The expert had personal experience of caring for older people.

Before our inspection we reviewed all the information we held about the service. We received 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 reviewed notifications we had received. We spoke to the local authority contracts and commissioning team, and contacted Healthwatch. Healthwatch represents the views of local people in how their health and social care services are provided.

During the inspection we spoke with three people who used the service, and because not everyone was able to tell us their views verbally we spent time observing interaction between people and care staff.

We spoke with seven visiting relatives. We looked at four care plans and associated records.

We spoke to eight members of staff. This included; the registered manager, team leader, three care assistants, two domestic assistants and the chef. We looked at three staff files; which contained employment records and management records.

We looked at documents and records that related to people's care and support, and the management of the home, such as training records, audits, policies and procedures.

During the inspection we spoke with two visiting health and social care professionals.

Is the service safe?

Our findings

People who lived at the service told us they felt safe. One person said, "There is somebody to look after me, I think it is safe." Another told us, "Yes [I feel safe], there are so many people around you. If you need someone you press a button and somebody comes." Relatives told us the service was safe. One relative said, "Absolutely [safe], staff are always very visible and always checking on her." Another said, "Yes, staff care, they instil me with confidence, I know they will do their best for my parents."

People were protected from avoidable harm. Staff demonstrated a good understanding of how to safeguard people who used the service, they were aware of the types of abuse and how to report concerns. Staff told us they would always share any concerns with the registered manager.

The service had an up to date safeguarding policy, which offered guidance to staff. All of the staff we spoke with told us they had received safeguarding training. Training records we saw confirmed this.

There was an up to date whistleblowing policy. This provided staff with guidance about who they could contact if they had any concerns about practices which might place people at risk of harm. None of the staff we spoke with had ever needed to raise concerns. However, they were all confident if they did have to the registered manager would deal with them swiftly and effectively.

Risks to people who used the service were appropriately assessed and managed. Risk management plans contained clear guidance to help staff know how to support the person to reduce the risk of harm. They were based on the principle of the least restrictive intervention. This meant people's rights were respected.

One example was a person who enjoyed being outside, there was concern they may leave the grounds over the fence and place themselves at risk. There was a detailed risk assessment in place and this had been considered as part of a best interest discussion, the agreed view in this case was that the sense of well-being this gave the person outweighed the risk.

The service had used innovative technology to manage risk. Some people, assessed as being at high risk of falling and unable to use a call bell, had infra-red sensors in their

bedrooms. This meant staff were alerted as soon as the person stood up, and meant they could go and assist. This was activated during our inspection and staff responded immediately.

Accidents and incidents were recorded. These were reviewed by the registered manager. The service looked at trends or patterns of incidents and learnt from these to enable the right support for people.

People had up to date emergency evacuation plans in place. We saw fire alarm tests took place each week. There was a record of fire safety checks which we saw took place in line with the service's fire safety policy.

There were enough staff available to meet people's needs. The registered manager explained they amended staffing levels based on the needs of the people who used the service. They told us about a new role they had recently created, a support worker. This person was an additional member of staff at core times of the day and would free up care staff from practical tasks such as putting people's clothes away or emptying commodes to enable care staff to have more time to spend with people.

The service had team leaders who were responsible for leading the shift; they assigned tasks to three care assistants. In addition to this the service had two domestic staff and a housekeeper who supported with breakfast.

A member of staff told us, "There are enough staff and we all pull together and work well as a team." Another said, "There are enough staff. Each shift is well run and we are given clear direction about who we are looking after."

All of the relative's we spoke with told us they thought there were enough staff. One relative said, "I always see a lot of staff." People told us they had choices about when and how they received support and said there were enough staff.

We reviewed the rota for the last four weeks, staffing was consistent and at the levels the registered manager had explained to us. The service did not use agency staff. This meant the service provided a consistent team of staff who people knew well and trusted. This was important because people were living with dementia could not always tell staff what they needed.

The service had effective recruitment and selection processes in place. We looked at three staff files and saw completed application forms and interview records. Appropriate checks had been undertaken before staff

Is the service safe?

began work; each had two references recorded and checks through the Disclosure and Barring Service (DBS). The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

Staff completed a three month probationary period. During this time the registered manager met with the member of staff and observed their practice. This allowed the registered manager time to assess whether the person was suitable for the role.

We observed medication being administered; this was done in a patient manner. Medication was administered from a dosette system, this is pre filled by the pharmacy. We looked at medication administration records (MARs) and found these were up-to-date and completed correctly. The service monitored stock levels at each medication round. This meant if any errors were identified they could be rectified in a timely manner. Controlled drugs were stored securely and administered by two members of staff.

