

Abbeyfield Silverdale And District Society Limited

Abbeyfield Silverdale & District Society Limited

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Abbeyfield Silverdale & District Society Limited was inspected on the 17 and 23 April 2018 and the first day of the inspection was unannounced. Abbeyfield Silverdale & District Society Limited is registered to provide personal care for up to 22 older people who require support with personal care. At the time of the inspection there were 21 people receiving support.

Abbeyfield Silverdale & District Society Limited 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 home is situated in the village of Silverdale. It is a large detached property in its own grounds in a residential area overlooking the sea. The home is set on two floors with a lift to the first floor. There are large gardens surrounding the home which are accessible to people who live at the home.

At our last inspection in April 2016 the service was rated 'Good.' At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The registered manager completed a series of checks and investigations to identify where improvements were required in the quality of the service provided. Staff told us they were informed of the outcomes of these. We noted some of the checks were not documented, therefore action plans were not developed. We have made a recommendation regarding improving the audit and investigation recording process.

The home was introducing an electronic care record system. We found that the system was in use and information from paper based records was being transferred to the electronic system. Care records contained information regarding risks and guidance for staff on how risks were to be managed. We found one care record required updating as information was not consistent with the person's needs. Prior to the inspection concluding we were informed this had been done. We have made a recommendation regarding the documenting of people's needs and wishes.

Staff we spoke with knew the needs and wishes of people who lived at the home. Staff spoke fondly of the people they supported and said they wanted to enable people to live happy lives. Staff were gentle and patient with people who lived at the home and people told us they felt respected and valued.

Relatives told us they were consulted and involved in their family members care. People we spoke with confirmed they were involved in their care planning if they wished to be and spoke highly of the level of involvement they were offered.

Staff we spoke with were able to describe the help and support people required to maintain their safety and people who lived at the home told us they felt safe.

People told us they were happy with the way their medicines were managed. We observed medicines being administered and saw this was carried out in a safe way. Access to medicines was restricted to staff who had received training to ensure medicines were administered and managed safely.

People told us they had access to healthcare professionals and their healthcare needs were met. Documentation we viewed showed people were supported to access further healthcare advice if this was appropriate. People and relatives told us they were happy with the care at support provided at Abbeyfield Silverdale & District Society Limited.

People told us they could raise their views on the service provided and they felt involved in the running of the home. We saw minutes of meetings where people at the home were informed of changes and were asked their opinion on the service provided.

People told us they had a choice of meals to choose from and they enjoyed the meals provided. People also told us they were offered more if they wanted this. We observed the lunchtime meal. We saw people were given the meal of their choice and were offered more if they finished their meal. Staff were available to help people if they needed support.

We found the environment was clean and we observed staff wearing protective clothing when required. This minimised the risk and spread of infection.

Staff told us they were committed to protecting people at the home from abuse and would raise any concerns with the registered manager or the Lancashire Safeguarding Authorities so people were protected.

There was a complaints procedure which was displayed in people's rooms. People we spoke with told us they had no complaints, but they if they did these would be raised to the registered manager or staff.

Recruitment checks were carried out to ensure suitable people were employed to work at the service and staff told us they were supported to attend training to maintain and increase their skills.

People and relatives we spoke with told us they were happy with the staffing arrangements at the home. We observed staff spending time with people and the atmosphere was relaxed and unhurried. Staff we spoke with raised no concerns with the staffing arrangements at the home.

People told us there were a range of activities provided to take part in if they wished to do so. We found an activities schedule was displayed at the service and staff told us they reminded people of the activities available.

The registered manager demonstrated their understanding of the Mental Capacity Act 2005. People told us they were enabled to make decisions and staff told us they would help people with decision making if this was required. People are supported to have maximum choice and control in their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Further information is in the detailed findings below.

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 remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Abbeyfield Silverdale & District Society Limited

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.

The inspection visit took place on the 17 and 23 April 2018 and the first day was unannounced. The inspection was carried out by an adult social care inspector. At the time of the inspection there were 21 people receiving support.

Before our inspection visit we reviewed the information we held on Abbeyfield Silverdale & District Society Limited. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who received support. We also reviewed the Provider Information Return (PIR) we received prior to our inspection. 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. In addition we contacted the local funding authority and asked them their views on the service provided. We used all information gained to help plan our inspection.

We spoke with five people who received support, and two relatives. We also spoke with three care staff, the registered manager and the registered provider. In addition we spoke with the chef and the person responsible for organising training. We walked around the home to check it was a safe environment for people to live and observed the interactions between people who lived at the home and staff. This helped us understand the experiences of people who lived at the home.

