Central Bedfordshire Council

Abbotsbury Residential Home

Inspection report

Mead End
Biggleswade
Bedfordshire
SG18 8JU
Tel: 03003008590
Website: www.centralbedfordshire.gov.uk

Date of inspection visit: 22 January 2015
Date of publication: 23/03/2015

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 22 January 2015 and was unannounced. At our previous inspection in May 2014 we found that staff did not have the appropriate knowledge of safeguarding people from the risk of abuse. At this inspection we found that the provider had taken steps to ensure staff had knowledge to ensure people were protected.

The home provides care and accommodation for up to 32 older people, some of whom may be living with dementia or have a physical disability. It is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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

Summary of findings

Regulations about how the service is run. The registered manager left the home in August 2014 and an interim manager was in post at the time of our inspection who told us they were in the process of making their application to become the registered manager. People found the interim manager to be visible and approachable.

People were safe at the home. People had been involved in determining their care needs and the way in which their care was to be delivered. Their consent was gained before any care was provided and staff encouraged them to be as independent as possible.

People had a good choice of nutritious food and drinks. They were assisted to access other healthcare professionals to maintain their health and well-being and there were effective processes in place to manage their medicines. Information was available to people about the services provided at the home and how they could make a complaint should they need to.

People were supported to follow their interests and hobbies.

Personalised risk assessments were in place to reduce the risk of harm to people, as were risk assessments connected to the running of the home and these were reviewed regularly. Accidents and incidents were recorded and the causes of these analysed so that preventative action could be taken to reduce the number of occurrences. There was an effective complaints policy in place and complaints were responded to quickly.

There were enough skilled, qualified staff to provide for people's needs. The necessary recruitment and selection processes were in place and the provider had taken steps to ensure that staff were suitable to work with people who lived at the home.

Staff were aware of the safeguarding process. They were trained and supported by way of supervisions and appraisals. They were kind and caring and protected people's dignity. They treated people with respect.

People, their relatives and staff were encouraged to attend meetings with the manager at which they could discuss aspects of the service and care delivery. There was an effective quality assurance system in place. The requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff were aware of the safeguarding process and appropriate referrals had been made to the local authority.

Personalised risk assessments were in place to reduce the risk of harm to people.

There were enough skilled, qualified staff to provide for people's needs.

Good

Is the service effective?
The service was effective.

Staff were trained and supported by way of supervisions and appraisals.

The requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

People had a good choice of nutritious food and drink.

Good

Is the service caring?
The service was caring.

Staff were kind and caring.

Staff promoted people's dignity and treated them with respect.

Good

Is the service responsive?
The service was responsive.

People were supported to follow their interests and hobbies.

There was an effective complaints policy in place and complaints were responded to quickly.

Good

Is the service well-led?
The service was well-led.

The interim manager was in the process of making their application to become the registered manager.

The interim manager was visible and approachable.

There was an effective quality assurance system in place.

Good

Abbotsbury Residential 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 22 January and was unannounced. The inspection was carried out by a team of two inspectors.

Before the inspection we reviewed the information available to us about the home, such as notifications. A notification is information about important events which the provider is required to send us by law. We also reviewed information about the home that had been provided by staff and members of the public.

During the inspection we spoke with seven people and three relatives of people who lived at the home, five care workers, two housekeeping assistants and the manager. We carried out observations of the interactions between staff and the people who lived at the home. We reviewed the care records and risk assessments for three people, checked medicines administration and reviewed how complaints were managed. We also looked at two staff records and reviewed information on how the quality of the service was monitored and managed.

Following the inspection we spoke with a community nurse who had regular contact with people who lived at the home.

Good

Is the service safe?

Our findings

When we inspected the home in May 2014 we found that the provider had failed to protect people as not all staff were confident about the safeguarding process. During this inspection we found that people were protected. We saw that there was a current safeguarding policy, and information about safeguarding was displayed throughout the home. All the staff we spoke with told us that they had received training on safeguarding procedures and were able to explain these to us. One member of staff told us, "The numbers are on the noticeboard." Records showed that the staff had made relevant safeguarding referrals to the local authority and had appropriately notified CQC of these.

People we spoke with told us that they felt safe at the home. One person told us, "I feel safe. Everybody is happy here." Another person said, "I do feel safe here." We saw that visitors could access the home only after staff answered the door and were required to sign in and out in a visitor's book at each visit. If people left the home for any reason this was also recorded. Staff also signed in and out in their own record. This meant that staff knew who was in the home at any time. One relative told us, "I don't have any concerns whatsoever."

