

Ms Sonia (Sonal) Solanki

Abode Residence

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Abode Residence is a residential care home providing personal care to 8 people aged 65 and over at the time of the inspection. The service can support up to 13 people who may be living with dementia. The home is an adapted house which has individual accommodation and there is a lounge and conservatory for people to enjoy. There is also an accessible garden for people to use if they wish to do so.

People's experience of using this service and what we found

People were not always protected from avoidable harm. A risk assessment was not reviewed when it needed to be and action to mitigate risk was not taken promptly. Equipment was not always assessed to ensure it was suitable to use. Recruitment documentation did not always request the information required by the provider. People told us they felt safe and staff were aware of how to raise concerns if they suspected people were at risk of abuse and systems were followed to ensure the risk of infection was minimised. Medicines were managed safely, and the provider and registered manager reviewed and shared information to drive improvement. Staffing was arranged so people did not have to wait for help and people described staff as, "Kind."

We have made recommendations about the assessment of risk and recruitment documentation, which can be found in the 'safe' section of this report.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Mental capacity assessments were carried out, but records did not always clearly reflect decisions to be made or if less restrictive measures had been considered. People's nutritional needs were assessed, and people spoke highly of the meals and snacks provided. People were supported by staff who were trained and knowledgeable of people's individual needs and people and where appropriate, relatives were involved in care planning. The home was well -lit and signage had been displayed to help people who were unfamiliar with the environment, move independently around the home.

We have made a recommendation about the documentation of mental capacity assessments and best interests' meetings, which can be found in the 'effective' section of this report.

Care records were not always written in a person -centred manner and did not consistently reflect a person's individual needs. People told us they enjoyed the entertainment provided and they were supported to take part. People's communication needs had been assessed and documented and staff were aware of people's individual communication needs. There was a complaints process for people to raise concerns if they wished to do so.

We have made a recommendation about person centred care planning, which can be found in the responsive section of this report.

During the inspection we identified areas where action was required to improve areas within the home. Audits did not always have action plans to show how improvements would be made. The registered manager held meetings with staff and people who lived at the home, to share information and gain their views on how the service could be improved. The provider and registered manager worked in partnership with a variety of agencies to ensure people's health and social needs were met.

We have made a recommendation about audit processes and provider oversight of the service, which can be found in the well-led section of the report.

People and relatives told us they considered staff were caring and our observations showed people were supported in a gentle and patient manner. Information about local advocacy services was available, to ensure people could access support to express their views if required.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 22/03/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Abode Residence

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The first day of the inspection was carried out by two inspectors. The second day of the inspection was carried out by one inspector.

Service and service type

Abode Residence is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of the inspection was unannounced. The second day of the inspection was announced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from 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 provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with three people who used the service about their experience of the care provided and two relatives. We spoke with five members of staff. These were the registered provider, the registered manager and three care staff. We also spoke with a visiting health professional.

We walked around the home to check it was a clean, safe place to live and carried out observations of interactions between people and staff. 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 reviewed a range of records. This included two people's care records and medication records for two people. We looked at two staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People were not always protected from the risk of avoidable harm. The registered manager did not always review risk assessments after incidents occurred. We noted one person had been found on the floor two weeks previous, and the falls risk assessment had not been updated to reflect this. The provider told us this should have been done. The provider and registered manager responded quickly to our concerns and prior to the inspection concluding, risk had been reassessed and equipment was in place to help maintain the person's safety.
- The provider did not consistently ensure equipment was safe and suitable for use. We found the last check on the weighing scales used at the home by an external competent person was over 12 months ago. The provider said this was an oversight on their part and they would ensure the check was carried out. Prior to the inspection concluding the registered manager informed us the equipment had been serviced and was safe for use.
- The environment was maintained, and plans were in place to keep people safe in the event of an emergency. Following an inspection from the local fire authority an action plan was in place to address the areas of concern raised.

We recommend the provider seeks and implements best practice guidance from a reputable source on the monitoring and management of risk.

Staffing and recruitment

- The registered manager carried out sufficient checks to ensure prospective employees were suitable to work with vulnerable people. We noted application forms requested 10 years employment history, and some information was difficult to find. For example, it was difficult to locate a staff members disclosure and barring check and employment history. This meant there was a risk personal information would not be stored securely and the full history of a prospective staff member would not be documented.

We recommend the provider seeks and implements best practice guidance in the documentation of staff recruitment information.

- The registered manager deployed staff effectively. Our observations showed people were supported quickly and staff were patient with people as they helped them.
- Staff told us they felt the staffing levels were sufficient to help people and they were confident extra staff would be provided if this was needed. The provider told us as occupancy at the home increased, more staff would be employed. A relative shared with us that staff responded to their family member promptly if they

needed help. They said, "[Family member] doesn't have to wait."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received training in safeguarding awareness and could explain the signs and symptoms of abuse. Staff told us they would take action to protect people by reporting concerns to the registered manager, the provider and external bodies, so people were protected. One person told us, "I feel safe and get on with (staff member). (Staff member) is caring, in fact they all are."

