Care UK Community Partnerships Ltd

# Abney Court

## Inspection report

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Date of inspection visit:
04 October 2017

Date of publication:
08 December 2017

## 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 |

# Summary of findings

## Overall summary

The inspection took place on 4 October 2017 and was unannounced. This is the first inspection of Abney Court.

Abney Court is registered to provide residential and nursing care for up to 80 older people. At the time of the inspection 58 people were using the service. The provider was not providing nursing care but was recruiting relevant staff in preparation for providing this service in the near future. 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.

People felt safe living at Abney Court. The service had systems in place to keep people safe through appropriate risk assessment and management. Medicines were managed effectively which ensured people received them as prescribed. People lived in a very clean, pleasant, well maintained and spacious environment. There were enough staff to meet people's needs and the same workers provided support so people received consistent care.

Staff received appropriate training and support so they understood how to do their job well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems supported this practice. People had pleasant dining experiences. They enjoyed the food and received choice and varied meals. People's care files showed the service involved other professionals when appropriate.

People were complimentary about the staff who supported them and they told us they were well cared for. We observed staff were attentive and respected people's privacy and dignity. Staff told us they would recommend the service to their own relatives and felt the whole staff team were very caring.

People's needs were assessed and managed through the support planning process. There was guidance around how people's care needs should be met. People enjoyed the range of activities provided in the service and the local community. A system was in place to record and respond to complaints; this was being developed to ensure lessons were learned.

People who used the service, their relatives and staff told us the service was well led. The management team encouraged everyone to share their views through meetings and surveys. The provider had effective systems in place to monitor different areas of the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

People told us they felt safe. Systems were in place to identify, manage and monitor risk. People lived in a very clean and safe environment.

There were enough staff to keep people safe. The recruitment process was robust. This helped make sure staff were safe to work with vulnerable people.

Staff managed medicines consistently and safely.

### Is the service effective?

Good

The service was effective.

Staff received training and support that gave them the knowledge and skills to provide good care to people.

People were asked to consent to their care and support.

People enjoyed their meals and were supported to have enough to eat and drink.

### Is the service caring?

Good

The service was caring.

People felt well cared for. They were comfortable and content in their surroundings.

Staff would recommend the service to others and said the whole staff team were very caring.

People's care files contained information about their individual likes and dislikes, hobbies and interests, which helped ensure care was person centred.

### Is the service responsive?

Good

The service was responsive.

The provider's care planning system was person centred and guidance ensured staff knew how to deliver appropriate care.

People enjoyed a range of activities within the service and the local community.

People were comfortable raising concerns. A system was in place to record and respond to complaints; this was being developed to ensure lessons were learned.

## Is the service well-led?

Good

The service was well led.

We received positive feedback about the management team.

People who used the service had opportunities to share their views and help drive improvement.

The provider had systems and processes in place to help measure, monitor and improve quality in the service.

# Abney Court

**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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed all the information we held about the service including statutory notifications. We contacted relevant agencies such as the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The inspection took place on 4 October 2017 and was unannounced. Three adult social care inspectors and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During our visit we spoke with 10 people who used the service, five visiting relatives, ten members of staff, the registered manager and operations manager. We observed how people were being cared for and looked around areas of the home, which included some people's bedrooms and communal rooms. 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 spent time looking at documents and records that related to people's care and the management of the home. We looked at eight people's care records.

Good

# Is the service safe?

## Our findings

People who used the service told us they felt safe. Comments included, "I feel safe as there are people around me who can help me", "I wouldn't feel safe anywhere else now", "There is always plenty of people around if I need them and they do help me if I ask them to". A relative told us their relative's mobility had improved and since moving into Abney Court they had not had any falls. They said, "I know she is safer here as there are people around all the time."

Staff we spoke with had an understanding of their role in protecting people and making sure people remained as safe as possible. They had received training in safeguarding and understood the different definitions and types of abuse. We saw staff had discussed safeguarding at team meetings and on an individual basis, which ensured they were familiar with safeguarding procedures. They told us they would not hesitate to report any concerns and they were confident that the management team would listen and support them with any concerns they had raised.

We reviewed safeguarding records which showed safeguarding concerns had been reported and investigated when appropriate. At the time of the inspection the registered manager told us there were no current safeguarding cases.