There were personalised risk assessments for each person who lived at the home. Each assessment identified the people at risk, the steps in place to minimise the risk and the steps staff should take should an incident occur. We saw that, where people had been assessed as at risk of falling, a falls diary was kept and the cause of any fall was recorded. The falls were also recorded in the incident and accident log. Analysis of both of these records enabled the staff to take steps to reduce the risk of a person suffering a fall. Risk assessments were reviewed regularly to ensure that the level of risk to people was still appropriate for them.

Staff told us that they were made aware of the identified risks for each person and how these should be managed by a variety of means. These included looking at people's risk assessments, their daily records, entries in the communication book and by talking about people's experiences, moods and behaviour at shift handovers. This gave staff up to date information and enabled them to reduce the risk of harm.

The manager had carried out assessments to identify and address any risks posed to people by the environment. These had included fire risk assessments and the checking of window restraints. We saw that there was a maintenance log in which staff recorded any faults they identified, the date on which they were noticed and the date on which they were rectified. The provider had plans in place for emergencies, such as a gas or water leak. Each person had a personal emergency evacuation plan that was reviewed regularly to ensure that the information contained with it remained current. These enabled staff to know how to keep people safe should an emergency occur.

Accidents and incidents were reported to the manager. We saw that they kept a record of all incidents, and where required, people's care plans and risk assessments had been updated. The records were reviewed by the manager to identify any possible trends to enable appropriate action to reduce the risk of an accident or incident re-occurring to be taken.

There were enough qualified, skilled and experienced staff to meet people's needs. People told us that staff were always available if they needed any support. One person told us, "If you ring the bell they come straight away." However, one person said, "It's a bit short staffed at the moment. Sometimes we have to wait a bit." The manager told us that the provider had frozen recruitment so no new permanent staff were being taken on whilst the future of the home was being determined. This had resulted in an increase use of agency staff to cover vacancies. However they used regular agency staff that were contracted to work at the home and were treated as if they were permanent staff. One such member of staff told us, "There are enough staff. There is time to talk to people. We chat to people all the time, especially people in their rooms." We looked at staff rotas that showed that the planned level of staffing in place was based on the dependency levels of the people in the home. At least one permanent member of staff was on each shift. During our inspection we observed the routines in the service and saw that people received personal care in a timely manner

Robust recruitment and selection processes were in place and the provider had taken steps to ensure that staff were suitable to work with people who lived at the home. We looked at two staff files and found that appropriate checks

Good

Is the service safe?

had been undertaken before staff began work at the home. These included written references, and satisfactory criminal record checks. Evidence of their identity had been obtained and checked.

There were effective processes in place to manage people's medicines. One person told us, "I get my medicine on time." Medicines were stored securely and there was a system in place for the management of controlled drugs. Checks showed that the amount in stock was recorded correctly. Medicines administration records (MAR) we checked were completed correctly. We observed a medicines round and saw this was done in accordance with safe working practice. Staff sought consent from people before medicines were administered and ensured that people took their medicines correctly. MAR sheets were signed after medication had been administered and staff were knowledgeable about medicines that had special instructions for administration. Audits of medicines were completed regularly as part of the quality assurance programme.

Good

Is the service effective?

Our findings

People told us that staff had the skills that were required to care for them. One person told us, "If everybody was looked after as well as we are here they'd be okay." A relative said, "The staff are very, very good. The agency staff are also good." Another person told us, "They are trained properly."

Staff told us that there was a mandatory training programme in place and that they had the training they required for their roles. This was supported by records we checked. One member of staff told us, "I have got the training I need. I have requested first aid and asked for more specialist training." Another said, "I had an induction which lasted a day. I was shown around and spent time reading policies." Staff gave examples of training they had received, such as manual handling, infection control and safeguarding. Staff also told us that they received regular supervision and felt supported in their roles. A schedule of monthly supervision meetings for 2015 was displayed and included the contracted agency staff. We saw a record of a supervision meeting with an agency staff member that had taken place during January 2015. Another was scheduled for the day of our inspection. Staff were able to discuss the training they had received and any that they wanted to maintain or improve their skills during their supervision meetings. This meant that they were supported to enable them to provide care to a good standard.

