

Abbeyfield Society (The)

Browns Field House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Browns Field House is a residential care home providing personal care to 15 adults at the time of the inspection. The service can support up to 29 people. Browns Field House accommodates people in one building over two floors.

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

Staff knew the people they supported well and demonstrated how they would use this knowledge when assisting people and when alleviating people's anxiety. There were enough suitably trained and knowledgeable staff to help support people's care and support requirements in a timely manner. Potential new staff to the service had a series of checks carried out on them to help ensure they were suitable to work with the people they supported.

People told us the support from staff made them feel safe. Staff demonstrated a good understanding of how to keep people safe from harm or abuse. They also confirmed that they would report any concerns they may have had to senior staff.

Staff had documented people's end of life wishes and worked with external health professionals to try to make sure people had as dignified a death as possible.

Information in people's care plans and risk assessments had improved since the last inspection. This individualised information helped guide staff to care and support people safely. Staff supported people to take their prescribed medicines safely. Infection control practices in line with government guidance were in place to reduce the risk of cross contamination. Lessons were learnt and shared with staff when things went wrong or there was a risk of this.

The registered manager and staff worked with external health and social care professionals. This helped make sure people received joined up care and support. Complaints received about the service were logged and investigated. People, their relatives and staff were asked to complete surveys to feedback on the service. Staff made sure people had information in different formats such as large print to help aid their understanding.

Audits were undertaken to monitor the quality of the service provided. The provider also promoted organisational oversight of the service. Improvements found were added to a service improvement plan and this document was regularly monitored.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 12 March 2020) and there was a breach

of regulation. The provider completed an action plan after the last inspection to show what they would do to improve information in people's care records regarding risk and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 6 February 2020. A breach of legal requirements was found.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. We also received concerns prior to the inspection in relation to the safe management of medicines. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Browns Field House on our website at www.cqc.org.uk

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Browns Field House

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Browns Field House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

This inspection was unannounced.

What we did before the inspection

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.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. 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 and one relative about their experience of the care provided. We spoke with five members of staff including registered manager, head of care and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at one staff file in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff had made improvements to people's care records to ensure that individual risks to people had been assessed and monitored. People's care plans and risk assessments now contained more information to guide staff on people's individual risks.
- We observed that staff knew the people they supported well. The registered manager told us they were continuing to work on the information held about the people they supported. This would help ensure that the knowledge staff held about how to support people safely continued to be reflected within the persons care records.
- Staff had access to people's individualised personal emergency evacuation plan in the event they needed to evacuate the building.
- Staff made sure people's care call bells to summon staff when needed were plugged in, working and in reach.

Using medicines safely

- Staff who administered people's prescribed medicines including as and when required medicines for pain relief, had been trained and had their competency assessed by a more senior staff member.
- Staff administered, stored and disposed of people's medicines safely. Audits were completed to monitor that staff were supporting people with their medicines safely and accurately.

Systems and processes to safeguard people from the risk of abuse

- Staff made people feel safe living at the service. A person told us, "Staff are nice and kind. I feel safe."
- Staff had a good understanding of safeguarding and reporting concerns of harm or poor care in line with their safeguarding training. A staff member said, "(I) would report (concern) straight away to the registered manager. (I) would contact the local authority safeguarding (team) and CQC."

Staffing and recruitment

- Potential new staff to the service had a series of checks completed to try to ensure they were suitable to

work at the service. A staff member confirmed, "(They) asked for references, qualifications, DBS (criminal records check), photo identity, driving licence, and passport. The most recent or current employer (for a reference) or a character reference... You start and then do three months' probation period."