We noted there was no information displayed in the service around safeguarding and how to report safeguarding concerns. The registered manager said posters had been ordered and once delivered they would ensure relevant information was displayed.

The service had systems in place to keep people safe through appropriate risk assessment and management. People who used the service had a variety of assessments which covered areas of risk including; malnutrition, pressure ulcers and mobility. We saw these were reviewed monthly or more frequently if changes occurred. People also had Personal Emergency Evacuation Plans (PEEP), which detailed the level of support they would require in an emergency situation.

We saw people lived in a very clean, pleasant, well maintained and spacious environment. All cleaning materials were kept safe and throughout the service we saw equipment was available to manage the control and prevention of infection such as hand soap, paper towels and lidded waste bins. A relative's survey between May and August 2017 scored 97% for the cleanliness of the home. Staff we spoke with said any environmental issues were responded to promptly. Service records and certificates showed appropriate checks were carried out to make sure the building and equipment were safe.

The provider had identified some staff had not carried out two fire drills in the last year which they determined through their own procedures was mandatory; we saw they were taking action to rectify this.

Care staff told us they felt people's needs could be safely met by the number of staff on duty. During our inspection staff were available in communal areas and people did not have to wait when they requested assistance. We looked at the staffing rotas covering September 2017, which confirmed the staffing levels

observed were consistent with the staffing arrangements provided on a day to day basis. The management team used a dependency tool to determine the staffing levels; this was based on an individual assessment of each person. We saw the number of staff provided exceeded the number of staff required through the dependency tool.

The provider followed safe recruitment practices. We reviewed the recruitment process for three members of staff which evidenced appropriate checks had been carried out before they began employment. Each file had a checklist at the front which confirmed the required checks had been completed. Candidates had completed an application form including details of previous employment and checks were completed for the right to work, proof of identity and Disclosure and Barring Service (DBS). At least two references were obtained and interviews had been carried out by two managers. Checklists and a scoring format were used to make sure candidates met the required standard. Staff files had person specifications and job descriptions for each person's role. The DBS is a national agency that holds information about criminal records.

The registered manager and a member of staff from the provider's head office had to approve each recruitment process before staff could commence work. This was completed using an electronic system and we saw every element of the process was checked, for example, the interview stage, signing a contract, receiving references and a DBS.

The provider had systems in place to manage people's medicines. People told us they received their medicines on time and felt there was always someone around whom they could ask if they needed any help. One person said, "I have a lot of pain, the staff ask me if I require any pain relief which I receive if needed. I also feel comfortable in asking the staff if the pain is severe."

We carried out a sample tablet count of nine boxed medicines. Eight were correct; one box had an additional capsule. The member of staff responsible for medicines on the day of the inspection said they would raise this with the registered manager and would ensure the discrepancy was investigated. We found no excessive stocks of medication being stored. The use of body charts had been implemented to identity where topical creams should be applied and the frequency of their application. We saw these charts had been appropriately completed.

There was a dedicated medicine room on each of the three units that was used to store and lock away medicines, including controlled drugs. We saw a system was in place to record the temperature of the medication fridge and medicine room to ensure medication was stored at the correct temperature. Medicines no longer required were disposed of safely in a returns bin with a lid, documented and collected by the pharmacy.

We found that appropriate arrangements were in place for the storage of controlled drugs which included the use of a controlled drugs register. Some prescription medicines are controlled under the Misuse of Drugs legislation and are called controlled medicines or controlled drugs.

In the medicine rooms there was information about safe management of medicines and relevant patient information leaflets. This meant staff had access to information about medicines they used and current guidelines on safe management of medicines.

Good

# Is the service effective?

## Our findings

Staff told us they received good support and guidance to enable them to fulfil their role effectively and were happy with the training on offer. Staff said they had received an induction which had equipped them with the knowledge required when they started working at the service. They said this involved a lot of training and shadowing of colleagues.

A system was in place to monitor staff training to ensure essential training was completed when staff commenced and regular updates. Training involved a mixture of class based training and an e-learning programme and included; safeguarding, equality and diversity, food safety, Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS), health and safety, infection prevention and fire awareness. Some staff told us they would like to receive face to face training for safeguarding rather than the current online training so they could discuss safeguarding amongst colleagues. One member of staff said, "I'm happy with the training but just wish it wasn't on the computer, when we have trainers everyone gets involved and the team bond." The registered manager told us they were waiting for dates from the provider for additional face to face safeguarding training and would be sending staff to the local authority safeguarding training when new dates were available.