Using medicines safely

- The provider had processes to ensure medicines were managed safely. Staff received training and practical assessment to ensure they were competent to administer medicines. When people were prescribed medicines for use 'when required,' there was written guidance about how and when these medicines could be given to people, to ensure they were used safely. One relative shared with us that their family member needed their medicines at a certain time each day and these were always given as prescribed. They told us this had a positive impact on their family member's health.

Preventing and controlling infection

- People were protected against the risk of infection. Staff had received training related to infection prevention. Resources such as gloves and aprons were available for staff and these were used appropriately during the inspection visit to help minimise the risk and spread of infection. The home was visibly clean, and a schedule of cleaning was in place.

Learning lessons when things go wrong

- The provider and registered manager shared information to ensure lessons were learned. For example, the provider had implemented dementia friendly signage at Abode Residence, after feedback from the CQC at their other residential service. The registered manager told us they had reviewed an incident at Abode Residence and had introduced equipment as recommended by a health professional to minimise the risk of reoccurrence. They said the information they learnt would be used when reviewing any future incidents at the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

- People's capacity to make decisions had been assessed in line with the principles of the MCA however documentation did not always clearly evidence this. For example, a mental capacity assessment viewed did not clearly record the specific decision made or the support the person had been given to make the decision. Records of best interest meetings did not show if less restrictive measures had been considered. The provider responded quickly to our concerns and prior to the inspection concluding had started a review of the records in place.

We recommend the provider seeks and implements best practice guidance from a reputable source on the recording of mental capacity assessments and best interests' meetings.

- The registered manager submitted applications to deprive people of their liberty to the local authority.
- People with mental capacity had signed their care records to indicate their consent to the care provided.
- Consent was sought whenever possible. For example, we saw people were asked if they wanted support with eating, personal care or to walk.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed to identify the help and care they needed. The registered manager assessed people's needs prior to them coming to live at the home and care plans were developed to meet individual's needs and preferences.
- Staff could explain the needs and preferences of people they supported, and we saw care was delivered to meet those needs.
- Oral health assessments were carried out to ensure people's oral needs were assessed. Care plans contained information on how these needs should be met by staff.

Staff support: induction, training, skills and experience

- The provider ensured staff could access training to maintain their skills and knowledge and people were supported by staff who had received training to enable them to fulfil their role. Staff confirmed they carried out training in key areas such as dementia awareness, safeguarding, moving and handling and first aid. The provider told us refresher training would be arranged as required. In addition, training in oral care, nutrition and end of life care was being arranged for staff to attend. A staff member told us, "I'm confident to do my job."
- Documentation demonstrated staff were supported to maintain and increase their skills. The registered manager completed supervisions with staff to review their performance. Staff told us these were enjoyable and useful.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff completed nutritional risk assessments to identify people's individual needs. Care plans reflected the help people needed to maintain a healthy diet and fluid intake.
- We observed the breakfast and lunchtime meal and saw people were offered help if they required this. A menu was in place and staff told us they would cook an alternative meal for people if they wanted this. One person commented, "The food is great. Good choice and plenty."
- We noted people ate in the lounge with individual tables. The provider told us this was as people preferred this and the dining room was available for people as well. They explained people could also dine in their private room if they wished to do so.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other health professionals to ensure people's needs were assessed and effectively met. Documentation evidenced the service worked with other professionals such as GP's, and district nurses to ensure people's needs were met effectively. In the event of people going to hospital, essential information was provided to support decision making.

Adapting service, design, decoration to meet people's needs

- The registered manager and provider had considered best practice guidance and visual signage was displayed to help people living with dementia identify areas with the home.
- Corridors were brightly lit and contrasting colour handrails were in place to help people mobilise independently. Clocks which may be helpful to people with dementia were used in communal areas and bedrooms. Mobility aids were fitted in bathrooms to support people's mobility.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access healthcare services as required. For example, opticians and GP's. Documentation showed that people were supported to gain further medical advice if they become unwell.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff supported people with dignity and respect and had a caring approach. Staff were gentle and kind when interacting with people and used touch appropriately to provide reassurance and comfort. This demonstrated staff were caring.
- Staff recognised and upheld people's individuality. A relative shared how their family member had a birthday party with entertainment arranged by the management team and staff at the home. We saw a staff member complimented a person on their chosen hairstyle and this was welcomed by the person. A staff member told us, "Every resident is given our care and we treat them like a person."
- People told us staff were caring in nature. One person said staff were, "Lovely." A further person described staff as, "Good and kind."
- The provider told us they would inform people of local advocacy services that were available if they needed support to express their views or make decisions. An advocate is an independent person, who will support people in making decisions, to ensure these are made in their best interests

Supporting people to express their views and be involved in making decisions about their care

