

Abbeyfield Ilkley Society Limited(The) Abbeyfield Grove House Residential

Inspection report

Grove House
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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



Overall summary

This inspection took place on 6 May 2015 and was unannounced. At the last inspection on 16 October 2013 we found was meeting all the regulations we looked.

The Abbeyfield Grove House Residential Unit provides accommodation and personal care for up to 16 older people some of whom are living with dementia. There were 14 people living in the home at the time of inspection.

The home has a registered manager. A registered manager is a person who has registered with the Care

Summary of findings

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.

The home had a safeguarding policy in place which made staff's aware of their roles and responsibilities. We found staff knew and understood how to protect people from abuse and harm and kept them as safe as possible. The care plans in place were person centred and contained individual risk assessments which identified specific risks to people health and general well-being, such as falls, mobility and skin integrity.

There were enough staff on duty to meet people's needs and staff had undertaken training relevant to their roles. Staff said that they were well supported by the registered manager and senior management team.

There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. We staff we spoke with had a general working knowledge and understanding of the MCA 2005. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made and how to submit one when required.

We saw arrangements were in place that made sure people's health needs were met. For example, people had access to the full range of NHS services. This included GPs, hospital consultants, community health nurses, opticians, chiropodists and dentists. However, we found although medication policies and procedures were in place they were not always followed which potentially placed people at risk of not receiving their medication as prescribed.

People told us they found the staff caring, and said they liked living at the home. Relatives gave us positive feedback about the care and support their family members received. Throughout the inspection we saw staff were kind, caring and patient in their approach and had a good rapport with people.

We saw people had been involved in planning their own care and the records we viewed had consent to care and treatment forms in place that had been signed by the person or their relative. Relatives told us they were involved in all aspects of family members care and treatment and kept informed of any significant changes in their general health or well-being.

Staff were careful to protect people's privacy and dignity and people told us they were treated with dignity and respect. We saw information relating to people's care and treatment was treated confidentially and personal records were stored securely.

People told us staff were responsive to their needs and when they asked for something this was provided. The activities plan for the home showed that activities took place every day of the week and people were encouraged to participate in local community events.

We saw the complaints policy had been available to everyone who used the service. The policy detailed the arrangements for raising complaints, responding to complaints and the expected timescales within which a response would be received.

Staff told us communication within the home was good and staff meetings were held to keep them up to date with any changes in policies and procedures or anything that might affect people's care and treatment. Staff were confident senior management would deal with any concerns relating to poor practice or safeguarding issues appropriately.

Some concerns were raised about the effectiveness the quality assurance monitoring system in place. However, the registered manager told us the organisations had recently introduced a more robust management system which would quickly highlight any shortfalls in service provision so that immediate action could be taken.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of this report.

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 not always safe.

Medication policies and procedures were in place. However, these were not always followed which put people's health and wellbeing at risk.

The staff recruitment and selection procedure was robust and newly appointed staff were not allowed to work until all relevant checks had been completed and references received.

The staff we spoke with knew how to recognise and respond to allegation of possible abuse correctly and were aware of the organisation's whistleblowing policy.

Requires improvement



Is the service effective?

The service was effective.

People who used the service told us the way their care, treatment and support was delivered was effective and they received appropriate health care support.

We saw documentary evidence which demonstrated that people were referred to relevant healthcare professionals in a timely manner and staff always followed their advice and guidance.

We found the location was meeting the requirements of the Deprivation of Liberty Safeguards. This legislation is used to protect people who might not be able to make informed decisions on their own.

Good



Is the service caring?

The service was caring.

People told us they found the staff caring, friendly and helpful and they liked living at the home.

People had been involved in planning and had consented to their own care, treatment and support.

Staff were careful to protect people's privacy and dignity and people told us they were treated with respect.

People's information was treated confidentially and personal records and reports were stored securely.

Good



Is the service responsive?

The service was responsive.

People's needs were continually assessed and care and treatment was planned and delivered in line with their care plan.