Although not all staff had received training on the requirements of the Mental Capacity Act 2005, and the associated Deprivation of Liberty Safeguards, we saw evidence that these were followed in the delivery of care. Care records showed that, where appropriate assessments of people's mental capacity had been completed and decisions had been made on their behalf which were in their best interest. For example, a best interest decision had been made to use a hoist to assist the person to transfer from bed to wheelchair. An authorisation to deprive another person of their liberty, by way of a using a number lock on the door was in place. The person did not have the ability to make or understand the decision for this, and the application had been made only after a meeting had been held to determine that it was in the person's best interest for the action to be taken. People told us that their consent was asked for prior to receiving care. One person told us, "They come and ask if I want a bath. I usually said no." Staff confirmed that consent was obtained before any care was provided. One staff member told us, "Everything is based around choice."

People told us that they had plenty of choice of good, nutritious food that they liked. One person told us, "We get plenty of food, usually too much but if you leave some they don't worry." Another person said, "The food is nice. There is plenty of it. I am getting right fat."

We observed the serving of the lunch time meal which was a relaxed and social occasion. The food was hot and looked appetising. People enjoyed their food and where they required assistance to eat their meal, this was provided in a kind and considerate way.

People's weight was monitored on a monthly basis but where it had been identified that people had lost weight the monitoring was increased to weekly. Food diaries were kept for people on weekly weight monitoring that provided detailed information on what they had consumed. Where needed, referrals had been made to the local dietetic service and the speech and language therapists.

People told us that they were assisted to access other healthcare professionals to maintain their health and well-being. One person said, "We see the doctor when we need to. They ring up and make an appointment and the doctor comes here. The opticians will come here and the podiatrist comes every three months. I will see the dentist. They will arrange it." Care records showed that referrals were made to other health care professionals in a timely way. Community nurses, the local dietetic service, the Adult Mental Health Team and occupational therapists were some of the healthcare professionals involved with people who lived at the home on a regular basis.

Good

Is the service caring?

Our findings

People and their relatives were positive about the staff. One person told us, “The staff are very good, very understanding.” Another person said, “I am well looked after. The staff are kind.” During our inspection we saw that staff were kind and caring. People were not rushed and staff were polite and friendly. One person told us, “They know what I like and how to care for me.” They went on to say, “The staff are caring. They have a lot to do for me.” Staff we spoke with were knowledgeable about people’s life histories and were able to tell us about the needs of the people they looked after. One person told us, “They [staff] listen to you.”

People were dressed In a way that they liked and looked well cared for. One visitor told us that their relative, “…always looks clean and tidy. Their hair is done every fortnight.” People told us that staff protected their privacy and dignity. This included knocking on the door before entering. One person said, “They knock with two knuckles so that I can hear them.” People also told us that their privacy was protected when they received personal care. One person told us that staff were respectful when they supported them with personal care. They said, “They did it in a nice way and I was grateful.” Staff explained to us ways in which people’s dignity was protected, such as ensuring people changed into their dressing gowns in their rooms before being assisted to the bathroom to take a bath or shower.

People told us that staff encouraged them to be as independent as possible. One person told us, “They want you to do things for yourself if you can.” A member of staff told us, “….independence is promoted.”

People were given a booklet that explained the services provided at the home. Copies of the booklet were kept in people’s rooms to remind them of the services available. One relative told us, “[Relative] has a little book in [their] room with information about the service.”

Records showed that, where they had been able to, people or their representative had been involved in making decisions about their care and developing their care plans. The service provided information to people and their relatives about an independent advisory service and an advocacy service they could contact to support them if necessary. Relatives told us that they were welcome to visit the home at any time and staff were pleased to see them. One person told us, My [relative] comes every day, usually after work.”

Good

Is the service responsive?

Our findings

People and their relatives told us that they had been involved in deciding what care they were to receive and how this was to be given. The care plans followed a standard template which included information on their personal history, their individual preferences and their interests. Each was individualised to reflect people's needs and included clear instructions for staff on how best to support people with specific needs. People told us that they or their relative were involved in the regular review of their care needs and we saw evidence that relatives were kept informed of any changes to a person's health or well-being.

We saw that there was a snap-shot summary of care plans available for agency staff. This covered people's likes and dislikes, communication needs and all other areas of their care and support needs. Agency staff we spoke with told us that these were useful and enabled them to provide care in the way people wanted it.