We looked at care records of four people who lived at Abbeyfield Silverdale & District Society Limited and a sample of medicine and administration records. We also viewed a training matrix and the recruitment records of two staff. We looked at records relating to the management of the service. For example, we

viewed records of checks carried out by the registered manager, accident records and health and safety certification.

Is the service safe?

Our findings

People who received support told us they felt safe living at Abbeyfield Silverdale & District Society Limited. People told us, "I'm perfectly safe." And, "Of course I'm safe here." Relatives we spoke with told us they had no concerns with their family member's safety. One relative commented, "I've never worried about [my family members] safety." Also, "I'm very confident my [family member] is safe."

The home was introducing an electronic care records system. Care records we viewed identified risk and documented the support people required to maintain their safety. We noted one care record required updating. Prior to the inspection concluding we were informed the record had been updated. We also noted the care records we viewed contained standard statements generated by the computer system. These were not person centred. We discussed this with the registered manager and registered provider. They told us they were currently exploring ways this could be rectified with the company who provided the system.

We recommend the service seeks and implements best practice guidance on the recording of person centred information.

Staff we spoke with were able to describe people's individual needs and the help and support they required maintain their safety and well-being. For example, staff could explain the support people needed to maintain their skin integrity.

We looked at how accidents and incidents were being managed at the home. Staff told us and we saw accident forms were completed. The registered manager told us these were reviewed by them to monitor for trends and patterns and lessons learned. For example, the registered manager told us a chair mat was in place to minimise the risk of falls. This is a piece of equipment that sounds an alarm when the person stands up from their chair. This enables staff to attend the room quickly and offer support to people with their mobility, minimising the risk of injury. We saw the mat was in place and working. We asked staff what support the person required to maintain their safety. Staff explained the help the person required and why the equipment was in use. This showed the registered manager took action to minimise risk and guided staff to learn from accidents and incidents that occurred.

Staff told us they were committed to protecting people from abuse. One staff member said, "Safeguarding is an important part of my job. One I wouldn't shirk from." Staff said they would report any safeguarding concerns to the registered manager, the registered provider or to the Lancashire safeguarding authorities if this was required. Staff explained what they would report to ensure people were safe. For example, staff told us they would report unexplained bruising or neglect to ensure people were protected. We saw the home had a safeguarding procedure to guide staff and the contact number was displayed on a notice board within the home. This meant staff, people who lived at the home, or visitors were able to report any concerns to allow further investigations to be carried out, if required.

We viewed documentation which demonstrated staff were recruited safely. We spoke with a staff member who confirmed references and a Disclosure and Barring Check (DBS) were obtained prior to them starting

work at Abbeyfield Silverdale & District Society Limited. A DBS check helped ensure only suitable staff were employed.

People who lived at the home told us they were happy with the staffing provision at the home. We were told, "There's always someone on hand." Also, "They're quick to come and help me." Staff we spoke with told us they had sufficient time to spend with people and they had no concerns. Relatives we spoke with also told us they were happy with the staffing provision at the home. One relative commented, "There's always staff to assist and enable[my [family member.]" We saw people were supported by staff when they needed help. During the inspection we timed a call bell and saw this was answered promptly. Our observations and the feedback we received indicated sufficient staff were available if people needed help.

We discussed staffing with the registered manager. They told us if extra staff were required, these were provided. This was confirmed by speaking with staff. For example, to support people if they were unwell and extra help was needed. This demonstrated staffing was arranged to meet the needs of people who received support.

People told us they received their medicines when they needed them. One person commented, "I've no reason to be worried about my medicines." A further person said, "I get my tablets on time." We observed medicines being administered and found people were supported to take their medicines and records were completed at the time of administration. We checked a sample of Medicine and Administration Records (MAR). We also checked the medicines and the totals of medicines on the MAR matched. We found no errors in the medicines we checked. This indicated medicines had been administered correctly. Access to medicines was restricted to staff who had received appropriate training. This helped ensure medicines were managed safely. There were procedures to ensure the safe receipt and disposal of medicines and the staff member we spoke with was able to explain these to us.