Staff told us they received structured supervision meetings where they had opportunities to discuss anything with senior staff and were given feedback about their performance. A supervision matrix was maintained and this showed staff received at least three face to face supervisions and one appraisal per year. Although it was evident staff were appropriately supported we saw in one member of staff's supervision record it was agreed they would receive support following concerns around their performance. We did not see any evidence to show this was provided. The registered manager said they would introduce a monitoring system to ensure actions identified thorough supervision were followed up.

Staff described some of the developmental training they had received in dementia. They said they had really enjoyed the training and felt it helped them to understand people's different needs. The senior staff were involved in the development of a comprehensive dementia training package in partnership with a university. Staff would eventually be trained to present the training and roll it out to all staff. They described how the course was very interactive and utilised the experiences of people with dementia to help get across their needs and opinions regarding their care.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called DoLS. By law, the Care Quality Commission must monitor the operation of any deprivations and report on what we find.

During the inspection, we observed staff obtaining verbal consent from people. For example, at meal times we observed staff asking if people would like to come to the dining room for lunch and where they would

like to sit.

We found Abney Court was working within the principles of the MCA and meeting conditions on DoLS authorisations to deprive a person of their liberty. A tracker system was in place to monitor when applications had been made to the supervisory body (the local authority), when any applications had been authorised and when the authorised DoLS were due to expire. This meant there was a check list that acted as a reminder to seek DoLS renewals in advance of the expiry date which ensured the liberty and freedom of people was not being unlawfully restricted.

Members of the management team we spoke with had a clear understanding of their responsibilities in relation to MCA. They said as part of the initial assessment they covered consent and made sure people who were unable to make decisions had appropriate support. They said other professionals, family and friends were also involved in the admission process, and power of attorney documentation was checked when relatives were making decisions on people's behalf. The registered manager said all documentation was then checked by the provider at head office to make sure requirements were being met. The records we checked confirmed this.

People's nutritional needs were met. We saw they were offered a range of snacks and drinks throughout the day. People told us they enjoyed the food. Comments included, "The food is very good", "The staff know me well they know what I like to eat", "I'm a diabetic, they really look after me and help me with what I can eat", "It's excellent, suits everybody and there is plenty of choice", "The soup is very nice, all the food is very good" and "I like French bread, I told the chef and we get it now". One person said they would like more fish; when we reviewed the menu we saw fish was offered five times a week.

During the inspection we saw people enjoyed spending time in the café which is situated on the ground floor and served drinks and snacks. Cold drink dispensers and baskets of crisps and snacks were available in communal areas for people to help themselves.

People had pleasant dining experiences. We observed lunch time in two units and saw people were offered three courses, and hot and cold drinks. A member of the inspection team sampled the food and found it was hot and tasty.. Tables were set with cloths, cutlery, condiments, menus and vases of flowers. Staff checked people were comfortably seated and served a choice of cold drinks. Meal options were put onto plates and staff showed people the choices available; this was an effective way to aid people to select their preferred meal. Some people had already read the menu and made their choice. As the carers went from table to table they recorded each person's choice. We saw where people required a soft diet their meal was piped onto the plate just before serving. Each item of food was piped separately so the food was hot and visually appetizing.

The chef had completed a 'dining with dignity' course. They told us they spoke with each person shortly after they moved into the service and then once a month to ensure people received food they liked and their preferences were recorded.

We saw people received appropriate care when they were at risk of malnutrition. Staff we spoke with knew about people's preferences in relation to flavours and consistency, who received nutritional supplements and who needed help to eat and drink. They told us they completed food charts and people were weighed regularly. We saw records that confirmed this. For example, we reviewed food charts for five people over a two week period; all had been completed in detail. People's care files showed the service involved other professionals when appropriate and included GP's, chiropodists and opticians.

Good

# Is the service caring?

## Our findings

People who used the service told us they were well cared for. Comments included: "All the staff are brilliant. They know me and are very good. They look after me. I can talk to them and I can do what I want to do", "The staff know me and call me by my Christian name", "The staff are all friendly. I can ask any of them to help me and they do help", "The day staff are lovely and are very kind, the night staff are not the same and I don't feel the same about them" and "If I don't want to get up early I don't have to today I stayed in bed until 11am".