Good



Summary of findings

Care plans and risk assessments were person centred and contained good information about how people preferred their care and treatment to be delivered.

People who used the service and their relatives told us they knew how to make a complaint if they were unhappy and were confident if they made a complaint it would be investigated by the registered manager.

Is the service well-led?

The service was not always well led.

The manager was clear about the future development of the service and was proactive in ensuring wherever possible both people who used the service and staff were involved in improving service delivery.

People who used the service and their relatives told us the manager and senior management team were approachable and listened to what they had to say.

There was a quality assurance monitoring system in place that was designed to continually monitor and identify shortfalls in the service and any non-compliance with current regulations. However, we found action was not always taken quickly to address concerns raised.

Requires improvement



Abbeyfield Grove House Residential

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 carried out 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.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using care services or caring for older family members. During the course of the inspection we spoke with the chief executive officer, the operations and compliance manager, the registered manager, eight people who used the service and four members of staff.

We looked at four people's care plans and risk assessments and other records relating to the management of the service such as training records, staff recruitment records, quality assurance audits and policies and procedures.

Before our inspection the provider sent the Commission 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 checked all of the information we held about the service and the service provider, in particular notifications about accidents, incidents, and any safeguarding matters.

Following the inspection, we contacted the local authority safeguarding and commissioning teams. We did not receive any information of concern from either of these organisations.

Is the service safe?

Our findings

The provider had a policy and procedure document in place relating to the safe administration and storage of medicines. The registered manager told us the policy was currently being reviewed to ensure it was specific to the needs of the service and followed current good practice guidelines.

We looked at the way medicines were managed and found a number of shortfalls. For example, we found the temperature of the fridge used to store specific medicines had not been recorded since 2012. The fridge had one person's medicines in it on the day of inspection but was not working effectively. In addition, there was no record of the temperature of the room used for the storage of medicine available. This meant we were unable to establish if medicines were being stored at the right temperature and therefore safe to administer.

We cross referenced the controlled drugs register with the medicines locked in the controlled drugs cabinet and found three different medicines stored in the cabinet had not been recorded in the controlled drug register. The medicines boxes were still sealed and no medication had been administered; staff had simply failed to enter them in the register.

In addition, we looked at the stock control records for medicines administered as and when required (PRN) and found a number of discrepancies between the actual number of tablets held in stock and the stock control figure. The registered manager told us they had already highlighted this shortfall in the system as part of the quality assurance audit process and as a result had carried out a full medication audit.

We found that the registered person had not protected people against the risk of not receiving their medication as prescribed. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us sufficient staff were employed for operational purposes although some agency staff were used to cover annual leave and sickness. People who used the service told us there was always enough staff on duty. However, some people thought agency staff were used too regularly and were not always aware of their

needs. This was discussed with the registered manager who told us if agency staff were used they always tried to use the same member of staff to ensure people received continuity of care.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included ensuring a Disclosure and Barring Service (DBS) check and at least two written references were obtained before staff started work. Staff disciplinary procedures were in place and the registered manager gave examples of how the disciplinary process had been followed where poor working practice had been identified.

The staff we spoke with demonstrated a good understanding of protecting vulnerable adults. They told us they were aware of how to detect signs of abuse and were aware of external agencies they could contact. They told us they knew how to contact the local safeguarding authority and the Care Quality Commission (CQC) if they had any concerns. They also told us they were aware of the whistle blowing policy and felt able to raise any concerns with the manager knowing that they would be taken seriously. The provider's policy on safeguarding included information on staff's roles and responsibilities, referrals, identification of abuse, prevention of abuse, types of abuse and confidentiality.

However, we found the registered manager had failed to notify the Commission of one incident that had occurred at the home. This was discussed with the registered manager who acknowledged their mistake. They told us the police were still investigating this matter which did not involve anyone directly employed by the service.

We saw the registered manager kept a small amount of money in safekeeping for three people and transaction sheets had been correctly completed. We saw the money was kept in a locked safe which only the registered manager had access to and receipts had been obtained for any purchases made by staff on behalf of people who used the service.