We walked around the home to check it was a safe environment for people to live in. We found the home was warm and clean with restrictors on windows where people may fall from them. Restrictors help prevent falls from height and minimise the risk of harm. Staff told us, and we saw protective clothing was provided if this was needed. We saw staff wore protective clothing such as gloves and aprons if these were required. This helps minimise the risk and spread of infection. We noted the latest food hygiene rating from the Food Standards Agency (FSA) was displayed. The home had been awarded a five-star rating following their last inspection by the FSA. This graded the home as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

We saw checks were carried out to ensure the risk of legionella was minimised and water temperatures were monitored to ensure people were not at risk from scalds. We viewed a range of health and safety certification. We found equipment was checked for its suitability and safety. We found a fire risk assessment was in place and staff we spoke with were knowledgeable of the support people required to evacuate the building if this was required.

Is the service effective?

Our findings

People told us they were happy with the care provided. One person described how they had been supported to access health professional advice in regard to their health condition. They said, "I couldn't survive without this place, they help me arrange my healthcare." Another person said, "It's excellent. I'm well looked after." Relatives told us they were happy with the care and support their family members received. One relative commented, "I find the care to be excellent."

Documentation showed people received professional health advice when this was required. For example, we saw people were referred to doctors, physiotherapists and district nurses if this was required. Staff we spoke with were knowledgeable of the individual needs of the people they supported. For example, staff were able to explain the instructions of a health professional to help maintain a person's wellbeing. This demonstrated staff were aware of professional advice.

We asked staff what documentation was provided to support effective decision making by other health professionals if people needed to attend a hospital in an emergency. We were told that copies of essential information such as medicine records and information sheet with contact details of other health professionals and person centred information was provided. We were also told the home asked people to complete a 'hospital passport.' This is document that is intended to provide professionals with information about the person if they are unable to explain their needs and wishes. This demonstrated the registered provider sought to support people to express their preferences and requirements if they were unable to do so.

We asked the registered manager how they obtained and implemented information on best practice guidance and legislation. They told us they were supported by the registered provider who cascaded relevant information to them and in addition they attended 'provider forums.' These are meetings where information and best practice is shared between agencies such as clinical commissioning groups, local authorities and registered providers. The registered manager told us they valued these events as they supported improvement.

The registered provider used technology to minimise the risk of falls. When appropriate, there was equipment used to minimise the risk of harm. We saw a chair mat was in place. This sounds an alarm when people stand up from their chair. This meant staff could minimise the risk of falls by responding to the alarms and going to help people quickly.

Staff told us they received training to enable them to update and maintain their skills. They also told us they received supervisions with their line manager to enable them to discuss their performance and any training needs. We viewed documentation which confirmed this. The registered manager informed us the training needs of staff at the home had been reviewed and update training was being arranged. We reviewed a training matrix which identified where update training was required. Staff spoke positively of the training they had received. One staff member told us they had completed additional vocational training to support their development. This demonstrated the registered provider enabled staff to maintain their skills and

increase their knowledge in order to effectively support people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked at how the home gained people's consent to care and treatment in line with the MCA. People told us they were involved in decision making and discussions about their care. One person said, "The decisions I can make are left to me." People told us they consented to the support they received. For example, one person described how they had agreed to discussions about their safety. Relatives told us they were involved in decision making and the records we viewed confirmed this. One relative commented, "I'm involved in all clinical decisions."

We saw consent was sought before care and support was given. For example, we saw people were asked to consent to their medicines being administered, before support was given with mobility and with personal care. This demonstrated people were consulted, consent was sought prior to care and support being provided and people's wishes were respected.

People told us they were offered choices of meals and they were happy with the meals provided. We were told, "We can choose what we want to eat." A further person said, "Can't criticise the meals, and I'm always offered extra." We found people were able to eat meals which met their preferences and nutritional needs. We found people were asked in advance what they would like to eat and this was provided for them. We observed the lunchtime meal and saw people were able to eat where they chose. Meals were provided to people in their private rooms if this was their wish. If people required support to eat we saw staff were available to help them. We observed a staff member discreetly reminding someone their meal was on the table. As a result of this the person ate their meal. This demonstrated people were supported to eat foods they chose, where they wanted and were given support if this was required.

We saw evidence people's nutritional needs were monitored. People were weighed to identify if they required further health professional advice to meet their nutritional needs. Staff told us they would support people to gain further professional advice if this was required. Documentation we viewed described the likes, preferences and needs of people who lived at the home. For example, we saw one person was a vegetarian. During the lunch time meal we saw a vegetarian meal was provided. This demonstrated people were supported to eat meals which met their wishes.

Is the service caring?

Our findings

People who lived at the home told us staff were caring. Comments we received included, "The staff are very nice." A further person said, "Lovely, lovely girls. They're wonderful to me." Relatives told us, "They're very caring to [my family member]." Also, "All the staff are exceptionally kind and gentle."