People looked well cared for. They were tidy and clean in their appearance which is achieved through good standards of care. During our visit people visited the fully equipped hairdressing salon which they told us was a pleasant and sociable experience.

People looked comfortable and content in their surroundings and in the company of staff and others they lived with. Some people spent much of their time in their room whereas others chose to spend time in communal areas. We saw some people had brought furniture and personal items such as ornaments and pictures and when they moved into the service. People had a memory box located outside their bedroom which held a selection of personal items that were important to them. Two people talked to us about their memory box and one person showed us their name in the memory box and told us they knew it was their room.

During the inspection we observed staff interactions with people and saw they respected people's privacy and dignity. Staff were kind and caring. We observed a singing and dancing session on the dementia unit coordinated by the lifestyle staff. This was a sociable and interactive activity with staff engaging and interacting positively with people.

Staff told us they would recommend the service to their own relatives and felt the whole staff team were very caring. They told us they supported each person with as much choice as possible such as what time they wanted to go to bed, when they got up and what they did in the service. They explained they respected this was people's home and they supported them in accordance with their personal preferences. Comments included, "It's open here no set times, people can do what they want and get up to go where they want", "Very good standard of care", "I'd definitely recommend this home" and "We have lots of facilities and equipment, I feel very lucky we have everything we need". A care worker described how they helped people to maintain their independence by encouraging them to make choices each day, for example, bathing or showering, what clothes to wear, choosing jewellery and helping people to apply make-up. They said, "Just the way they like it."

The registered manager said at the pre-admission stage everyone was asked about their background and preferences, and were encouraged to talk about what they wanted from the service. They said family and friends were asked to contribute to ensure a holistic approach to the person's care was understood. Pre-admission assessments we reviewed confirmed this.

People's care files contained information about their individual likes and dislikes, hobbies and interests. For example, preferred meals and religious beliefs. Care plans contained information about communication which included aids such as glasses or hearing aids. The information helped staff to provide care and support based on people's personal preferences and needs. These were effective because during the inspection we heard staff and people using the service communicating well with each other and people freely expressing their needs. Care records were kept secure which ensured people's confidentiality was maintained.

Good

# Is the service responsive?

## Our findings

During the inspection we looked at care files and found people's needs were identified and met. There was clear guidance around how to deliver care and support. Assessments were completed before people moved into the service. Assessments were reviewed and support plans were developed as soon as people moved into the service even if they were only staying for a short period. People had a 'support plan' which included activities of daily living; for example, sleeping, eating and drinking, communication and personal hygiene. We noted these had been reviewed on a monthly basis or more often if a change occurred; for example the person had a fall. This ensured support plans were up to date and accurate.

People's wellbeing was carefully monitored. Daily records were completed at least four times a day and an electronic diary was used to record visits to, or by a doctor, dentist or podiatry. Assessments were carried out to determine the frequency of checks by staff during the night. This meant people were not disturbed unnecessarily but those at risk or likely to need support were cared for appropriately. People had personalised 'This is Me' booklets and 'My Life Story' booklets. Staff we spoke with were aware of how to deliver care to meet people's individual care needs and preferred routines.

The home employed a team of lifestyle coordinators whose role included arranging activities. People told us they enjoyed doing different things which included going on organised outings. However, two people said there was not enough going on. One person said, "I constantly sit here waiting for something to happen." Another person said, "I have limited mobility and can walk only short distances so I feel limited and I am bored." One of the people who raised concerns told us, "It's the same people being taken out all the time."

On the day of the inspection we observed people engaging and enjoying activity sessions. An armchair aerobics session was held during the morning and a singer provided entertainment during the afternoon. Activity sessions provided at other times included holistic therapy, reminiscence groups and trips out. The service had specialised activities to meet the needs of people with dementia and had an activities room that stored a large selection of activities on offer, such as crafts, a magic table which was a specialised activity using an overhead projection machine to interact with people's movements and senses.

People spent time in the cafeteria where they accessed drinks, cakes and pastries. There was also a cinema which offered regular film sessions. One lounge was being developed with train station memorabilia. Staff told us the development would encourage people to use the lounge area whenever they wanted.