There was an up to date medication policy and comprehensive information on current medicines in use and their side-effects, with a policy on what action to take in the event of an administration error or in the event of a bad reaction.

Some people were prescribed medication to alleviate distress or agitation. This medication was to be taken as required (PRN). For people who had PRN medication they had a detailed support plan which provided guidance to staff about the steps they should take before administering this medication. Staff we spoke with explained they would use the medication as a last resort if people's distress could not be alleviated by other interventions.

The service had a homely feel and was clean and hygienic. There was appropriate protective equipment which we observed staff used to prevent the risk of infection.

Is the service effective?

Our findings

People received effective care. They told us staff had the skills and experience to support them to have a good quality of life. New staff attended a three day induction course, which was held off site. This provided them with mandatory training and the skills they needed to support people. Following this staff completed shadow shifts to help them learn about the service and the people they would be supporting. One member of staff told us they had worked in the care sector for a number of years, but felt since starting at this service they had received an excellent standard of training and support. They said, “The [registered] manager is great, and the whole staff team have been welcoming and helped me to feel included.”

The registered manager had a training matrix which enabled them to keep a track of when staff were due to attend refresher training. All of the staff files we checked contained up to date training records and certificates. Staff had completed mandatory training and additional training. One member of staff told us they had just completed their diploma in health and social care. Staff told us they could go on a variety of training. All of the staff we spoke with had attended training on how to support people living with dementia. They told us this was invaluable.

Staff were supported to attend training they were interested in and which would benefit the people who used the service. A member of staff explained they were due to attend a course on bereavement. They explained they were interested in developing their skills and knowledge in this area.

Staff expressed confidence in the registered manager’s skills and abilities. They repeatedly told us they felt well supported, and could approach them with anything and were confident they would be supported to resolve the issue. The registered manager explained they had informal supervision with staff on a regular basis. They were a hands on manager and clearly had a good awareness of people who used the service and their staff team. However, we did not see robust records in place to ensure this support and these discussions were recorded. We spoke with the registered manager about this and they agreed to keep more detailed records of staff supervision discussions. This was important as it meant they could formally monitor staff’s development and address any concerns.

The Mental Capacity Act (MCA) 2005 provides a legal framework for acting and making decisions on behalf of people who lack the ability to make specific decisions for themselves. People had detailed mental capacity assessments in place. There was a clear record of how the decision had been reached. Best interest decisions were recorded and we could see people, their families and appropriate health and social care professionals had been involved in these.

We saw staff routinely seek consent and offer people explanations before care or support was provided. Where people were unable to make decisions we saw evidence that staff applied the principles of the legislation.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards are in place to protect the rights of people who use services, by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The registered manager demonstrated a good understanding of the DoLS. They had completed DoLS applications for authorisation where appropriate.

People were supported to have a healthy balanced diet and had access to drinks on a regular basis. One person told us the food was, “Very good, I like the fish and chips,” and said, “I just ask for drinks.” We saw people were supported to have drinks and snacks throughout the day. Staff came around at regular intervals and gave these out.

At breakfast time people were offered the choice of cereal, toast or a cooked breakfast. For lunch people were offered two choices of fish; battered fish or fish pie and for people who didn’t like fish they were offered meat and potato pie. There was a good selection of vegetables and condiments.

People enjoyed the lunch time experience. There were two separate dining areas. In the main area there was music playing and people chatted amongst themselves and with staff. People were offered wine and lemonade to accompany their meal, or a soft drink. Some people were offered clothes protectors and chose to wear these.

Some people had adapted cutlery to aid their independence and people who needed to support to eat were offered this in a kind and respectful manner. We did notice that people sat in the quieter lounge had a longer

Is the service effective?

wait for their meal, and had to ask for condiments. The registered manager explained this was because they only had one food trolley and they alternated between which room they served first.

The chef explained they developed the menus with the registered manager and the other chef. We saw a four week menu planner which contained a good variety of options for people. They explained they used a local butcher and the meat was of good quality. People enjoyed more of a snack type options at tea time, such as a cold buffet. The chef prepared home-made cakes and puddings which we saw people enjoy. The kitchen scored five out of five on their last environmental health check. The chef explained they had attended health and safety and food hygiene training along with other mandatory training courses.

People were weighed regularly and the frequency of this increased according to their needs. We saw one person had lost weight, the GP had been contacted and an appropriate monitoring and action plan had been put in place to manage this risk.