- People were supported to decide their care needs. Records we viewed showed engagement with people and where appropriate, relatives took place to arrange and decide people's care needs. One person told us, "They asked all about me and what I wanted."
- Relatives told us they were involved in discussions about their family members care and they were regularly invited to express their views. One relative shared that staff were quick to contact them if a decision needed to be made.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was protected. Staff spoke quietly with people when discussing their needs and wishes and ensured their confidentiality was maintained.
- Staff knocked on bedroom and bathroom doors and waited for a response before they entered. We observed staff maintained people's privacy by closing doors when personal care was delivered.
- Care records were stored securely to protect personal and private information.
- People were supported to maintain their independence. For example, people were offered appropriate cutlery to help them eat independently.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- One care record did not reflect a person's individual needs. We saw the specific support a person needed to help them manage their behaviours which may challenge was not included. We also noted language used in the care record did not consistently promote dignity. We discussed this with the registered manager and provider who acted to ensure the care record was reviewed and amended prior to the inspection concluding. This would enable staff to access written information on how to support the person and drive a person centred approach which upholds dignity.

We recommend the provider seeks and implements best practice guidance from a reputable source in person -centred care planning and the recording of people's personal needs.

- People were supported by staff who knew their needs and preferences. Staff knew the help people needed to maintain their health and well-being and their needs and wishes. A relative we spoke with shared that staff had got to know their family member well and they considered them to be responsive to their needs.
- People were supported to follow their own routine. One person told us how they had breakfast in their room as this was their choice. Staff could describe the preferences of people they supported and said they aimed to meet these.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service met people's communication needs. These were considered prior to moving to the home and documented to ensure staff could meet people's individual needs. Staff told us there were aids to support communication if this was required, for example picture cards were available and the registered manager told us they would develop pictorial care records if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they activities were available for them to take part in. One person commented, "There is stuff going on in the afternoon which people join in with."
- People were supported to maintain and develop relationships that were important to them. During the inspection we saw relatives were welcomed to the home and a relative we spoke with described the staff as,

"Friendly and smiling.

- Staff supported people to engage in meaningful activities. One staff member told us they supported a person to go to the local town if they wanted to do so.

Improving care quality in response to complaints or concerns

- The provider had a process to ensure complaints were dealt with properly. This was displayed within the home. The registered manager told us they had received no complaints since the last inspection. They explained they and the provider had an "open door policy" and any feedback was responded to quickly, so no complaints had been made.
- Relatives, we spoke with told us they were happy with the service provided and they would speak to the registered manager or provider if they wanted to complain. They told us they were sure any feedback or complaints would be responded to.

End of life care and support

- People were supported to share their end of life wishes and these were recorded in people's individual care records. Documentation evidenced that people, and their relatives when appropriate, were involved in this area of care. At the time of our inspection, the service was not supporting anyone at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- During the inspection we brought areas which required attention to the registered manager and provider. For example, records were not always written in a person-centred way and language used did not always promote dignity, a risk assessment was not reviewed swiftly following an accident and a piece of equipment required servicing. The provider told us they were not aware these areas required attention.

We recommend the provider seeks and implements best practice from a reputable source in maintaining oversight of the performance of the service.

- The registered manager carried out audits and checks to identify where improvements in the service were required. Audits were carried out in areas such as accidents and incidents, care records, medicines and the environment. Audits reviewed showed areas of improvement were identified, however there was no action plan documented to show how and when improvements were to be made.

We recommend the provider seeks and implements best practice guidance on audit processes so actions are recorded and reviewed.

- The registered manager had notified the Care Quality Commission about events that occurred within the home. This was required by regulation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a caring culture in the service. Staff told us they were committed to improving the lives of people at Abode Residence and this was led by the provider and registered manager. A staff member said of the registered manager, "[Registered Manager] puts residents first." Staff also said the provider worked closely with the registered manager and staff and together they were, "A good team."

- The provider attended best practice guidance and forums and shared this with the registered manager to improve the service at the home. For example, champion roles were planned to be introduced. These are roles where staff receive support and knowledge in a specific area and share best practice to influence the care and support delivered.

- The registered manager told us there had been no recent events when mistakes had been made and an

apology required. However, should events occur, these would be investigated, and an apology would be made.

- Relatives spoke positively about the provider and registered manager. They told us they were able to speak with them and observations showed people approached them happily if they wanted to talk with them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The management team engaged with people and others acting on their behalf to enable them to influence the service provided. Meetings were provided for relatives and people to attend. Minutes of the meetings showed people's views were considered and the registered manager and provider could explain the action they took in response to the comments made.
- The provider and registered manager sought feedback to improve the home. There was a compliments and comments box in the reception of the home and surveys were provided for people and relatives to complete. We viewed the most recent surveys and saw no negative comments were recorded.
- The provider and registered manager held staff meetings and to gain staff views and pass information regarding the service. Staff told us the registered manager and provider were "hands on" and they could approach them for clarity and share their views
- The management team maintained relationships with external agencies. This included working with commissioners and external health and social care professionals to ensure a collaborative approach to care.