We saw staff were caring. We saw people were asked how they were, if they needed anything and people responded to staff by smiling and chatting. We observed staff gave people compliments which were welcomed by people who lived at the home. For example, we saw one staff member compliment a person on their hairstyle. The person responded by laughing and saying, "I may not be 20 but you've made me feel it." We saw a further staff member complimenting a person on their jewellery and how it matched their clothes. The person said, "Thank you. I try to look smart." They then held the staff members hand.

We saw people's privacy was respected. Staff took care to knock on doors and wait for a response before entering people's private bedrooms. During the inspection we saw if people were supported with personal care, bathroom doors were closed to maintain their privacy and dignity. People told us they felt respected. One person said, "They know my modesty is important to me and they keep me private."

There was a relaxed atmosphere at the home. We observed staff spending time with people chatting and laughing. For example, when drinks and snacks were provided, staff were unhurried and spent time with people in a leisurely way. From the conversations we heard, it was clear there were positive relationships between people who lived at the home and staff. Staff asked about the wellbeing of people's family members and friends and people responded to these. This demonstrated staff knew people's individual circumstances and what was important to them.

Staff spoke affectionately of people who lived at Abbeyfield Silverdale & District Society Limited. Staff told us they had time to spend with people and enjoyed being with them. We were told, "The residents here are the best. I love coming to work to be with them." Another staff member said, "We make friends with residents here." This demonstrated staff had a caring approach.

People and relatives told us they were involved in care planning. Comments we received included, "I'm totally involved in all parts of my care."

Also, "Yes. Any changes have to be agreed by me." Relatives we spoke with told us they were involved if decisions were required to be made. One relative told us, "I'm involved in aspects of [my family member's] life." A further relative said, "Nothing happens without agreement from me."

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager told us details were made available to people if this was required. This ensured people's interests would be represented and they could access appropriate support outside of Abbeyfield Silverdale & District Society Limited if needed.

Staff we spoke with told us they had received training in equality and diversity and had a good

understanding of protecting and respecting people's human rights. Staff told us they valued each person as an individual and would report any concerns of discrimination to the registered manager so people's rights could be upheld. One staff member said, "We're respectful of people's rights to be who they want to be." A further staff member told us, "I respect their right to live their life as they want. Not how we think they should." We saw care records documented people's chosen faith and a notice board displayed the arrangement for clergy to visit. This demonstrated the registered provider recognised and upheld people's individual rights.

Is the service responsive?

Our findings

We found people were supported by staff who were responsive to their needs. We noted one person required support to maintain their skin integrity. Their care record instructed they required support to change position at specific times. We reviewed charts which indicated the person had received the support as required. This demonstrated care was provided which was responsive to individual needs.

Relatives we spoke with told us they considered care was responsive. One relative described how their family member had been supported to see the doctor when they were unwell. They told us the referral had been made promptly and they had been involved and updated. A further relative said, "If there's anything awry with [my family member] they call me, then the GP and the GP comes in."

There was an activity programme on display. Staff told us they offered people who lived at the home the opportunity of being involved in activities and people we spoke with confirmed this. One person told us they had been supported to go for ride in a Rolls Royce car. They said, "It was one of the most wonderful days of my life." Another person told us how they had participated in a competition and made a "Pop up garden." This was a model of a garden created in a suitcase. They said, "I really enjoyed doing it. It reminded me of my work."

During the inspection we saw people taking part in yoga. We saw people were relaxed and participating throughout the session. This demonstrated people were supported to take part in activities that were meaningful to them to minimise the risk of social isolation.

People and relatives told us they had been involved in their care planning. One relative told us, "I'm as involved as I want to be." A person who received support also told us they had been involved in discussions about their care. They said, "Dr's come round and I agree or not. If I don't agree it's my choice." Care records we viewed showed people's needs were individually assessed and plans were developed to meet those needs. For example, records we viewed guided staff on how to be responsive to people's mobility or safety needs.

Care records also identified any communication needs and staff told us they would support people if they needed to access information in a different way. For example by using pictures or large print to support understanding. This demonstrated the registered provider considered people's individual needs.

Abbeyfield Silverdale & District Society Limited had a complaints procedure which was available to people who lived at the home. We reviewed the complaints procedure and saw it contained information on how a complaint could be made and the timescale for responses. All the people we spoke with told us they had no complaints but they would raise these with staff or the registered manager if they had.