We completed a tour of the premises and inspected a number of bedrooms as well as bathrooms, shower rooms and communal living spaces. We saw fire-fighting equipment was available, emergency lighting was in place

Is the service safe?

and all fire escapes were kept clear of obstructions. We found all floor coverings were appropriate to the environment in which they were used and were of a good quality and properly fitted ensuring no trip hazards existed.

However, we found the communal assisted bathroom was cluttered and cleaning materials including concentrated disinfectant were being stored in an unlocked cupboard. This was discussed with the registered manager who

acknowledged that given some of the people who used the service were living with dementia these items should have been stored securely. The registered manager arranged for these items to be removed immediately.

We also reviewed environmental risk assessments, fire safety records and maintenance certificates for the premises and found them to be compliant and within date. We spoke with one member of the maintenance staff who described their roles and responsibilities in relation to ensuring all the equipment in use was safe and fit for purpose.

Is the service effective?

Our findings

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made and how to submit one and was aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. The registered manager confirmed at the present time no one who used the service had a DoLS in place.

We asked the staff what they did to make sure people were in agreement with any care and treatment they provided on a day to day basis. They told us they always asked people's consent before they provided any care or treatment and continued to talk to people while they assisted them so they understood what was happening. We saw mental capacity assessments and consent to care and treatment forms were in all the care files we looked at.

The staff told us they respected people's right to refuse care and treatment and never insisted they accepted assistance against their wishes. The people we spoke with confirmed this.

The registered manager told us all new staff completed comprehensive induction training on employment (care certificate) and always shadowed a more experienced member of staff until they felt confident and competent to carry out their roles effectively and unsupervised.

The registered manager told us there had been problems with the training provider in 2014 which had resulted in only limited training being made available to staff. However, a new training provider had started in January 2015 and a planned programme of training was currently being put in place. We saw the majority of mandatory training was done in-house by staff completing a workbook which was then sent to the external training provider for marking. The registered manager confirmed they carried out a competency assessment prior to the workbook being sent for external marking to ensure staff understood what they had learnt.

The registered manager told us individual staff training and personal development needs were identified during their formal one to one supervision meetings. However, whilst

there was evidence the registered manager had held supervision meetings with some staff it was clear other staff had not had a supervision meeting for some time. The registered manager told us this was because they had not had time to meet with everyone and other senior members of staff were not trained to take on this role. They confirmed that that this matter would be addressed immediately. Supervision meetings are important as they support staff to carry out their roles effectively, plan for their future professional and personal development and give them the opportunity to discuss areas of concern.

There was clear evidence within the care records we reviewed to show people had access to other healthcare professionals such as GPs, district nurses, dentists, chiropodists and the community matron. The registered manager told us the staff team had a good working relationship with other healthcare professionals and the local GP held a weekly surgery at the home for non-emergency medical conditions.

We saw nutritional risk assessments were completed on admission and people's weight was monitored. The staff we spoke with told us they monitored individual people's food and fluid intake if they had concerns and involved other healthcare professionals if appropriate.

We sat with people in the dining room at lunchtime and saw people were offered choices and the atmosphere was informal and relaxed. We saw if people required staff to assist them to eat their meal this was done discreetly and staff were patient and did not rush them or leave them until they had finished their meal. We saw people were offered at least two choices for the main meal dessert and they had the option of a larger helping if they wished. The menu showed a vegetarian option was also available if required. The majority of people we spoke with told us the food was good both in quality and presentation. One person told us, "The food is excellent. If you ask, you would get it." Another person said, "The food is quite good; I'm happy with the food."

The registered manager told us meals were prepared in the main kitchen located within the complex which also provided meals to the restaurant which was used by people living in the extra care housing scheme or attending the day centre.

Is the service caring?

Our findings

We found people's needs were assessed and their care and treatment was planned and delivered in line with their individual care plan.