- We saw that there was enough suitably trained staff to meet people's care and support needs. Safe staffing levels were determined using a dependency assessment that calculated people's individual requirements. A staff member told us, "We get breaks and there is always someone on the floor looking after people."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Learning lessons when things go wrong

- The registered manager talked through examples of how they communicated to staff lessons learnt when things had gone wrong or there had been a near miss.
- A recent example of learning was that staff had been asked to complete reports in more detail when an incident or accident had occurred even when there were no injuries. The registered manager said, "We looked at the statement from staff and discussed how (staff) can write it better with more relevant detail included." They also confirmed, "We learnt a lot following our last CQC inspection. These areas (for improvement) are included in the service improvement plan."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- Records showed that people or with their agreement a relative signed to confirm they had been involved in the planning of their / their family members, individualised care and support plans.
- People had personalised care plans that prompted staff on how to alleviate any anxieties a person may have. This included showing the person pictures of their family or books that could trigger discussions around a person's interests.
- Since the last inspection staff had improved the information they had on record about people. Records reminded staff about respecting choice and people's preferences.

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.

- Staff had included people's sensory needs such as impaired sight or hearing loss within people's care records. This information would help guide staff.
- We observed staff speaking key words in a person's first language to help them with their understanding and gave the person time to respond.
- The registered manager gave examples of how they would provide information in different ways such as large print or pictures to help aid a person's understanding. They said, "We have printed a calendar for a person in (their first language) ...we try to make information as assessable as possible."

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

- The activities co-ordinator organised small and individual activities for people during our visit. This was to help promote social distancing during COVID-19.
- Activities during our visit were varied and people appeared to really enjoy the ones they chose to take part in. We saw a quiz, reading stories from a local newspaper, which triggered memories and a great discussion and arts and crafts sessions. These all helped promote people's well-being and a person said, "Staff spend meaningful time with me."
- The service also had a sensory room housed in the communal garden, that included an interactive table for people to use and enjoy.

Improving care quality in response to complaints or concerns

- Complaints received were recorded and investigated.
- The registered manager told us they had received one complaint in the last twelve months that was currently being investigated.
- A person told us they felt the registered manager and staff, "Listened to them."

End of life care and support

- Staff had talked to people and documented any end of life wishes they may have had. The registered manager gave us several examples of how people's specific wishes had been or were going to be met.
- During the inspection nobody was on end of life care. The registered manager told us they and their staff team would work closely with the GP and community nurses to ensure people had as dignified a death as possible.

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and a relative spoke positively about the registered manager and the service staff provided. One person said, "Its peaceful, it's quiet...If I need help (staff) give it to me."
- The registered manager encouraged staff to act when an improvement was identified. The registered manager gave us several examples and a staff member confirmed to us, "If we make a mistake we are supported in a positive way and we can retrain if we need to."
- The registered manager encouraged staff to develop their skills and knowledge. A staff member said, "(The registered manager) gives us skills, and coaches and mentors us to develop staff skills."

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

- A staff member confirmed, "(The registered manager) is very good at being open and will speak with the staff in a positive way to get the best out of the team."
- A staff member told us, "Communication here is brilliant. The culture is very open...the support from the registered manager is amazing."
- The provider and registered manager had displayed their inspection rating clearly on their website for people to refer to when needed.

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

- The registered manager had reported incidents they were required to notify us about.
- Staff spoken with demonstrated an understanding of their roles and responsibilities.
- Handovers for staff were in place to make sure staff were kept up to date with people's current health and support needs or guidance changes.
- Staff undertook audits to monitor the quality of the service provided. Representatives from the organisation also completed monitoring visits as part of the providers governance systems. This gave the provider organisational oversight of the quality of care being provided at the service. Any improvements found were added to a service improvement plan and we noted that they were either completed or on-going.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was working hard to establish links within the local community, as the COVID-19 restrictions started to lift. Examples included working with a large supermarket to donate items to people living at the service when needed.
- Surveys for staff, about COVID-19 had been sent out in July 2020. Responses were mixed and areas for improvement were noted. Staff were given links to support networks should they need support during this time.
- People living at the service and their relatives were taking part in a survey to ask them about the impact of COVID-19.
- Staff attended meetings to discuss ideas on how they could improve the service provided. The meeting held in May 2021, had discussed menus, up-coming events, and suggestions for activities. Another meeting held in June 2021 talked about learning from incident reporting following an incident.

Working in partnership with others

- The registered manager and staff worked in partnership with external organisations such as the local authority, the clinical commissioning group, GP's, and district nurses. This helped make sure people received joined up care and support.