We saw evidence that the service liaised with relevant health professionals based on people's individual needs. A relative said, "[My relative] is going today to the hospital (for an outpatient appointment) and the district nurse and physiotherapist visit." Another told us the registered manager had liaised with the relevant professionals for advice about their relative's complex health condition, "Very involved with both community psychiatric nurse and doctor in terms of Mums [health condition]."

Care plans contained a hospital admission transfer record which provided hospital staff with a summary of the person's needs and the support they required. This was important as people living with dementia would not necessarily be able to articulate their needs, particularly if they were unwell or in an unfamiliar environment.

A member of the community nursing team visited whilst we were inspecting. They told us, "The staff are really good, they know people's needs and accompany us on visits. They are keen on pressure care management. The [registered] manager is excellent; they ring for advice and visits appropriately."

The environment was suitable for people living with dementia. There was plenty of communal space which meant people could enjoy time in quieter lounges. One corridor was in the process of having a mural completed. This had been designed with people who used the service in mind. For example, we were told one person loved books and a bookshop front had been painted on with individual books. This was an ongoing piece of work, but we saw people stand and engage with the paintings which were already completed.

The service had dementia friendly signage to assist people to orientate themselves and to be independently able to find their way around. Staff did not wear a uniform and we were told this was to create a more homely environment for people.

Is the service caring?

Our findings

Throughout our inspection all of the care we observed was kind. Interaction between staff and people who used the service was consistently warm and friendly. People who lived at the service told us staff were caring and said, “If you wanted anything they would see that you got it.” They told us staff gave them time to be as independent as they could be and that they never felt rushed. They said their dignity and privacy was always respected. Relatives confirmed this. One person said, “He has always been a very private person and they [staff] respect this.”

A relative told us, “From what I have seen staff have unending patience and perseverance. The staff know them [people who use the service] well.” Another relative said the service, “Stood out from the start. Staff are friendly and they took the time to get to know my [relative], they care and it has a homely feel.”

Staff described their role with passion. They told us they, “loved working here.” One member of staff said, “It is home from home, we give it our all and do the job properly. I support people how I would want my loved ones to be looked after.” All of the staff we spoke with said they would be happy for their relative to be looked after at the service, if they needed this type of care.

The registered manager explained the importance they placed on providing holistic care to the person and their family as a whole. They told us the approach varied from family to family, but described helping families to understand the need to accept the person at the point they were at in their journey of living with dementia. The registered manager told us they helped families to

understand dementia and the impact this had on their relative. They said, “The person in our care is the most important person, and we help families to understand the support their loved one needs.”

We saw care plans were written with empathy, they asked staff to place themselves in the person’s shoes to try and understand the person’s behaviour. One support plan said, “Staff need to understand [Name] has had some difficult life changes and it is difficult for them to adjust to how their life has changed. [Name] is usually fine when staff have listened to them and shown empathy.” This helped staff understand people’s behaviour was due to distress about their life circumstances. It went on to give staff examples of what they could do to support the person to be less distressed.

The registered manager explained they worked with families to develop life history information about people. The life history work we looked at contained detailed information about people lives and values. This was important because they supported staff to know what was important to them. They provided staff with a real sense of the person. This helped staff to develop relationships with people and their families.

We saw staff had time to interact with people throughout the day, and noted each time a member of staff walked passed a person they stopped to ask how they were. These were genuine interactions and staff took time to listen to people’s responses and interact with the person.

A member of the community nursing team told us, “People look well cared for and are treated with respect. There is a nice feel to the home when you come in and people are given good care.”

Is the service responsive?

Our findings

People received support which was personalised and responsive to their needs. They had a detailed pre admission assessment which was completed by the registered manager. This contained extensive information about their life history, their current needs and how the decision had been reached that the person needed to be supported in 24 hour care. It meant the service considered whether they could support the person before they agreed they could move in.

We looked at an assessment for one person who had recently moved into the service. It contained information about the person's family, working life, leisure and interests and their personality traits. This provided information to help staff get to know the person and what was important to them. It contained a note from the registered manager to all staff, asking them to read this before the person moved in.

Care was planned with the person, their families and any other relevant people. Care plans contained information about people's experiences, what was important to them and their likes and dislikes. All of the staff we spoke with said they had time to read the support plans and they were an important tool in getting to know people.

Risk assessments were person centred, there was clear instruction for staff about how to manage the risk to protect people from harm.

Reviews took place on a regular basis. They involved people and their families, as well as staff from the service and relevant health and social care professionals. We saw a record of discussions which covered all aspects of people's care and there was a strong focus on how the service could support the person's emotional well-being as well as their physical needs. There was a record of professional advice and guidance which had been provided and we could see this was reflected in people's care plans.