The care records included information about people's hobbies and interests. There was a schedule of planned activities available in the entrance hall so people and their relatives could plan their time. This included regular bingo sessions and chair aerobics. This took place during the morning of our inspection and the six people who participated were very engaged with the activity. One person told us, "If there's anything on they come and tell you." They said they liked football and the staff always told them when it was on the television. Although some people told us they got bored, others commented that there was enough going on. One person told us, "I sit and watch television. It's what I want to do." Another person said, "I've got my puzzle books." There was enough staff to offer people company and stimulation on a one to one basis during the day. People enjoyed each other's company and spent time chatting to each other, particularly at meal times when most people came together in the dining room and we noted that the atmosphere was quite lively as they ate.

We saw that the provider had been in contact with the National Association for Providers of Activities for Older People (NAPA) and an activity champion and an activity host was to be appointed to facilitate additional activities for people. There was also a strong link with a local academy, and teachers and pupils visited weekly to spend time engaging with people who lived at the home.

There was an effective complaints policy in place and the provider's leaflet inviting people and their relatives to provide comments, compliments and complaints were on display around the home. We saw that there was a complaints log on the duty desk available for people or relatives to enter any issue that they were unhappy about. Although the people we spoke with were aware of the complaints system they said that they had no cause to use it. One person told us, "If you want anything they help you." Another person said, "There's no cause to complain. Not here." We looked at the records of complaints that had been received and saw that where a complaint had been made about a smell coming from the drain in one room, this had been actioned by the manager on the day of the complaint. The issue had been entered in the maintenance book and attended to the next day. A second complaint had been received from a relative about the quality of personal care provided to one person. The complaints record showed that the manager had discussed the matter with the staff and had raised it at a staff meeting. The manager told us they had responded to the person's relative verbally but this had not been recorded.

People told us that they could raise concerns with staff at any time. One person told us, "The manager comes round every day and speaks to me and asks if we're all right. If I had a concern [they] would do something about it." A relative told us, "If you want anything you only have to go to the office."

People were also invited to regular meetings at which they could provide feedback on anything to do with the home. One person told us, "We go to meetings. We had a residents meeting and my [relatives] went too." We saw that people had provided feedback on a variety of topics, including activities and food menus. Minutes of the meetings were made available to people and their relatives.

Good

Is the service well-led?

Our findings

The provider for the home changed in August 2014, and the registered manager and a number of staff had left. An interim manager had been appointed who told us that they were in the process of making their application to become the registered manager. People had confidence in the interim manager and told us that they were visible and approachable. One person told us, "The new manager came when [previous provider] left. She is very approachable and trying so hard to get it right. It's run very well." Another person told us that the manager spoke with them every day and asked how they were, or if they needed anything." People told us that the change of provider had been managed effectively and had not affected the care that they had received. One person said, "Nothing changed for me personally." We observed that there was a very relaxed atmosphere with a 'homely' feel about it.

The staff also told us that the management team was approachable and supportive of them. One member of staff told us, "It's very nice to work here." Another said, "The management team are very supportive. The manager and deputy are very approachable." Staff were knowledgeable about their roles and what was expected of them. They were able to talk about the provider's values and how these were integrated into the way care was delivered at the home.

People, their relatives and staff were encouraged to attend meetings with the manager at which they could discuss aspects of the service and care delivery. Records showed that people had discussed the meals and activities available at the home at a recent meeting. This had resulted in a board being put up in the entrance hall displaying the activities timetable for people. Staff had discussed records and how complaints were managed at a recent meeting, which had resulted in the introduction of a complaints log that was available on the duty desk. Staff also discussed any learning that had been identified from analysis of accidents and complaints at these meetings.

The provider planned to improve services at the home. The manager showed us the service improvement plan that had been drawn up following the transfer of the service to the provider and the updated action plan from January 2015 which showed the progress made, such as the redecoration of some areas. The manager shared the progress of this plan with the provider on a regular basis.

There was an effective quality assurance system in place. Quality audits completed by the manager covered a range of topics; including infection control, care plans and medicines management. We saw that action plans had been developed where shortfalls had been identified and the actions were signed off when they had been completed.

We saw that in addition to the quality audits the manager carried out regular walks of the floor and produced reports and action plans following these. We saw that these walkabouts covered areas such as cleanliness, dignity, respect, involvement and meeting nutritional needs.