People and their relatives said they would feel comfortable speaking to care staff and management if they were worried or had any concerns. They said they knew how to make a formal complaint if the situation arose. One person told us they had made a complaint. Another person said, "I would go to the manager and if that didn't work I would ask my relative to complain for me." A relative told us they had made a complaint which was investigated and had been satisfied with the outcome which included improved support plans.

The service had a suggestion box and the complaints procedure was in reception although not prominently displayed. The registered manager said they had received 12 complaints since the service opened and

these had all been investigated and resolved satisfactorily.

We looked at the complaint's record which showed complaints had been investigated and where appropriate the service had involved other agencies which ensured concerns were shared. We saw some examples which did not evidence a robust investigation or lessons learned. For example, a concern was raised about the lack of response to call bells; the investigation included discussions with staff but there was no review of response times even though this was accessible via the electronic call system. Another complaint was raised around laundry; the outcome was that labels had not been suitable. There was no follow up to show how a similar incident could be prevented. The operations manager showed us a different complaints format that included a section for lessons learned. They agreed to introduce this with immediate effect.

We saw lots of thank you cards displayed around the service; these complimented the service on the standard of care provision.

Good

# Is the service well-led?

## Our findings

The service had a registered manager. They were supported by a management team which included unit managers, team leaders and senior care workers. They all dealt with day to day issues and had clear roles and responsibilities. The registered manager oversaw the overall management of the service. Senior managers visited the service regularly and supervised the overall management of the service.

Staff we spoke with said they enjoyed working at the service and felt well supported. Staff said the management team had an open-door policy which meant they could approach them at any time and the registered manager frequently visited each unit. Comments included, "I'm happy here, I like it here", "It's a lovely place to work, we're very proud, just by looking at it", "The way the building is set up is brilliant", [Name of registered manager is very approachable", "The management are really easy to talk to, we get on really well and highly respect our unit manager. They are very supportive and if we have any problems our area manager is very good. They are here every two weeks and they are very supportive", "We have monthly staff meetings and we can say anything we want and make suggestions", "Our unit manager is really good and drops whatever she is doing to help you, she has a lovely voice" and "We feel it's a good organisation to work for".

Members of staff we spoke with were all clear about their own roles and responsibilities. They all told us they felt very much part of a team. They said suggestions and ideas were well received and any concerns raised would be dealt with appropriately. Regular staff meetings were held and we saw from minutes for 2017 they covered key topics such as, training, health and safety, activities, safeguarding, infection control and menus.

People who used the service had opportunities to share their views. We saw minutes of meetings held in 2017 for people living at the home. The minutes of the meetings were detailed and included information and feedback about various topics discussed by everyone including, the activities programme, meals and menus.

The provider had asked people who used the service and their relatives to share their experience through surveys. We reviewed some of the results and saw feedback was positive. A relative's survey rated the overall satisfaction for the home was 88% between May and August 2017. The atmosphere of the home, access to the manager and organised activities in the home was rated at 90%. Staff responsiveness to matters of concern was 80% and hygiene, grooming and personal presentation of their relative was 79%. Comments from a residents survey in September 2017 included 'I'm very pleased and happy to be living here', 'I feel staff go out of their way to help' and 'everybody of very kind but the food and menu system requires improvement'.

There were systems and processes in place to help the provider measure, monitor and improve quality in the service. Audits showed checks were carried out and action was taken where needed. For example, an infection prevention and control audit in August 2017 identified arrangements for cleaning extractor fans were not appropriate; we saw this had been actioned. A health and safety audit identified staff had not completed two fire drills in the last year; action was being taken to rectify this.

The provider used a computerised 'dashboard' to collate and analyse data. This covered area such as accidents, incidents, assessments, complaints and complaints. Senior managers carried out quality outcome reviews; we saw a visit was carried out two days before the inspection and safeguarding procedures were reviewed. This involved asking ten staff about their knowledge and understanding around whistleblowing and safeguarding responsibilities, checking safeguarding training and reviewing safeguarding documentation. They also carried out governance reviews; in May 2017 the service was rated as good in each of the five domains- safe, effective, caring, responsive and well-led. This meant the provider's quality management system was effective.