Relatives we spoke with told us they had no complaints regarding the care and support provided to their family members and they were confident any concerns would be investigated. At the time of the inspection there had been no complaints made.

Staff we spoke with told us they supported people to make complaints. They explained people's rights to complain were respected and any complaints would be passed to the registered manager or registered provider to enable any investigations to take place. One staff member told us, "Complaints must be investigated so we can resolve them." This demonstrated there was a complaints procedure, of which staff were knowledgeable, to enable complaints to be heard.

We saw people were given the opportunity to discuss their end of life care. Where people had expressed their wishes, or had religious wishes, this was recorded in their individual care records. This meant people at the end of their life could be cared for in the way they wished.

Is the service well-led?

Our findings

People told us they were happy with the way the home was run. One person said, "It's very organised here. The staff are very efficient." A further person told us they considered the home was well managed. They said, "This is an example of how a care home should be run."

There was a registered manager employed at Abbeyfield Silverdale & District Society Limited. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager carried out checks on the quality of the service provided. These included checks on medication and the environment. At the time of the inspection we were informed care records were not being audited as the electronic care record system had just been introduced. The registered manager said they were looking to develop a care records audit to identify any errors.

The registered manager told us they also had oversight of any accidents that occurred at the home and these were reviewed by them to see if further action was required. They explained they completed investigations and identified if any actions were required, however these were not always recorded. Staff we spoke with confirmed they were informed if changes needed to be made.

We recommend the service seeks and implements best practice guidance in relation to the documentation of audits and investigation processes.

Relatives we spoke with told us Abbeyfield Silverdale & District Society Limited was well organised and the registered manager was approachable. One relative told us, "[Registered manager] is always about to talk to, and finds time for me." A further relative said of the registered manager, "[Registered manager] is always very helpful."

Staff we spoke with were able to explain their roles and responsibilities and spoke positively of the support they received. Since the last inspection the registered provider had introduced team leaders at the home. We spoke with a team leader who told us their role was to work with staff and the registered manager in ensuring the home ran smoothly and people's needs were met. During the inspection we saw people were supported in a timely way and handovers took place to ensure people's needs and wishes were communicated efficiently. Handovers are meetings where people's individual needs and wishes are discussed and care and support is arranged to meet those needs.

Staff told us they had the opportunity to attend staff meetings where they were able to discuss any concerns or ideas they had. They explained they found this beneficial as it enabled them to keep up to date with any changes and to raise areas for further discussion. We saw documentation which evidenced meetings took place and staff were offered support to discuss any ideas or concerns they had. We noted discussion had taken place about the importance of teamwork at the home and staff we spoke with confirmed this.

Staff told us they considered morale to be good and they worked together as a team to ensure people were

supported. Comments we received included, "Morale is really good. We all work together." A further staff member told us, "We're all close. I'm proud of the team we have here."

The registered provider and registered manager spoke highly of the staff who worked at the home. They said they considered them to be committed to the role they were employed to do, to people at the home and to the team they worked with. The registered manager said of the staff, "They are wonderful. They step up to the mark."

Staff told us they were appreciative of the registered manager and the support they offered. They told us the registered manager was committed to providing high quality care and they would have no hesitation in approaching them with any concerns or worries. Staff we spoke with told us, "[Registered manager] is very approachable." Also, "[Registered manager] is brilliant. I've never felt I can't go to her. She wants the best for people here." This demonstrated there was a culture of teamwork where staff, the registered manager and registered provider worked together to ensure the home was well run.

The registered provider sought to gain people's views. We saw meetings took place with people who lived at the home. We saw people were asked for their views on the food provision, activities and people who had moved into the home were welcomed. We saw a suggestion had been made that the menu at the home be reviewed as it was predictable. We discussed this with the chef who confirmed this was in the process of being done. This showed the registered provider acted on comments and suggestions made by people who lived at Abbeyfield Silverdale & District Society Limited.

The registered provider told us they were keen to build productive and positive relationships with other agencies. They told us they had requested to meet with a group of visiting health professionals to confirm their expectations and identify if changes were required. We saw an email which evidenced the registered provider had invited relevant professionals. This demonstrated the registered provider sought opportunities to learn and improve the service provided.

We asked the registered manager what they wanted to achieve in the future. They told us the registered provider had worked to identify where additional resources could be gained. For example, Abbeyfield Silverdale & District Society Limited had reviewed its charity status and identified where changes could be made. This enabled them to access funding to plan positive changes such as landscaping the garden area. This demonstrated the registered provider was committed to improving the home and its facilities.

The home had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.