People and their families had been asked to provide feedback on the service. Feedback provided was positive, comments included, "Staff are always willing to discuss any concerns," "Very clean, outside environment is colourful and accessible" and, "I do not think I could have found [my relative] a better environment." One person said, "I didn't want to leave my home, but now I wouldn't want to go back."

People were supported to maintain relationships with family. We saw at least seven families visited on the day of our inspection. They told us staff made them feel welcome. One relative explained they had family members who lived in different parts of the world. They told us their siblings emailed the service and staff read them out to their relative. This meant people were supported to maintain links and keep up to date with their loved ones even if they were not able to visit often.

We saw numerous compliments had been received. A recent compliment came from a family member who had enjoyed a trip which had been arranged by the service. People who used the service, their relatives and staff had visited Eden Camp. The family member wrote, "Abbey Lea is very special I think. Everybody enjoyed the trip and got something out of it."

People's religious needs were met. On the day of our inspection a vicar visited the service from a local church and people attended for a service and sang hymns. The registered manager explained a catholic priest also visited. These visits took place on a regular basis. One person's family member had produced a book of different hymns and prayers entitled, "Singing together at Abbey Lea."

On the day of our inspection the hairdresser visited the service and we saw people enjoyed having their hair done. The registered manager explained people had access to a variety of activity; organised trips out which included people's families, circle dancing and exercise to music took place every two weeks, a physiotherapist visited monthly, and tribute bands. They told us Selby Abbey choir had been in to sing. In addition to this they told us staff tried to stimulate people by encouraging them to take part in activity around the service such as; folding laundry, setting tables for meals and gardening. However, we did not see this take place during our inspection.

People who used the service said, "A lady comes in and exercises the mind and body. There is nothing on today that I know of." They told us about board games and organised trips out. When we asked staff if they could think of anything which would improve the quality of life for people who lived at the service they told us, 'more activity'. Four members of staff told us they thought it would be good if people had access to more stimulation and activity on a day to day basis.

Is the service responsive?

The service had an up to date complaints policy. The registered manager told us there had been no complaints since the last inspection. They said they had an open door approach and if people approached them with any issues or concerns they resolved it as soon as possible. Relatives told us they knew how to make a complaint.

One person said, "I would see the carer or if more serious I would see [name of registered manager]. I once complained about the toilet condition and this was rectified immediately." Other relatives told us they would talk to the registered manager. Everyone we spoke with knew how to make a complaint but had not needed to.

Is the service well-led?

Our findings

The registered manager was supported by team leaders, care assistants and ancillary staff. We found the registered manager to be open and honest during the inspection. They were able to give us a good account of the service. They provided us with all of the information we needed, and it was organised and easy to follow. It was evident they understood the requirements of CQC and had submitted all of the required notifications.

People told us the service had a positive atmosphere. One person said, "It is a homely atmosphere and I feel involved." All of the people we spoke with and their relatives told us the home was well managed and had confidence in the registered manager. One person told us, "It is very well managed."

Relatives told us there was a positive culture at the service and they were confident if they approached the registered manager or staff they would be listened to and their query would be resolved. One relative said, "The [registered] manager is outstanding and I feel they are an expert in dementia care."

Other feedback from relatives demonstrated their satisfaction with the service, "I would highly recommend this home to anyone", "[Registered] manager is so hands on" and, "Everybody seems very positive about the home. It is that feeling that I can go home and know Mum and Dad are safe and content."

Staff morale was high. Everyone said they were well supported by the registered manager. Staff had respect for the manager and described them as, "hands on", "110%

supportive", "passionate about people we support." When we spoke with staff they described a culture which was one of respect for people and a strong focus on supporting people to live well.

Record keeping across the service was robust, this meant it was clear to see if a person's needs were changing and what action had been taken to support them. As well as this we could see the service was able to monitor quality. Effective systems were in place to monitor the quality of the service delivered. We saw clear evidence of audits completed by the registered and deputy manager. These included audits of infection control, medication, support plans and accidents and incidents.

The registered manager explained to us they were well supported by the provider who visited at least twice a week. They told us they had been supported to develop their career in social care and wanted to support their staff team to develop, they felt they had access to the resources they needed to do this.

All of the feedback we received about the registered manager was positive. They also demonstrated a commitment to ongoing individual and service improvement. They had recently completed the 'Dementia Care Matters' course at York University. They told us this helped them to reflect on their own practice and look at their values, and those of the service. They also met regularly with other registered managers within the provider to share good practice and ideas for service development. The registered manager had started to share this with the staff team. They were keen to continue to develop a dementia friendly service for the people who lived there.