Throughout the inspection we saw staff treated people with respect and approached them in a way which showed they knew the person well and knew how best to assist them. People appeared comfortable, well dressed and clean which demonstrated staff took time to assist people with their personal care needs if required.

We asked one person who required assistance with personal care about the support they received and they told us, "They spoil me; I would have to go a long way to find somewhere better than this." Another person told us, "It's like being in a hotel everything is done for you. They help me every way; I can get up and go to bed when I want."

Relatives told us that they were able to visit their family members at any reasonable time. One relative explained that they visited their family member at different times of the day and they were always made to feel welcome and there was always a relaxed and friendly atmosphere. Another relative told us the home had been recommended to them by a friend and they were very happy with the care and treatment provided. Comments included, "The home is close to the top of the range for care" and, "All the staff; the carers, cleaners and junior staff are all kind and mum is upbeat and cheerful and that is all that matters."

We looked at four people's care plans and found they contained information about people's past and current lives, their family and friends and their interests and hobbies. We saw specific information about people's dietary needs, their likes and dislikes, their lifestyle and the social and leisure activities they enjoyed participating in. This showed that people were able to express their views and were involved in making decisions about their care and treatment.

The staff we spoke with were able to tell us how individuals preferred their care and support to be delivered. They were also able to explain how they helped to maintain people's dignity, privacy and independence. For example by addressing them by their preferred name and always asking for their consent when they offered support or help with personal care.

In addition, the registered manager told us the staff team were working toward achieving the Gold Standard Framework (GSF) in end of life care. GSF is a model of good practice which enables frontline staff to provide people with quality care, treatment and support nearing the end of their life.

Throughout the inspection we saw staff respected people's privacy and dignity when they supported them with personal care. We saw staff responded quickly to any requests for assistance and people appeared relaxed and comfortable in their presence.

We saw information relating to people's care and treatment was treated confidentially and personal records were stored securely in the office to make sure they were accessible to staff. A relative told us that confidential information was always discussed away from other people which they found reassuring.

People told us that they were able to leave the home when they wished. They gave us examples of going to the shops in the town centre, the library and going out for a walk in the park. The registered manager told us people that required support from staff to go out in the community also had the opportunity to do so.

The registered manager told us that no one who used the service required an advocate. However, they confirmed that they would assist people to gain access to an independent advocacy service if appropriate.

Is the service responsive?

Our findings

The registered manager told us pre-admission assessments were carried out before people started using the service to determine their needs and to ensure that the service could provide the care, treatment and support they required.

Care records were clear and detailed with comprehensive information about people's needs, life histories and preferences. Where needs had been identified, care plans were in place with specific detailed information about how best to support the person including how to meet people's communication, personal care and dietary needs. The people we spoke with and/or their relatives told us they were involved in the care planning process and were kept informed of any proposed changes to their care plan.

The registered manager told us some people were admitted to the unit for respite or short term care to allow their main carers to take a break. They confirmed that in all instances people were encouraged to retain their independence and remain in control of their daily lives. One member of staff said, "It is very easy to take away people's independence but it is something we always guard against. We are there to assist people with whatever they are unable to do, not take away what they can."

People who used the service told us that staff knew them and their needs well and that the care they received was personal to them. One relative said, "We are very happy with this home and the care and facilities provided. The manager and staff have done everything they said they would for my mum and more." Another relative said, "The home is small and is therefore able to provide people with the care and support they require, I couldn't speak more highly of the staff."

The registered manager told us the service employed a part time activities co-ordinator and people were encouraged to join in a range of social and leisure activities. The registered manager told us there was no one living at the home that had any particular cultural or religious requirements. However, we saw church services were held at the home, and information about the times of services was displayed on a notice board in the reception area.

The registered manager also told us the organisation used voluntary workers within the Abbeyfield complex and employed a Volunteer Organiser. They told us all volunteers had to go through a thorough recruitment process and received training to ensure they carried out their roles effectively. The registered manager told us volunteers were not allowed to assist people with personal care tasks but assisted people to access community events, helped with activities and staffed the coffee bar and reception.

We looked at the complaints policy which was available to people who used the service, visitors and staff. The policy detailed how a complaint would be investigated and responded to and who they could contact if they felt their complaint had not been dealt with appropriately. The registered manager told us they operated an open door policy and people who used the service, visitors and staff were aware they could contact them at any time if they had a problem.

We looked at the results of last quality assurance survey carried out in October 2014 and saw that some people had indicated they were unsure how to make a complaint. The registered manager told us in response to this concern the service had given everyone a complaints leaflet and now made sure complaints was a standard agenda item at residents' meetings.

People we spoke with, and their relatives, told us that they knew how to make a complaint and would have no hesitation in making a formal complaint if the need arose. One person said, "I've no complaints, everyone is friendly." Another said, "I've never made a complaint, but would have no hesitation doing so if I felt the need. The senior carers are always around to talk to or if I had a more serious concern I would go straight to manager."

The registered manager also told us complaints were recorded on the organisation's new quality assurance management system which highlighted shortfalls in the service and helped to identify any themes and trends. We looked at the complaints received by the service and found they had been dealt with appropriately by the registered manager and designated complaints manager.

Is the service well-led?

Our findings

We looked at the quality assurance audits carried out by the registered manager which covered such things as medicines, care plans, accidents and incidents and infection control. We saw the registered manager also checked the staff training matrix and supervision schedules on a routine basis to make sure they provided accurate and up to date information.

However, although we found some of the shortfalls in the service highlighted in the body of this report had already been identified through the quality assurance monitoring systems in place prompt action had not always been taken to address matters. This raised concerns about the effectiveness of the quality assurance monitoring process. For example, the registered manager had identified in March 2015 there were a number of discrepancies in the stock control figures for medicines and had completed a full medication audit. However, at the time of the inspection we still found discrepancies in the stock control figures for medicines prescribed “as and when required” (PRN) and controlled drugs that were not recorded in the controlled drug register. In addition, we found three medication errors had been recorded in the incident and significant events log in July and August 2014 which should have triggered a much quicker review of the systems in place.

This was discussed with the registered manager who told us the service was in the process of introducing a more robust organisational quality assurance monitoring system that would quickly identify any shortfalls in the service and possible breaches or regulations. They confirmed that swift action would then be taken to address any areas of concern.

The registered manager told us they completed weekly reports on such things as staffing issues, complaints and health and safety which were reviewed by senior management. In addition, we saw management and staff meetings were held on a regular basis to ensure all staff were kept up to date with any changes in policies and procedures which might affect the management of the service or the care and treatment people received.

The registered manager told us as part of the quality assurance monitoring process the service sent out survey questionnaires to people who used the service, their relatives and other stakeholders on an annual basis. They confirmed the information provided was collated and an action plan formulated to address any concerns raised.

We looked at the results of the last survey completed on the 14 October 2014 which was on display within the reception area and found the majority of comments made were positive about the care and facilities provided. We saw where negative comments had been made or suggestions made to improve the service an action plan had been put in place and timescale set for the matters to be addressed.

The registered manager told us they also actively sought feedback from other healthcare professionals and we saw questionnaires were available in the reception area for visiting healthcare professionals to complete.

The relatives we spoke with told us they had confidence in the registered manager and staff team and were pleased with the standard of care and support they received. Comments included, “I have always found the manager to be approachable and because they work within the home on a daily basis they are always available if I need to discuss anything with them” and “The manager and staff are all lovely and I cannot fault them in any way. A first class service.”

We saw regular meetings were held with people who used the service. We looked at the minutes of the last meeting and saw the topics discussed included activities and entertainment, meals, complaints and the environment.

We discussed governance with the registered manager and it was apparent they were committed to creating a culture within the home that encouraged and enabled both staff and people who used the service to raise concerns or ideas for improving the service; knowing that they would be taken seriously and acted on.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person did not have suitable arrangements in place to ensure people who used the service received their medicines as prescribed.